A NARRATIVE INQUIRY INTO INDIGENOUS CLIENTS' PERSPECTIVES AND EXPERIENCES OF WESTERN PSYCHOTHERAPY

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Abstract

Indigenous Peoples in Canada experience mental health concerns at unbalanced rates compared to non-Indigenous Canadians, but Indigenous Peoples reportedly "underuse" mainstream (i.e., Western) mental health services, like psychotherapy. Understanding how to "best" attend to the mental health needs of Indigenous Peoples with psychotherapy has largely been hypothetical and theoretical, with little input from Indigenous clients themselves. The current study used a narrative inquiry methodology approach to gain insight into perspectives and experiences of Western conventional psychotherapy among Indigenous Peoples (i.e., clients) in Turtle Island (aka Canada and the United States). The research question framing the current research was: What are Indigenous clients' narratives of Western psychotherapy? Three Indigenous individuals from urban areas in Quebec and Ontario participated in in-depth interviews. In an endeavour to contribute to social justice aims, such as social change in the context of psychotherapy with Indigenous Peoples, I used a theoretical framing that embraced a social justice and decolonizing lens. The findings conveyed the following main themes: perceptions about therapy, significance of the therapeutic connection, role of power dynamics, role of Indigenous culture, and impacts from research participation. Implications for psychotherapy as it relates to power dynamics are discussed, and potential contributions are offered in the hopes that the psychotherapy field may continue to better address the mental health needs of Indigenous Peoples in Canada through a decolonizing approach.

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This thesis represents and encompasses a long and personal journey—it is the final step of a story that commenced in 2018 after a period of upheaval and my own suffering. While the participants of this research are the ones who generously shared their stories, this thesis is also the culmination of what led me here and got me through to the other side. A lot of gratitude is owed to the people and circumstances that facilitated my journey and much gratitude must also be extended to the opportunities that made returning to school later in life possible. Despite the challenges, I am grateful for the complicated journey that has involved as much laughter as tears, while also comprising beautiful connections with people, motherhood, and my own healing.

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Love,

Kate

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Chapter 1 - Introduction

Indigenous Peoples in Canada face mental health concerns at disproportionate rates relative to non-Indigenous Canadians (Pomerville et al., 2016) yet tend to "underuse" mainstream (i.e., Western) mental health services (Garrett & Harring, 2001; LaFramboise et al., 1990; Maranzan et al., 2018), such as psychotherapy. There is debate in the literature regarding what respective role Western psychotherapy and Indigenous healing may have in serving the mental health needs of Indigenous Peoples. On the one hand, Western psychotherapy could be colonizing and harmful if it does not carry cultural competence and humility (Patallo, 2019; Reeves & Stewart, 2015; Shepard et al., 2006). On the other hand, while accessing Indigenous forms of healing can be powerful, it rests on the supposition that *all* Indigenous Peoples are connected to their cultural traditions (Duran, 2006; MacDonald & Steenbeek, 2015; York, 1999). Still yet is the Indigenous concept of Two-Eyed Seeing (see Bartlett et al., 2012; Sasakamoose et al., 2017), which can serve Indigenous clients by using both the strengths of Indigenous knowledge and evidence-based Western practices to tailor therapy to the needs of each client.

The debate of how to "best" address the mental health needs of Indigenous Peoples with psychotherapy has primarily been theoretical with little known from the perspective of Indigenous clients themselves (Pomerville et al., 2016). This qualitative study aimed to better understand perspectives and experiences of Western mental healthcare in Canada among Indigenous Peoples in the form of the research question: "What are Indigenous clients' narratives of mainstream Western psychotherapy?" To help gain knowledge into this question, narrative inquiry was used to gather stories from Indigenous clients that fore fronted their perspectives and experiences of psychotherapy.

Brief Personal Prelude

When pondering a research topic for my master's thesis, I contemplated several topics as they relate to psychotherapy. However, I kept coming back to how Indigenous Peoples view and experience mainstream mental health services. Admittedly, I was hesitant to delve into Indigenous-specific research, due to my own convoluted journey regarding my mixed Indigenous and settler background. I have always felt that my feet straddled two different places and I have struggled to find my own sense of belonging in both an Indigenous and non-Indigenous world. As a child, my mother imparted some family stories to us, her children, and we always knew we are "part Native," as we used to call it. However, discussing or even admitting our Indigenous

heritage was not something we did very often during my childhood. Sadly, my own Grandmother spent her life trying to hide her Indigenous identity, a desolate reality that I feel generated unrest and cultural deprivation within my own family.

