AMERICAN PSYCHOLOGICAL ASSOCIATION

Journal of Counseling Psychology

© 2024 American Psychological Association
ISSN: 0022-0167

2024, Vol. 71, No. 6, 531–542
https://doi.org/10.1037/cou0000764

Traditional Healing as Mental Health Intervention: Contemporary Insights From an American Indian Healer

Kiara M. Tanta-Quidgeon[1], Mona Stonefish[2], Rachel E. Wilbur[3, 4, 5], and Joseph P. Gone[6, 7]

[1] Department of Sociomedical Sciences, Columbia University Mailman School of Public Health
[2] American Indian Health and Family Services of Southeast Michigan, Inc., Detroit, Michigan, United States
[3] Institute for Research and Education to Advance Community Health, Elson S. Floyd College of Medicine, Washington State University
[4] Center for Studies in Demography and Ecology, College of Arts and Sciences, University of Washington
[5] Department of Anthropology, University of Washington
[6] Department of Global Health and Social Medicine, Harvard Medical School
[7] Department of Anthropology, Harvard University

Contemporary American Indian communities experience a disproportionately high rate of specific mental health concerns, including psychiatric disorders as defined by professional psychology. Although integrating mainstream mental health services and Indigenous traditional healing (ITH) has been presented as a promising approach to addressing these inequities, such integration necessitates in-depth exploration and consideration of ITH. To that effect, this article provides a thematic analysis of an interview with an urban American Indian traditional healer who reflected on more than 4 decades of therapeutic experience. Based on this analysis, we identified two major themes. The first theme, *Expansive View of ITH*, reflects this healer's conceptualization and understanding of the therapeutic process while the second theme, *Guiding Principles of ITH*, explicates the foundational commitments that shape and guide this healer's application and practice of ITH. These insights reinforce previous observations made by scholars of Indigenous health and well-being that challenge dominant Euro-American perspectives and call for transformative change in psychology research and practice, advocating for professional consideration of a broader range of therapeutic rationales, traditions, and practices than what is common within the field.

Public Significance Statement
This thematic analysis of an interview with an American Indian healer provides an illustration of how Indigenous traditional healing is conceptualized and practiced. The findings underscore the need for transformative change in psychology research and practice, advocating for professional consideration of a broader range of therapeutic rationales, traditions, and practices.

Keywords: American Indians, Indigenous traditional healing, mental health, therapeutic practices, thematic analysis

Supplemental materials: https://doi.org/10.1037/cou0000764.supp

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Contemporary American Indian (AI) populations in the United States experience persistent inequities in mental health outcomes (Gone et al., 2019; Gone & Trimble, 2012; Nelson & Wilson, 2017). Existing research, limited due to the lack of representative epidemiological data and the immense diversity among AI communities, shows that AIs experience disproportionately high rates of posttraumatic stress disorder, alcohol dependence/substance use, and other established psychiatric disorders (Beals et al., 2005; Kaufman et al., 2013; U.S. Department of Health and Human Services, 2020; Wendt et al., 2022; Whitesell et al., 2012). In

This article was published Online First October 3, 2024.
Anna Kawennison Fetter served as action editor.
Kiara M. Tanta-Quidgeon https://orcid.org/0009-0001-4138-6224
Rachel E. Wilbur https://orcid.org/0000-0002-3008-962X
Joseph P. Gone https://orcid.org/0000-0002-0572-1179
Data and materials for this study are not available for public access due to the personally and culturally sensitive nature of the topics discussed in the interview. The authors have no known conflicts of interest to disclose.

Funding for this project was awarded to the senior author by the Michigan Institute for Clinical and Health Research (sponsored by the National Center for Advancing Translational Sciences of the National Institutes of Health under Award Number UL1RR024986, Joseph P. Gone). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. Additional funding was provided by the Office of Research; the College of Literature, Science, and the Arts; and the Department of Psychology; all at the University of Michigan.

The authors are grateful to the Traditional Teachers Advisory Council at American Indian Health and Family Services for their guidance and support throughout the development of the Urban American Indian Traditional Spirituality Program, including Gerald Cleland, Bruce Elijah, George Martin, Jose Marcus, and Mona Stonefish. The authors also

continued

addition, AIs often experience constellations of distress that are conceptualized outside of Euro-American psychiatric taxonomies, including historical trauma. Due to its colonial origin, collective and cumulative impacts, and cross-generational transmission of risk for and vulnerability to adverse health outcomes, historical trauma is distinct from psychological trauma as it is understood in professional psychology but remains deeply intertwined with AI experiences of mental health concerns nonetheless (Gone et al., 2019).

These mental health inequities and experiences of historical trauma are frequently attributed to the enduring effects of European colonization of the Americas (E. Duran, 2006; Gone, 2009; L. Kirmayer et al., 2003), intensified by limited availability, accessibility, and utilization of mainstream mental health services, and compounded by a near absence of culturally appropriate, empirically supported treatments designed for AI populations (Beals et al., 2005; B. Duran et al., 2005; Gone & Trimble, 2012; U.S. Department of Health and Human Services, 2001; Wendt & Gone, 2016). The existing dearth of empirical evidence around tailored mental health interventions paired with stark inequities in mental health status raises the question: What are the best practices for mental health treatment with AIs? This question is ethically and pragmatically "thorny," complicated by factors like ongoing settler colonialism (Wendt et al., 2022), which is a specific structure/social formation where settlers are not expected to return to their place of origin, setting it apart from classic colonialism (Gone, 2021a; Wolfe, 1999).

In the context of counseling psychology, Gone (2021a) argued that the challenges linked to counseling in AI communities stem "from clear cultural divergences in therapeutic approaches" (p. 260). The misalignment of AI and Euro-American knowledge systems and healing practices necessitate an intricate, careful blend of the different approaches, their methods, concepts, and understandings for a sustainable, culturally appropriate answer to this "thorny" question (Gone, 2021a; Wendt et al., 2022). Thus, integrating mainstream mental health services with Indigenous traditional healing (ITH) and other community-based cultural interventions has been proposed as a promising solution to address mental health and treatment disparities among Indigenous communities (Hartmann & Gone, 2012; Wendt et al., 2022). Despite the potential that such integration holds, there are numerous challenges associated with doing so, including professional resistance due to the prevailing dominance of the mainstream psychological paradigm, as well as the history of colonial subjugation, exploitation, and marginalization that has made obtaining contemporary descriptions of ITH practices exceedingly difficult (Gone, 2021a). To understand how best to integrate ITH and mainstream services, mental health professionals must gain a better understanding of ITH, as well as revisit dominant professional assumptions about mental health, well-being, and healing that have dismissed, discredited, and/or undermined ITH.

The study described in this article includes a thematic analysis of ITH based on the cultural knowledge and lived experiences of a single AI traditional healer. Her account offers profound insights into the therapeutic rationale and philosophy that underpins ITH, and our thematic representation of these insights and perspectives echo and reinforce observations made in existing literature about how mental health, well-being, and healing are conceptualized and understood by Indigenous traditional healers (Gone, 2010, 2016, 2021a; Redvers & Blondin, 2020; R. Robbins et al., 2012). Such perspectives afford meaningful therapeutic contrasts between ITH and counseling psychology. Moreover, given the common reticence exhibited by traditional healers regarding the disclosure of their practices—as well as often-expressed concerns that non-Indigenous people such as cultural hobbyists, religion buffs, or "New Agers," might misappropriate their traditions that are considered endangered—this research will contribute to the limited but growing body of knowledge that attends seriously to the voices of healers (Gone, 2021a; Moorehead et al., 2015).

As demonstrated by Gone (2021a) and other scholars who have obtained and illustrated AI narratives with pertinence to professional psychology (Hightower & Berry, 2018; Mohatt & Eagle Elk, 2002; R. Robbins et al., 2012), respectful, in-depth analysis of AI life narratives can provide opportunities for "decolonial reclamation of Indigenous therapeutic traditions" (p. 264). These scholars have all produced collaboratively written work that considers the intersections between AI therapeutic beliefs/practices and Euro-American psychology through the experiences and stories of AI healers. These collaborations involved lasting relationships between psychologists and healers, allowing for the meaningful sharing of life stories for academic publication and creating a platform to enhance the professional psychological community's understanding of ITH directly from the perspectives of AIs. By addressing issues of subjugation, exploitation, and marginalization, these works serve as models for decolonizing knowledge, as well as the production of that knowledge, in the field of counseling psychology (Gone, 2021a).

This study is a thematic analysis of an in-depth interview conducted by the senior author with the second author, an AI Elder and traditional healer. In this research, we asked: *How was ITH conceptualized and understood by a contemporary urban AI*

acknowledge additional administrators, staff, and consultants at American Indian Health and Family Services for their assistance in designing and implementing the Urban American Indian Traditional Spirituality Program, including Jerilyn Church, Anthony Davis, Nickole Fox, Sharon George, John Marcus, Margaret A. Noodin, Eliza Qualls Perez, Paul Syrette, and Ashley Tuomi. Finally, several students in the Culture and Mental Health laboratory in the Department of Psychology at the University of Michigan also contributed to the development, implementation, and pilot evaluation of the Urban American Indian Traditional Spirituality Program, including graduate students Katherine P. Blumstein and William E. Hartmann, and undergraduate students Sarah H. Klem, Rebecca S. Lynn, April Yazzie, and Phoebe Young.

Kiara M. Tanta-Quidgeon played a lead role in formal analysis and writing–original draft, a supporting role in project administration, and an equal role in conceptualization and writing–review and editing. Mona Stonefish played an equal role in conceptualization and writing–review and editing. Rachel E. Wilbur played a supporting role in supervision and an equal role in conceptualization, project administration, and writing–review and editing. Joseph P. Gone played a lead role in funding acquisition, investigation, methodology, project administration, and supervision, a supporting role in visualization, and an equal role in conceptualization and writing–review and editing.

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, United States. Email: jgone@g.harvard.edu

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

healer? Central to this analysis was the intention of capturing and illustrating this healer's perspectives on ITH, particularly how she elucidated ITH philosophy. To that effect, we hope that our findings based on analysis of this healer's cultural knowledge and lived experiences will contribute to the scientific community's understanding of ITH, bridge gaps between mainstream counseling psychology and Indigenous healing, and advance AI well-being through the promotion of health equity more generally. Ultimately, these efforts contribute to a broader movement toward health equity by calling for transformative change in psychology research and practice that takes careful stock of a much wider swath of therapeutic rationales and practices than is typical within the field. By embracing this change, we can progress toward a more just and inclusive care system that not only recognizes but effectively addresses the unique beliefs, traditions, and needs of AI populations and other culturally diverse groups.

Method

By grounding this study in this healer's rich cultural wisdom and extensive experience with ITH, the research team ensures that it is strong in terms of cultural respect and methodological integrity. Highlighting the wisdom of Indigenous knowledge keepers and Elders is essential for maintaining cultural authenticity and remedying exploitation and marginalization in research with Indigenous peoples (Gone, 2021a; Smith, 2021). The research team for this study consisted of the senior author, an established American Indian (*Aaniiih*-Gros Ventre) clinically trained research psychologist; the first author, a mixed-race White/American Indian (Mohegan) public health graduate student; the second author, a respected American Indian/First Nations (Mohawk/Potawatomi) Elder and traditional healer; and the third author, a mixed-race White/American Indian (descendant Tolowa, Chetco) early career biological anthropologist. The senior author conducted the initial interview with the second author and directed and supervised this study. The first author led the analysis with contributions and guidance from the third author, and all contributed to the writing and revision of this article.

Background

The parent study that produced this interview entailed a collaborative participatory partnership between an Indian Health Service-funded Urban Indian Health Program and the senior author's research team at the University of Michigan in 2009, where he was a faculty member at the time. This union was formed to identify best practices for the integration of ITH and mainstream health services at the urban AI health center. The center was located in a metropolitan area of the midwestern United States. It catered to the considerable clinical needs of the multitribal AI population by offering basic medical and behavioral health services as well as sponsoring a range of health education, community engagement, and youth prevention programs. The results of a local needs assessment conducted by the Urban Indian Health Institute reported that 92% of AI respondents residing in the city serviced by the urban AI health center wanted greater access to ITH practices.

These findings motivated the creation of the partnership and subsequent research project, which sought to address this critical community need using participatory methods. Ultimately, multiple constituencies were interviewed to develop a *practical service integration model* in close consultation with health center leaders, staff, and local knowledge keepers, including AI healers. A Traditional Teachers Advisory Council was created to provide project direction and guidance, a decision prompted by sensitivities surrounding the scholarly consideration of historically subjugated ITH practices and their integration into biomedically anchored health care services. This article reports thematic findings from an analysis of an interview with one of the Advisory Council members, selected for additional analysis due to the depth and richness of her story. Despite the time that has elapsed since the interview, this article represents the first substantive public presentation and analysis of these interview data.

Participant

In addition to identifying as a doctor of traditional medicine with over 4 decades of experience, the healer interviewed in this study is a renowned global activist for peace and human rights, among other roles. Born and raised in close connection to her land, kin, and culture in a First Nations community in Canada, she and a select few of her siblings and cousins were chosen at a young age to be educated in ITH. She was taught and cared for by her grandmother and other medicine people in her community until her life was disrupted by forced enrollment into the Indian Residential School (IRS) system. In the IRS, she experienced extensive abuse—cut off from her family and culture. After nearly 10 years in the institution, enduring what she recalled as repeated attacks on her spirit, she returned to her community and reclaimed her spirit through re-engaging with traditional practices. Following years of personal healing and subsequent preparation as a healer, she came to identify as a doctor of traditional medicine and, at the time of the interview, was offering her healing gifts in her local urban AI community and beyond. She is also a loving wife, mother, and grandmother who embraced ITH practices when caring for her family. Through her lived experiences, this healer gained not only extensive knowledge regarding the practice of ITH, but also a diverse, valuable perspective about how ITH is conceptualized and understood in contemporary spaces.

Measures

In-depth, open-ended, loosely structured interviews were conducted with traditional healers, including the participant for the present study. The flexible nature of the conversation allowed the healer to provide rich details about her lived-experiences and ITH knowledge. The focus of the interview was on identifying the traditional healing modalities most suitable for integration into behavioral health services that are often clinically grounded, as well as the kinds of patients that could benefit from such integration. Additional discussion included potential challenges and what would be necessary to effectively blend ITH into the existing spectrum of health services provided at the center. Questions included: "What kinds of traditional healing activities are most suitable for integration with behavioral health services?," "What behavioral health outcomes might you expect from patients who participate in such traditional healing activities?," and "How should traditional healers be compensated for their provision of such services at American Indian Health and Family Services?"

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Procedure

Guided by the Traditional Teachers Advisory Council at the Urban Indian Health Program, this research was approved by the Health and Behavioral Sciences Institutional Review Board at the University of Michigan and funded through a campus-based opportunity that distinctly supported community–university research partnerships. Consultations with constituencies then began in the summer of 2009. Questions and prompts were not provided to the healer prior to the interview, and the open-ended, loosely structured interview guide was novel to the parent study. Although characteristics of interviewers such as social location, as well as relevant interest, knowledge, and experience, were reported to all parent study participants, it is important to note that as a member of the Advisory Council herself, the healer interviewed for this present study was acquainted with her interviewer (the senior author) through activities at the health center and approached face-to-face.

The interview was conducted one-on-one at the urban AI health program in March of 2010 and lasted 183 min. This healer was compensated and travel expenses were covered for the interview. Fieldnotes were not collected. The interview was audio recorded, professionally transcribed, deidentified, and then proofread for accuracy by research assistants in 2010. The transcript, comprising 40 pages of single-spaced text, was then returned to the healer for review both at the time of the parent study 2010 and again in 2023 to ensure that her story was being accurately represented. She did not make any edits or adjustments to the transcript following either review. The healer also had the opportunity to review and approve this present study prior to publication. She did not make any edits or adjustments to the article, but requested co-authorship of the study, which we eagerly granted as a sign of respect for the knowledge this healer has contributed to the field of counseling psychology.

Data Analysis

The first author conducted thematic analysis in accordance with Braun and Clarke's (2006) guidelines to analyze the transcript, following their six-phase guide to ensure a thorough analysis in the summer of 2023. Thematic analysis is a rigorous and flexible approach that involves identifying, categorizing, and describing patterns in the data set into codes and themes, enabling researchers to explore how interviewees make meaning of their experiences in systematic fashion.

Starting with the process of "repeated reading" as outlined in Phase 1, the transcript was read and reread, and notes to reference for future coding were made. In this interview, the healer spoke at length about two distinct domains: (a) her experiences in residential school and (b) her perspectives on ITH. It was during Phase 1 that the researchers decided to limit the analysis to content relevant to ITH. Prior to progressing to the next phase, further "domains of interest" were identified to guide the analysis, leading to a deductive/theoretical approach in Phase 2.

In this next phase, codes were noted for the data, which identified the basic units of meaning within the data. Codes were initially developed by the first author, then reviewed by both the senior and third authors. Following this review, the authors identified the domain of interest and associated codes most relevant to the personal interests and expertise of the research team, as well as those most impactful to the current body of scholarship within the field of psychology, which helped focus the direction of the analysis.

Thus, Phase 3 included searching for themes within the domain of interest identified as *Healing Philosophy*. All codes relevant to the research question, "How was Indigenous traditional healing (ITH) conceptualized and understood by a contemporary urban American Indian (AI) healer?" were collated into initial themes and subthemes.

Thematic maps were then created and checked at two different levels in Phase 4. First, the researchers checked to see if themes were sensible in relation to the coded segments of text (Level 1) and then to the entire data set (the transcript, in this case; Level 2) as suggested by Braun and Clarke (2006). Level 1 involved reviewing all of the collated segments for each theme and assessing if they formed a consistent pattern. Level two then involved evaluating the validity of each theme in relation to the entire data set and considering whether the thematic map truly captured the meanings presented throughout the data set.

Phase 5 then consisted of the refinement of themes and subthemes, followed by the generation of clear definitions for each theme before progressing to Phase 6, the production of the report. This analysis completely adhered to the 15-point checklist of criteria for good thematic analysis as proposed by Braun and Clarke (2006). In addition, this article includes the requisite information for all applicable items in Tong et al.'s (2007) consolidated criteria for reporting qualitative research checklist for reporting qualitative research in the health sciences (details can be found in the Supplemental Materials). Finally, we adhered to 66 of the 77 standards for reporting qualitatively analyzed findings in psychology journals as described by Levitt et al. (2018)—the remaining 11 items were not applicable to this study.

Transparency and Openness

Data and materials for this study are not available for public access due to the personally and culturally sensitive nature of the topics discussed in the interview. The data set (interview transcript) was analyzed using NVivo 14, a software program for qualitative data analysis. The design and analysis of this study were not preregistered. The interview analyzed for this study was collected as a part of a larger data collection effort in 2009. Additional details and findings from the parent study can be found elsewhere (Gone et al., 2017, 2020; Hartmann & Gone, 2012).

Results

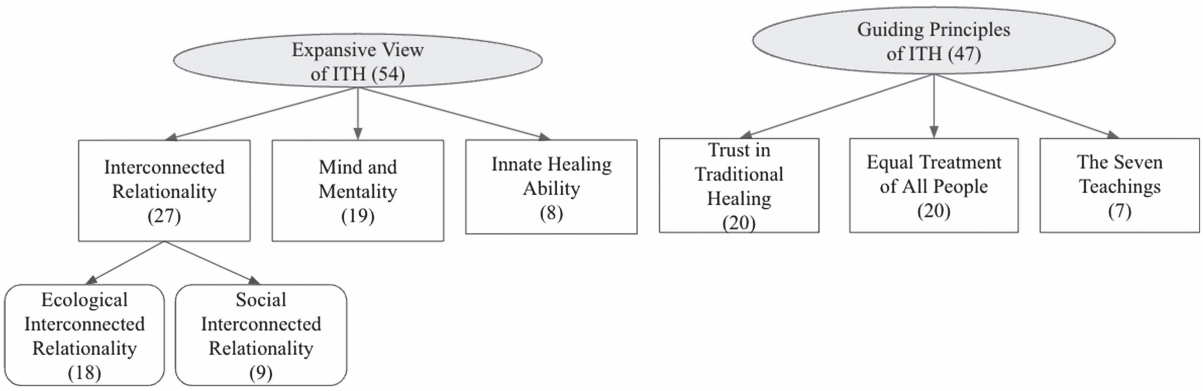
We identified two major themes related to the research question: *Expansive View of ITH* and *Guiding Principles of ITH* (see Figure 1, with the frequency of thematic endorsement across the entire transcript noted in parentheses).

Expansive View of ITH ($N = 54$)

In exploring this healer's understanding of ITH, we identified a holistic, expansive ethos that underpins her conceptualization of healing. This theme represents the way she perceived ITH beyond sole or primary consideration of mental health and well-being as individualistic, biologically anchored, and mechanistic via interconnected relationality, informed by her lived and cultural experiences. Her expansive view of ITH included strong beliefs in both

Figure 1

Thematic Map of Participant Perspectives on Indigenous Traditional Healing



Note. The frequency of thematic endorsement across the entire interview transcript is noted in parentheses. ITH = Indigenous traditional healing.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

ecological and social *Interconnected Relationality*, the power of *Mind and Mentality*, and an *Innate Healing Ability*.

Interconnected Relationality (n = 27)

This healer expressed a belief that people do not exist in isolation, rather they coexist within a complex, interdependent relational network consisting of other humans, other-than-human beings, and elements of the environment. She shared that human well-being and the practice of ITH draw from harmonious interconnectedness between oneself, the environment, other generations, and more. An additional layer of subthemes has been added to capture the nuanced perspectives this healer shared regarding interconnected relationality, emerging most readily through the *ecological* and *social* realms.

Ecological Interconnected Relationality (*n* = 18). This healer's acknowledgement of the intrinsic interrelation between human beings and the nonhuman world was a recurrent pattern throughout the interview. She said, "from the beginning of time, we're a part of the Earth" and discussed the pivotal role this connection assumes in the maintenance of personal health and the process of ITH. For example, she shared that babies are wrapped in what she referred to as "moss bags" to preserve their "sense of connection to the Earth." In addition, she talked about water as central to mental health and well-being:

> Eighty or ninety percent of our body is water, so we need water. Every living organism needs water to sustain ourselves … if you don't have water, if you don't cleanse yourself with water, you'll get a foggy mind. We say that, you're foggy, you're out of balance.

Thus, this interconnected relationality extends to all elements of the environment—land and water.

She also discussed her time in the IRS system, which entailed nearly a decade spent forcibly separated from her family, community, and culture. She articulated the various strategies employed by school personnel to erode student spirits. She recalled how this value of ecological interconnected relationality specifically was used against her and the other children in the institution, and the resulting emotional consequences. In the interview, she shared that the IRS "[had] cement floors and everything was cement … they tried to take our spirit from us." Once released, she underwent years of personal healing from the trauma that she endured. She referred to the people who guided her through this postattendance healing journey as her "spirit helpers." She shared that they healed her spirit through "washing me and opening those things that are so sacred … you know, what the Earth provides for us" Reconnecting with the Earth and her traditional values played an instrumental role in her trauma recovery.

She conceptualized the connection between human beings and the environment as symbiotic and expressed that they rely on one another to sustain their well-being, noting, "we know smoking a cigarette will damage you … damage you here if you pollute … we're so interconnected with the earth and our body, everything that [is] going to ruin your body, [will] ruin the earth." This perspective aligns with ecocentric self-orientations identified in numerous Indigenous communities globally. Such self-orientations are characterized by a focus on harmony, concordance, and mutually beneficial exchange where individuals perceive themselves to be engaged in ongoing interactions and symbiotic relationships with animals, other living organisms, and the environment (L. J. Kirmayer, 2007). This healer's account was reflective of this orientation, and the belief that these reciprocal relationships were not limited to interconnectedness between elements of the earth and the body, but the universe as a whole.

This belief in cosmic interconnectedness was particularly salient when she shared her perspective on one of the devastating ramifications of the IRS system: attendees attempting and dying by suicide. She said, "but it's not right. Because of how we view ourselves as a part of the universe. That it's not right to do that, to tie that around your neck and to hang yourself." As articulated by this healer, the scope of her interconnected worldview encompassed not only the connection between humanity and elements of the environment, but an overarching cosmic unity that necessitates a responsibility to the preservation of a harmonious balance. For many former students of the IRS system, this balance was disrupted by their institutional experiences; like this healer, some were able to recover this balance later in life.

Social Interconnected Relationality ($n = 9$). Her belief in interconnectedness between social networks—particularly familial—as an integral part of health and healing were recurrent throughout the interview. When this healer shared details about her life, she described one of her grandchildren, a young girl living with a motor disability. She expressed that "it's our duty to take care of her because she's from our family." This responsibility spans from immediate kin such as children ("it's our responsibility to make sure that we keep our kids healthy and all that") to extensions of family such as spouses. Throughout the interview, this healer shared many aspects of her knowledge and perspectives through storytelling, a core element of Indigenous ways of knowing, pedagogies, and research approaches (Iseke, 2013). She shared a story about a time her spouse became injured and was hospitalized, telling the staff, "It's better we stay together, because he'll die if he stays in the hospital" because "he [didn't] want to be washed up by nurses and stuff like that." Then she said, "So I told him, 'Well, I don't want to wash you up either.' But I have to, eh?" This story underscored her unwavering commitment to this familial responsibility, and she shared an overarching responsibility to take care of all beings in one's relational network saying, "We need our grandmothers … we need our children. And we're a whole circle of people." Similar to the previously referenced symbiotic interconnection between people and nature, she perceived this to be a connection that transcended generations.

This perspective aligns with sociocentric self-orientations also commonly identified in Indigenous communities across the world. Sociocentrism, in this context, stems from principles of collectivism, familism, and cooperation, emphasizing that individuals exist beyond the self within the context of relationships with others in one's family and/or community (L. J. Kirmayer, 2007). This orientation is reflected in how she described her Indigenous community ("We're a very communal people") and in how she discussed potential collaboration between traditional and allopathic medicine. She said, "A robin can't sing an eagle song, and an eagle can't go and sing a chicken song. But together, as human beings … we can help ourselves. Doctors of [traditional] medicine can help to heal the human race as well as our mother, the Earth. And, you know, the whole universe." In addition to the presentation of a strong commitment to her family responsibilities, illuminating a symbiotic connection between people and their familial, community networks, this healer's account presents a belief in peaceful collaboration between people to benefit the health and well-being of humans, the environment, and the universe.

As the interconnection within Indigenous communities and families was a fundamental component of culture and overall well-being from this healer's perspective, she shared that the forced detachment of AI youth from their families was a strategically wielded weapon against Indigeneity during the era of the IRS system. When she discussed her time in IRS, she poignantly recalled, "We were not allowed to see our siblings … if they were boys, they had to go on the other side" She said, "[they tried] to steal our spirits. You know? And they were unable to do that to a lot of us, I think." In her darkest times within the walls of IRS, she was able to find comfort in the imagined presence of family, underscoring the power of this connection. She remembered that "the only way we could find peace of mind was to take ourselves and actually dream about our parents, about our grandma." Her enduring connection to her family, even if only in her imagination, served as a testament to the also enduring power of familial bonds for Indigenous well-being.

Mind and Mentality ($n = 19$)

This healer's understanding of the role of the mind in ITH was rooted in formative childhood experiences. Recalling her initial engagement with ITH in her youth, she recounted some of her teachings, saying, "when I was about three, I remember going to the medicine lodge. And they were telling me about the mind. So, it's not just medicine. It's philosophy as well." The medicine lodge was the sacred location of ITH knowledge acquisition where she observed and learned from her grandmother and other healers in her community. When discussing her teachers, she said, "They couldn't write. But they knew about the mind. And it's the philosophy of our people." Exposure to these teachings of the mind, threaded with ancestral, philosophical wisdom, was reflected in how she presented her contemporary conceptualization of healing.

Importantly, she posited that the mind is a powerful force in healing, because healing itself comes from the mind: "it's all in the mind to heal ourselves" and "that's where most of the healing has to come from, is from the mind, is healing of the mind." Extending that conceptual horizon of the mind, she referenced mentality and the importance of cultivating a "good mind" for health, well-being, and healing. This included the conviction that a compromised mentality is linked to diminished physical health, "If you feel sorry for yourself … you can actually cause yourself to become ill." Furthermore, impaired thinking inhibits healing capacity: "[if] you have an infected foot … a western doctor will give you an antibiotic for that, but … if you don't … think that you're worth [something], that infection is not going to heal." Emanating from her early engagement with ITH knowledge, entwined with philosophical tenets, this healer's perspective on the essential role of the mind and mentality in ITH was evident throughout the interview.

Innate Healing Ability ($n = 8$)

In addition to the belief that healing itself comes from the mind, this healer embraced a belief in self-healing abilities. In the interview, she asserted twice that, "We all have the ability to heal." She argued that there is an intrinsic potential for self-healing harbored within each individual. She emphasized that this innate wellspring of healing is an enduring testament to Indigenous resilience, saying "I know that 90% of healing comes from within ourselves, as a People. We all have that ability to heal because if you look at us as Native American people, we have resiliency." Her belief in this universal inner healing potential was influenced not only by the perseverance of her ancestors, relatives, and other Indigenous peoples, but also by her personal lived experiences.

She learned intimately about her own capacity for self-healing during her recovery from the trauma endured within the IRS. One of her spirit helpers told her to "look deep within yourself because you have the medicine to heal." She discussed how this innate healing ability influenced her practice, saying, "I can't do everything, because I let them know that you're the one who's responsible for what you do." She expressed a belief that her role as a healer is limited, since healing comes from within an individual, and the empowerment of her patients was an essential component of her practice.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Guiding Principles of ITH ($N = 47$)

Beyond her expansive view of the therapeutic endeavor, this healer also expounded upon the foundational principles that guide the practice and underpin the philosophy of ITH. These included *Trust in Traditional Healing*, *Equal Treatment of All People*, and the *Seven Teachings.*

Trust in Traditional Healing (n = 20)

Among these fundamental tenants is the critical role that trust or faith plays in ITH. When queried about how best to offer her ITH gifts in a setting like the urban AI health center, she addressed this intersection of trust and ITH: "the first thing is trust and knowing that the herbs that we have and the medicines that we have. See, you have to trust first." This belief is firmly anchored in her experiences witnessing the efficacy of ITH. Throughout the interview, she shared that this trust is rooted within her experiences as a mother, grandmother, and wife. When this healer's granddaughter entered the world, she had "failure to thrive." In consonance with her previously established aversion to leaving family members to heal in hospitals, she fervently wanted to keep her home. Despite the hospital staff informing her that her granddaughter was almost dead and advocating for a prolonged hospital stay, she chose to take her home. With the help of a nurse and the utilization of ITH methods such as wrapping her in moss that, as she phrased, sought to "bring back her spirit," her granddaughter was alive and well at the time of the interview, nearly 2 decades later.

This experience reinforced a strong faith in ITH: "[my granddaughter is] like a medicine bundle. And so I know it's true. Our medicine is true." It is a collection of kindred experiences like this that have solidified her faith. When her son was in a near fatal accident, he recalled seeing "little people" [a culturally recognized category of other-than-human persons] orchestrate his healing using moss as well. As she attested, "He actually survived … because that moss was on his back. Somebody put that moss in, and it was those little people- those medicine men that came and did that for him." In addition, the recollection of her mother's response to the wrenching separation from her children when they were forced to attend IRS stood as a testament to the efficacy of ITH. In this healer's youth, her mother had lost connection to her Indigenous identity and traditional practices. However, when her children were taken away from her, she reengaged with ITH, and this healer attributed her mother's ability to maintain her psychological well-being in the face of such pain to this reclamation of Indigenous traditional ways of thinking, being, and healing, strengthening her trust in ITH as well. She said, "our medicine is real because I know that my mother didn't lose her mind because of that medicine."

Her spouse, too, was referenced as a source of trust when ITH healed him from his aforementioned injury. These experiences and the unwavering trust she had in the use of ITH practices to heal people cultivated a perspective that places ITH on an echelon similar to that of Euro-American medicine:

> When they set my husband's back. And when we put [my granddaughter] through ceremony. And when my son was put through ceremony. I don't even know who put him through. Those little people. But because of that, I understand that … our way is just as important as Western science.

Thus, this healer shared her unwavering faith in ITH practices, echoed through stories of how ITH was integral to her family's health, well-being, and identity, as well as a strong belief that Indigenous traditions stand as equals alongside mainstream science.

Equal Treatment of All People (n = 20)

This healer conceptualized human equality as central to ITH practice and philosophy. When telling the senior author about the urban AI health center, she said, "nobody's treated differently." This contemporary equality-focused practice mirrors the healing philosophy imparted to her during her youth. When reminiscing about her pre-IRS upbringing, she shared that her grandmother and other women in her community's medicine lodge—a sacred place where ITH knowledge was acquired, and ceremonies and other practices occurred—taught her that "We're all the same. We're human beings." As a grandmother herself, she upheld this principle in how she viewed and treated her granddaughter: "not ever do we think that she's less than any other person." And this treatment extends beyond her familial domain. As a healer, she reported readily extending her ITH knowledge and offering her gifts of healing to *anyone* in need.

She would go to heal women in a prison and said, "I don't mind going [to the prison] because they're still alive and there's still hope." She also offered healing to people living in other less than favorable, commonly avoided circumstances, such as those with lice:

> If I see bugs crawling, I'll still sit there because I know that I can take care of that. It's not going to be on me forever. I mean, the thought of it will make you itch, too. But that's okay … they have to be made to feel welcome.

Conceptually, equality was not only an integral component of her teachings, but it was a part of her culture. Specifically, she said, "We look at our children who [are] what they call 'special needs' … see, we don't have that in our language. We call them special. They have one foot here and one foot in the spirit world," presenting the concept of equality as embedded in language.

Although the influence of her childhood exposure to traditional knowledge and culture established this principle, it was solidified by a variety of experiences, including the IRS. She said,

> If you've been in a boarding school, if you've been in the– and a lot of our people, they come from residential school to prison. To prison, halfway house, then prison. And if you don't get somebody, like, of our own people to help them understand who we are and it's not only them that has gone through that, then they [won't understand] that there's a way out.

In articulating the importance of solidarity and empathy in overcoming adversities such as IRS, she underscored the purpose of this principle and introduced another concept included in this *Equal Treatment of All People* subtheme. Following what is commonly referred to as the golden rule, this healer shared that individuals should treat others how they wish to be treated: "Why would you cause somebody else pain when you don't want to be pained, yourself? You know, when you don't want to be hurt, yourself?" This healer presented a paradigm where healing is impervious to what makes people different, equality transcends boundaries, and compassion is foundational.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

The Seven Teachings (n = 7)

This healer also shared that "our way has seven teachings," referring to what are commonly known as the Seven Grandfather Teachings that serve as fundamental guiding principles for many Algonquin-speaking Peoples of the Canadian shield (George et al., 2021). While discussing these teachings, she emphasized five of the seven, starting with "the first thing is trust." However, it is important to discern that this use of "trust" refers to a general orientation to outside elements—living or otherwise—that are a part of the perceived cosmic unity. It thus diverges from the "trust" contextualized in the subtheme *Trust of Traditional Healing*. That is, the latter subtheme encompasses trust—or in other words, confidence—in ITH practices, while the former does not clearly distinguish the direction of said trust. Given this healer's aforementioned belief in natural and social interconnectivity (as discussed in the *Interconnected Relationality* subtheme), this "trust" goes beyond faith in traditional medicines and healing practices as previously articulated, or even beyond interpersonal trust, to encompass this more universal sense.

The second in the sequence was "to love," and she continued this discourse by stating that "integrity," "truth," and "honesty" were the remaining integral components of the seven teachings. These teachings are sociocentric values, originating from principles of collectivism, familism, and cooperation (L. J. Kirmayer, 2007). This healer's insight on the Seven Teachings also elucidated her belief in the teachings' significance: "We're the ones who are most destructive if we don't follow what our teachings are of the Seven Grandfather and Grandmother teachings." In sharing these teachings, her account illuminated the core principles that shaped her conceptualization and understanding of healing, portraying a worldview that centers trust, love, integrity, truth, and honesty as the foundations of ITH.

Discussion

In this study, we illustrate how the second author, an elder and urban AI healer, elucidated a healing philosophy that underpins ITH. This healer shared her lived experiences and rich cultural knowledge through storytelling, a core element of Indigenous ways of knowing, pedagogies, and research approaches (Iseke, 2013). Following thematic analysis of an in-depth interview with the healer, we identified two key themes: *Expansive View of ITH* and *Guiding Principles of ITH*. The first theme, *Expansive View of ITH*, reflects this healer's conceptualization and understanding of the therapeutic process. The second theme, *Guiding Principles of ITH*, explicates the foundational commitments that shape and guide this healer's application and practice of ITH. Overall, her account offers profound insights into the therapeutic rationale and philosophy of ITH, showcasing the importance of ecological interconnected relationality, the potency of thought, innate healing abilities, and a commitment to equality. Such insights afford notable comparisons with the therapeutic rationale that undergirds counseling psychology and other professional approaches to mental health treatment.

Ecological Interconnected Relationality

In an illustrative case example of decolonial reclamation of Indigenous therapeutic traditions through analysis of a historical *Aaniiih*-Gros Ventre medicine man's life narrative, Gone (2021a) discussed decolonization in counseling psychology. Decolonization stands as a powerful methodological innovation with the potential to advance social justice in the field, particularly for Indigenous peoples (Smith, 2021). As concepts of coloniality and de/anti/postcolonialism gain increasing attention in recent years, Gone (2021a) suggested ways in which the field of counseling psychology might pursue decolonization, particularly through the reclamation of historically subjugated Indigenous therapeutic traditions.

However, it is important to note that metaphorical and symbolic manifestations of decolonization (land acknowledgement statements, renaming buildings, education reform, etc.) are not necessarily the solution (Gone, 2021a). Rather, these are important precursors to decolonization, referred to as "uncolonization": settlers' voluntary detachment from colonial values and ways of knowing and being (McCubbin, Town, et al., 2023). Decolonization in the context of ongoing settler colonialism, however, requires both the repatriation of land and the acknowledgement of the distinct Indigenous perspectives on and relationships with the land that have existed since time immemorial (Gone, 2021a; Tuck & Yang, 2012).

In contrast to reigning professional therapeutic paradigms, one's connection to the environment, specifically to the land, is considered to be a central characteristic of many Indigenous conceptualizations of mental health and well-being (Dobson & Brazzoni, 2016; Kant et al., 2013; Richmond & Ross, 2009). Program evaluations of land-based initiatives suggest that such programs enhance the resilience and well-being of Indigenous youth, leading to improvements in self-esteem, their interpersonal relationships, and pride in their culture (Healey et al., 2016; Janelle et al., 2009; Ritchie et al., 2014). Similarly, the restoration of a feeling of attachment to the land holds significance for the promotion and understanding of Indigenous mental health (L. Kirmayer et al., 2003; Walsh et al., 2020). The Ecological Interconnected Relationality subtheme of this study demonstrates this from this healer's perspective, where she underscored the connection between humans and the environment, asserting that this symbiotic relationship assumes a critical role in upholding collective well-being.

As the exploration of decolonization in counseling psychology unfolds, we echo calls against metaphorical representations of decolonization and rather for repatriating land and recognizing Indigenous perspectives about land as vital aspects of this transformative process (Gone, 2021a; McCubbin, Alex, et al., 2023; McCubbin, Town, et al., 2023; Reynolds, 2022; Tuck & Yang, 2012). This healer's account and contemporary initiatives, such as land-based initiatives, highlight the ecological interconnected relationality between culturally oriented Indigenous peoples and the environment, emphasizing the importance of actions toward decolonization that restore genuine connections to the land. Ultimately, the pursuit of decolonization in counseling psychology demands a commitment to honoring this relationality (Gone, 2021a).

The Potency of Thought

The modern resurgence of interest in the interconnectedness of the mind and body has become widely embraced in pockets of contemporary Euro-American culture, as well as in scientific circles. This resurgence is exemplified by the rise of health psychology, specifically the field of psychoneuroimmunology, which has extensively researched the relationship between mental and

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

physiological health outcomes (Lyons & Chamberlain, 2006). In addition, it is seen in the increasing popularity of mindfulness meditation and training in the United States and other Western societies, where individuals are encouraged to cultivate awareness of their thoughts, emotions, and senses to heal and maintain physical well-being. This practice reflects a growing recognition of the interconnectedness of mental and physical health, with studies demonstrating its effectiveness in managing chronic pain, reducing stress and proinflammatory signaling in premenopausal women diagnosed with breast cancer, and enhancing overall health (Bower et al., 2015; Creswell et al., 2019).

While perceived in Euro-American society as a novel way to conceptualize health and well-being, this holistic thinking is often a core value within the rich landscape of North American Indigenous cultures and healing (Struthers, 2000). This connection held great value for the healer in the present study, who shared that the mind was an integral component of health, well-being, and healing. When discussing not only her teachings but her contemporary practice as well, this healer emphasized that a compromised mentality—poor self-esteem, for example—is linked to a decline in physical health. She discussed the potency of thought and contended that mentalities such as self-pity and lack of self-worth have the potential to induce illness and prevent healing. Furthermore, she posited that healing itself "comes from the mind." Therefore, it is not only the potency of thought in healing that is central to what she referred to as the "philosophy of her people," but the overarching role of the mind in healing processes and the pursuit of a healthy life.

In sum, for this healer, the mind represented an integral element of healing, demonstrated through her stories about how she acquired ITH knowledge and how she puts that knowledge to practice. Considering this account, it is critical to recognize that Indigenous ways of knowing and healing have persisted in maintaining this understanding of mind-body interconnectivity for millennia (Mark & Lyons, 2010), offering valuable insights that psychological science has overlooked and/or devalued until it aligned with scientific trends. The contemporary resurgence of interest in and acceptance of these holistic concepts often fails to acknowledge that Indigenous peoples have long held these beliefs, and that these beliefs inform their healing pedagogy and traditional healing practices. This acknowledgement is essential for legitimizing Indigenous ways of knowing and being, which have persisted through generations and offer valuable insights for advancing holistic Euro-American fields and practices.

However, when such beliefs and practices are adopted in non-Indigenous spaces, they are often culturally appropriated without clear attribution. Acknowledging the contributions of Indigenous peoples in these spaces would be a sign of respect previously withheld from their traditional values and practices: cultural appreciation. However, the incorporation of such beliefs and practices by clinicians and other professionals outside of Indigenous cultural contexts can be misguided and should be undertaken in close consultation with those who have embraced these beliefs since time immemorial. This promotes further knowledge exchange—a two-way transmission of wisdom and collaboration between Indigenous communities and Euro-American mainstream society. It mobilizes the mental health professions toward intercultural exchange where there is space for multiple therapeutic rationales—where diverse worldviews, values, and approaches to health and healing coexist inclusively and equitably.

Innate Healing Ability

When contrasting Indigenous and Euro-American healing frameworks, it becomes evident that they have distinct perceptions about where an individual's potential for healing lies. Conventional Euro-American approaches to mental health intervention often perceive healing potential as reliant on interventions introduced from outside of a patient's experience, such as counseling, psychotherapy or medications (Gone, 2021b). In the professional context, the therapist adheres to evidence-based practice, expounding on the effectiveness of a selected (and, increasingly, scientifically grounded) intervention method, citing past success with patients that the therapist deems "comparable." The patient is then given a clear explanation for how the specific intervention will alleviate symptoms and improve functioning (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006; Wampold & Imel, 2015). This approach emphasizes structured, rational, often instrumental techniques, and centers biomedical science rather than drawing principally on the patient's experience and innate internal resources (Berg, 2019; Klein et al., 1969).

In contrast to this increasingly preferred professional approach to mental health treatment, a traditional healer is believed to be responsible for guiding individuals on their intended life journey, which better resonates with longstanding—but less professionally celebrated—humanistic counseling and psychotherapeutic approaches (Rodgers, 1951; Rowan, 2001). Such client-centered approaches to treatment also recognize the positively valued, innate qualities of people, postulating that attention to and cultivation of these through treatment can result in therapeutic transformations for clients. And yet, such transformations are typically understood as psychological changes that alter and improve self-understanding and personal meaning-making. For Indigenous healers, the innate healing abilities of humans are often understood as extending from the spirit through the mind and emotions to the body in holistic fashion (Gone, 2021b). It is in this broader sense that, in ITH, healers aid people in "healing themselves."

In their report following a multiday *Gathering of Native American Healers* at the University of Michigan in 2010, Moorehead et al. (2015) discussed that, although participants recognized the active role that traditional healers play in knowledge acquisition and the pursuit of a healthy life, there was emphasis on the "intrinsic potential for healing" (p. 389). This underscores the idea that within each person resides a natural capacity for healing oneself, and the healing process involves unlocking these internal resources. Therefore, in ITH, healing potential lies innately within the individual, a belief shared by participants of the *Gathering*, and the healer interviewed for this study. The contrast between Indigenous and Euro-American approaches to mental health intervention highlights interesting differences in the underlying philosophies about the source of one's healing potential.

These distinctions have significant implications for mental health service delivery for AIs. Notably, culturally oriented AI clients may not be particularly open to culturally foreign interventions recommended by mainstream therapists and clinicians. An example of such interventions includes psychiatric medication. In their narrative clinical case study with an urban AI college student who integrated Indigenous and professional therapies during a period of immense loss, stress, and depression, Wendt and Gone (2016)

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

reported that many Indigenous People are distrusting of Western medicine and believe that healing is more achievable through traditional remedies and practices. They suggest that clinicians have open conversations with AI clients regarding their beliefs about psychiatric medication, and that they are respectful of their potential objections. We echo Wendt and Gone's (2016) call for open conversations and respectful consideration of AI clients' beliefs when therapists, clinicians, and other mental health professionals are suggesting and/or referring clients to non-Indigenous external interventions.

Commitment to Equality

In her work with Ojibwa and Cree women healers, Struthers (2000) identified *Embracing Humankind* as a theme within her analysis. She shared that all of the participating healers possessed a deep and intimate understanding of cultural practices that were distinct from their own Indigenous identities, and that these women recognized that cultural distinctions should be embraced and celebrated, not regarded with fear or aversion. This cultural appreciation was acquired through observations and interactions with people from different backgrounds (Struthers, 2000). In the present study, the second author expands this horizon beyond individuals with different cultural backgrounds, to those with different life circumstances as well, centering human equality in her ITH practice and philosophy. This centrality was present in her account, discussing how she would treat anyone in need of healing, regardless of social, material, or cultural status.

In addition, it was reflected in the sentiment regarding her granddaughter, a young girl born and living with a motor disability. Despite her diagnosis, this healer expressed that her family does not treat her any differently than any other nondisabled person. In contrast, even if we acknowledge that mainstream U.S. society, at a principled level, advocates for egalitarian values, it would seldom be argued that equality is consistently or rigorously realized or pursued practically within modern life (J. Robbins, 1994). Equality in the context of this healer's account (alongside Struthers' work) challenges how human value is assigned in Euro-American society and subsequently how patients are treated in professional and clinical settings. Despite intentions toward equity in health care, it is the unfortunate reality that individual providers and the system itself are influenced by prevailing societal convictions and attitudes toward "others": People considered to be different (Janz, 2019).

For example, in Findling et al.'s (2019) study of racial discrimination against AI adults across various institutional domains, including health care, 23% of respondents reported having experienced discrimination in clinical encounters. In addition, and notably, anticipated discrimination led 15% of respondents to avoid seeking clinical care for themselves or their families (Findling et al., 2019). In their comparative study of perceived discrimination in health care among White individuals, African Americans, Asian Americans, AIs/Alaska Natives, and AI/Alaska Natives with White heritage, Johansson et al. (2006) found that AI/Alaska Natives were the most likely to report discrimination among all surveyed groups. Conversely, the healer of this present study said that among Indigenous traditional healers at the urban AI health center where she offers her healing gifts, "nobody's treated differently."

Struthers (2000) connected her findings to the standards of holistic nursing practice (as defined by the American Holistic Nurses' Association, 1998) to deduce implications for this form of nursing practice. These implications include "All people are equal. … The Indigenous women healers practice with an inclusive, caring acceptance and unconditional love of persons and culture" (Struthers, 2000). These insights do not only have implications for this specific field, but when discussed alongside the disheartening statistics of discrimination in health care in the United States, they also call for a wide re-evaluation of Euro-American values to align more with these principles of equality, inclusivity, and welcomeness. Counseling psychology has taken the disciplinary lead by addressing issues related to diversity, equity, and inclusion (Betz & Fitzgerald, 1993; Gone, 2021a; Sue et al., 1999). Incorporating the insights from Struthers' illustrations and this healer's emphasis on equal treatment in healing practice, counseling psychology stands in position to further its leadership in addressing these issues within the discipline. We encourage mental health professionals to consider the transformative potential of embracing cultural distinctions and human equality as described by Struthers and in this study.

Limitations

The present study, a thematic analysis of an in-depth interview with an AI Elder and traditional healer, has several limitations. The foremost is due to the gap in time between the original interview in 2010 and our analysis in 2023 (which resulted from the dearth of Indigenous-identified research trainees with the appropriate interest and expertise to undertake this analysis). However, in keeping with practices of Indigenous reciprocity and community-based research (Gone, 2023), this healer was given the opportunity to review and approve the interview transcript and final article for this study prior to publication. She did not make any edits or adjustments to either, meaning that no substantial changes in her traditional beliefs and practices unfolded over the course of this past decade.

It is important to note that as an analysis of just one healer's perspectives, this study is not intended to generalize to all ITH practices. The idea that research done with any particular Indigenous person or group can be generalizable to *all* Indigenous peoples is harmful in that it promotes a false narrative of pan-Indigeneity. We acknowledge the concern that some readers may erroneously apply a pan-Indigenous framework when understanding and citing this research and wish to emphasize that Indigenous communities across the world have unique histories and cultures, and despite having similar worldviews and other commonalities, they are not a monolith.

In addition, since the first author primarily conducted the analysis, but did not conduct the interview, nuances of the interview may not have been captured in totality, which is another limitation of this study. However, the interviewer supervised this study as senior author, and our ability to consult with the healer (the second author) and receive her feedback on this article strengthened our understanding and illustration of her insights.

Conclusion

To understand how to best integrate Indigenous therapeutic practices and mainstream mental health services, in-depth exploration and consideration of ITH is necessary. Based on thematic analysis of an in-depth interview with an AI Elder and traditional healer, this study outlines the expansive landscape and guiding

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

principles of ITH. In doing so, we echo existing calls for Euro-American mental health professionals to undertake efforts toward culturally appreciative, collaborative, and decolonial reclamation and inclusion of Indigenous therapeutic traditions and traditional healing. We encourage providers to remain open to and respectful of Indigenous clients' preferences and right to self-determination regarding their mental health treatment options, as well as to consider the transformative potential of embracing cultural differences and human equality. Combined, these prompt a call for transformative change that takes careful stock of a much wider swath of therapeutic rationales, traditions, and practices than is typical within counseling psychology.

References

American Holistic Nurses' Association. (1998). *Standards of holistic nursing practice*. https://www.ahna.org/

American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, *61*(4), 271–285. https://www.apa.org/pubs/journals/features/evidence-based-statement.pdf

Beals, J., Novins, D. K., Whitesell, N. R., Spicer, P., Mitchell, C. M., & Manson, S. M. (2005). Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: Mental health disparities in a national context. *The American Journal of Psychiatry*, *162*(9), 1723–1732. https://doi.org/10.1176/appi.ajp.162.9.1723

Berg, H. (2019). Evidence-based practice in psychology fails to be tripartite: A conceptual critique of the scientocentrism in evidence-based practice in psychology. *Frontiers in Psychology*, *10*, Article 2253. https://doi.org/10.3389/fpsyg.2019.02253

Betz, N. E., & Fitzgerald, L. F. (1993). Individuality and diversity: Theory and research in counseling psychology. *Annual Review of Psychology*, *44*(1), 343–381. https://doi.org/10.1146/annurev.ps.44.020193.002015

Bower, J. E., Crosswell, A. D., Stanton, A. L., Crespi, C. M., Winston, D., Arevalo, J., Ma, J., Cole, S. W., & Ganz, P. A. (2015). Mindfulness meditation for younger breast cancer survivors: A randomized controlled trial. *Cancer*, *121*(8), 1231–1240. https://doi.org/10.1002/cncr.29194

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Creswell, J. D., Lindsay, E. K., Villalba, D. K., & Chin, B. (2019). Mindfulness training and physical health: Mechanisms and outcomes. *Psychosomatic Medicine*, *81*(3), 224–232. https://doi.org/10.1097/PSY.0000000000000675

Dobson, C., & Brazzoni, R. (2016). Land based healing: Carrier First Nations' addiction recovery program. *Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin*, *1*(2), 9–17. https://caid.ca/LanBasHeaJIW2016.pdf

Duran, B., Oetzel, J., Lucero, J., Jiang, Y., Novins, D. K., Manson, S., & Beals, J. (2005). Obstacles for rural American Indians seeking alcohol, drug, or mental health treatment. *Journal of Consulting and Clinical Psychology*, *73*(5), 819–829. https://doi.org/10.1037/0022-006X.73.5.819

Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native peoples*. Teachers College Press.

Findling, M. G., Casey, L. S., Fryberg, S. A., Hafner, S., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of native Americans. *Health Services Research*, *54*(S2), 1431–1441. https://doi.org/10.1111/1475-6773.13224

George, J., Morton Ninomiya, M., Graham, K., & Wells, S. (2021). Developing a healing and wellness program for First Nations boys and men: The Mishoomsinaang Mentorship Program. *Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin*, *6*(2), 26–41. https://journalindigenouswellbeing.co.nz/journal_articles/developing-a-healing-and-wellness-program-for-first-nations-boys-and-men-the-mishoomsinaang-mentorship-program/

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*(4), 751–762. https://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*(2), 166–235. https://doi.org/10.1177/0011000008330831

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*(3–4), 314–321. https://doi.org/10.1002/ajcp.12046

Gone, J. P. (2021a). Decolonization as methodological innovation in counseling psychology: Method, power, and process in reclaiming American Indian therapeutic traditions. *Journal of Counseling Psychology*, *68*(3), 259–270. https://doi.org/10.1037/cou0000500

Gone, J. P. (2021b). The (post)colonial predicament in community mental health services for American Indians: Explorations in alter-Native psyence. *American Psychologist*, *76*(9), 1514–1525. https://doi.org/10.1037/amp0000906

Gone, J. P. (2023). Researching with American Indian and Alaska Native communities: Pursuing partnerships for psychological inquiry in service to Indigenous futurity. In H. Cooper, M. N. Coutanche, L. M. McMullen, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology: Research designs: Quantitative, qualitative, neuropsychological, and biological* (2nd ed., pp. 285–304). American Psychological Association. https://doi.org/10.1037/0000319-014

Gone, J. P., Blumstein, K. P., Dominic, D., Fox, N., Jacobs, J., Lynn, R. S., Martinez, M., & Tuomi, A. (2017). Teaching tradition: Diverse perspectives on the pilot Urban American Indian traditional spirituality program. *American Journal of Community Psychology*, *59*(3–4), 382–389. https://doi.org/10.1002/ajcp.12144

Gone, J. P., Hartmann, W. E., Pomerville, A., Wendt, D. C., Klem, S. H., & Burrage, R. L. (2019). The impact of historical trauma on health outcomes for Indigenous populations in the USA and Canada: A systematic review. *American Psychologist*, *74*(1), 20–35. https://doi.org/10.1037/amp0000338

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*(1), 131–160. https://doi.org/10.1146/annurev-clinpsy-032511-143127

Gone, J. P., Tuomi, A., & Fox, N. (2020). The Urban American Indian traditional spirituality program: Promoting Indigenous spiritual practices for health equity. *American Journal of Community Psychology*, *66*(3–4), 279–289. https://doi.org/10.1002/ajcp.12436

Hartmann, W. E., & Gone, J. P. (2012). Incorporating traditional healing into an urban American Indian health organization: A case study of community member perspectives. *Journal of Counseling Psychology*, *59*(4), 542–554. https://doi.org/10.1037/a0029067

Healey, G. K., Noah, J., & Mearns, C. (2016). The eight ujarait (rocks) model: Supporting Inuit adolescent mental health with an intervention model based on Inuit ways of knowing. *International Journal of Indigenous Health*, *11*(1), 92–110. https://doi.org/10.18357/ijih111201614394

Hightower, G., & Berry, B. (2018). *Counseling Native American Indians: Insights from conversations with Beaver*. Cognella Academic Publishing.

Iseke, J. (2013). Indigenous storytelling as research. *International Journal of Qualitative Research*, *6*(4), 559–577. https://doi.org/10.1525/irqr.2013.6.4.559

Janelle, A., Laliberté, A., & Ottawa, U. (2009). Promoting traditions: An evaluation of a wilderness activity among First Nations of Canada. *Australasian Psychiatry*, *17*(1_suppl 1), S108–S111. https://doi.org/10.1080/10398560902948605

Janz, H. L. (2019). Ableism: The undiagnosed malady afflicting medicine. *CMAJ: Canadian Medical Association Journal*, *191*(17), E478–E479. https://doi.org/10.1503/cmaj.180903

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Johansson, P., Jacobsen, C., & Buchwald, D. (2006). Perceived discrimination in health care among American Indians/Alaska natives. *Ethnicity & Disease*, *16*(4), 766–771. https://www.jstor.org/stable/48666933

Kant, S., Vertinsky, I., Zheng, B., & Smith, P. M. (2013). Social, cultural, and land use determinants of the health and well-being of Aboriginal peoples of Canada: A path analysis. *Journal of Public Health Policy*, *34*(3), 462–476. https://doi.org/10.1057/jphp.2013.27

Kaufman, C. E., Beals, J., Croy, C., Jiang, L., Novins, D. K., & the AI-SUPERPFP Team. (2013). Multilevel context of depression in two American Indian tribes. *Journal of Consulting and Clinical Psychology*, *81*(6), 1040–1051. https://doi.org/10.1037/a0034342

Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, *11*(1_suppl), S15–S23. https://doi.org/10.1046/j.1038-5282.2003.02010.x

Kirmayer, L. J. (2007). Psychotherapy and the cultural concept of the person. *Transcultural Psychiatry*, *44*(2), 232–257. https://doi.org/10.1177/1363461506070794

Klein, M. H., Dittman, A. T., Parloff, M. B., & Gill, M. M. (1969). Behavior therapy: Observations and reflections. *Journal of Consulting and Clinical Psychology*, *33*(3), 259–266. https://doi.org/10.1037/h0027595

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, *73*(1), 26–46. https://doi.org/10.1037/amp0000151

Lyons, A. C., & Chamberlain, K. (2006). *Health psychology: A critical introduction*. Cambridge University Press. https://doi.org/10.1017/CBO9780511807985

Mark, G. T., & Lyons, A. C. (2010). Maori healers' views on wellbeing: The importance of mind, body, spirit, family and land. *Social Science & Medicine*, *70*(11), 1756–1764. https://doi.org/10.1016/j.socscimed.2010.02.001

McCubbin, L. D., Alex, R. M., Bergkamp, J., Malone, C. M., Wang, C. D. C., & Reynolds, A. L. (2023). Returning the colonizers gaze: Critiquing whiteness in our training programs. *Training and Education in Professional Psychology*, *17*(1), 14–21. https://doi.org/10.1037/tep0000436

McCubbin, L. D., Town, M. A., Burns-Glover, A., & Butay, E. M. (2023). Creating spaces for decolonization and Indigenization among mental health professionals in higher education. *Smith College Studies in Social Work*, *93*(2–4), 296–314. https://doi.org/10.1080/00377317.2023.2220802

Mohatt, G., & Eagle Elk, J. (2002). *The price of a gift: A Lakota healer's story*. University of Nebraska Press.

Moorehead, V. D., Jr., Gone, J. P., & December, D. (2015). A gathering of Native American healers: Exploring the interface of Indigenous tradition and professional practice. *American Journal of Community Psychology*, *56*(3–4), 383–394. https://doi.org/10.1007/s10464-015-9747-6

Nelson, S. E., & Wilson, K. (2017). The mental health of Indigenous peoples in Canada: A critical review of research. *Social Science & Medicine*, *176*, 93–112. https://doi.org/10.1016/j.socscimed.2017.01.021

Redvers, N., & Blondin, B. S. (2020). Traditional Indigenous medicine in North America: A scoping review. *PLOS ONE*, *15*(8), Article e0237531. https://doi.org/10.1371/journal.pone.0237531

Reynolds, A. L. (2022). Grasping at the root: Transforming counseling psychology. *The Counseling Psychologist*, *50*(8), 1126–1149. https://doi.org/10.1177/00110000221125419

Richmond, C. A. M., & Ross, N. A. (2009). The determinants of First Nation and Inuit health: A critical population health approach. *Health & Place*, *15*(2), 403–411. https://doi.org/10.1016/j.healthplace.2008.07.004

Ritchie, S. D., Wabano, M.-J., Russell, K., Enosse, L., & Young, N. L. (2014). Promoting resilience and wellbeing through an outdoor intervention designed for Aboriginal adolescents. *Rural and Remote Health*, *14*(1), Article 2523. https://doi.org/10.22605/RRH2523

Robbins, J. (1994). Equality as a value: Ideology in Dumont, Melanesia and the West. *International Journal of Anthropology*, *36*, 21–70. https://www.jstor.org/stable/3318079

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*(1), 93–132. https://doi.org/10.1177/0011000011410892

Rodgers, C. R. (1951). *Client-centered therapy: Its current practice, implications and theory*. Houghton Mifflin.

Rowan, J. (2001). *The reality game: A guide to humanistic counselling and psychotherapy* (2nd ed.). Routledge.

Smith, L. T. (2021). *Decolonizing methodologies: Research and indigenous peoples* (2nd ed.). Zed Books.

Struthers, R. (2000). The lived experience of Ojibwa and Cree women healers. *Journal of Holistic Nursing*, *18*(3), 261–279. https://doi.org/10.1177/089801010001800307

Sue, D. W., Bingham, R. P., Porché-Burke, L., & Vasquez, M. (1999). The diversification of psychology: A multicultural revolution. *American Psychologist*, *54*(12), 1061–1069. https://doi.org/10.1037/0003-066X.54.12.1061

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization*, *1*(1), 1–40. https://resolver.scholarsportal.info/resolve/19298692/v01i0001/nfp_dinam.xml

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. https://www.ncbi.nlm.nih.gov/books/NBK44243/

U.S. Department of Health and Human Services. (2020). *Mental and behavioral health—American Indians/Alaska Natives*. U.S. Department of Health & Human Services, Office of Minority Health. https://minorityhealth.hhs.gov/mental-and-behavioral-health-american-indiansalaska-natives

Walsh, R., Danto, D., & Sommerfeld, J. (2020). Land-based intervention: A qualitative study of the knowledge and practices associated with one approach to mental health in a Cree community. *International Journal of Mental Health and Addiction*, *18*(1), 207–221. https://doi.org/10.1007/s11469-018-9996-3

Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). Routledge/Taylor & Francis Group.

Wendt, D. C., & Gone, J. P. (2016). Integrating professional and Indigenous therapies: An urban American Indian narrative clinical case study. *The Counseling Psychologist*, *44*(5), 695–729. https://doi.org/10.1177/0011000016638741

Wendt, D. C., Huson, K., Albatnuni, M., & Gone, J. P. (2022). What are the best practices for psychotherapy with indigenous peoples in the United States and Canada? A thorny question. *Journal of Consulting and Clinical Psychology*, *90*(10), 802–814. https://doi.org/10.1037/ccp0000757

Whitesell, N. R., Beals, J., Crow, C. B., Mitchell, C. M., & Novins, D. K. (2012). Epidemiology and etiology of substance use among American Indians and Alaska Natives: Risk, protection, and implications for prevention. *The American Journal of Drug and Alcohol Abuse*, *38*(5), 376–382. https://doi.org/10.3109/00952990.2012.694527

Wolfe, P. (1999). *Settler colonialism and the transformation of anthropology: The politics and poetics of an ethnographic event*. Cassel.

Received March 26, 2024
Revision received July 29, 2024
Accepted August 3, 2024 ■

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.