I realize that many people—both Indigenous and non-Indigenous—hold the belief that one cannot nor should they identify as Indigenous if they do not belong to a government-recognized nation, or if they have not been claimed by a recognized community. I realize that there has been much damage and hurt caused by people who claim to be Indigenous but who are not actually Indigenous, and/or have not done the work to learn from where they come. I also realize that some people buy-into blood-quantum beliefs as a means to deem "who is" Indigenous and "how much;" but I also know that many people do not buy into this colonized construction of identity. As such, my own identity is complicated, and I am and have been hesitant to name my Indigenous ancestry; I have been made to feel like a "pretendian," or a "race shifter" by both Indigenous Peoples and non-Indigenous people. For example, someone unrelated to this research but in a position of academic authority informed me blatantly that I should not mention my Indigenous heritage in this personal prelude or anywhere in the research write-up. I originally obeyed and with great shame that led to intense personal consequences, I blacked out any part that addressed my Indigenous heritage. I succumbed out of fear, due to harmful power dynamics, and due to acquiescing to the feeling that I do not truly belong anywhere. But I am neither a "pretendian" nor a "race shifter," nor am I stating who I am for personal gain. Rather, I am someone who is attempting to respectfully—and with trepidation—become reconnected, which is a personal journey I have been on for a very long time. So now, I am stating the facts. I realize that not everyone will agree, and I am learning to accept that.

Such that the current study is qualitative and given that my own positionality influenced my decision to conduct this research and invariably impacts my worldview, I feel it is important to name parts of my own story and the way I have *always* seen myself. With that said, the way I identify aligns with my current understanding of myself. As such, I identify as a woman whose maternal family comes from a fur-trading community in Quebec where there is a long-documented history of Indigenous Peoples marrying and having offspring with non-Indigenous people. I identify as a person whose Great Grandmother (whom I knew well and spent time with during my childhood) identified as Indigenous (*Indian*, as she used to call herself in French) and made grand efforts to maintain her culture, to pass it on, and to safeguard her language, which

consisted of mainly French, mixed with some words from the Algonquian language group. Her own mother was adopted, and so our paper trail stops there.

She—my Great Grandmother—referred to her younger kin (her children, grandchildren, and great grandchildren) as "*moitié Indien*" (often translated as "*half breed*" in English, which is for some—but not all—a controversial term). I identify as someone who cares deeply about doing the work it takes to reconnect myself to the Indigenous aspects of my culture. I identify as someone who does not wish to cause harm but who wishes to belong. I identify as a person who seeks to offer what I can and create relationships along the way.

During the early 2000's, I felt a strong pull to learn more about Indigenous Peoples and their experiences, and I felt a visceral pull to learn more about my Indigenous heritage. Not knowing where to start, I began reading as much as I could and stumbled upon Geoffrey York's *The Dispossessed: Life and Death in Native Canada*. It was at this point that I first became aware of the residential school system, how deeply rooted systemic oppression against Indigenous Peoples is, and the legacies of colonization and settler colonialism. This book had a profound impact on me—my reaction was physical and almost volatile—I could not understand why everyone was not screaming from the rooftops and protesting daily about what had happened and was/is still happening in Canada.

As my literature review will demonstrate, our mental health system typically reflects a division between culture and health. My hope is that my research will help to shine a little bit of light on the profound impacts that colonization has had on the mental health of Indigenous Peoples in Canada and that society will value Indigenous ways of knowing so that there may be a greater connection and understanding between culture and health, with the ultimate aim of increasing access to all forms of mental health services.

I do not claim to be any sort of knowledge-keeper. Rather, I have sought to learn from this research respectfully and tentatively, while collaborating with the participants, who are the knowledge keepers of their stories. My hope is that this research helps to inform—in some small way—the broader psychotherapy and mental health landscape, so that we can ultimately become more inclusive, more understanding, and work to increase access to mental health services for Indigenous Peoples and all people in need of care and healing.

Chapter 2 - Review of the Literature

In the literature review that follows, I delve into colonization and some of its ruthless legacies, and how colonization is implicit in and a culprit of the mental health disparities among Indigenous communities. Furthermore, this literature review looks into Indigenous Peoples' use and "underuse" of mainstream mental health services and various plausible reasons underlying this "underuse." Additionally, the review examines the various ways Indigenous Peoples may choose to address their mental health needs and the complexities inherent to this decision-making process.

When I refer to Indigenous Peoples, I am referring to both status and non-status First Nations and Métis people, as well as to those who identify as Inuit. I do not use the term "Aboriginal," as this is no longer an appropriate nor a welcomed term by many Indigenous Peoples. Furthermore, it is important to remember that the term "Indigenous" is still an umbrella term that does not account for the diversity of the original peoples and their descendants that span Turtle Island (aka Canada and the United States). When desired by participants, they will have the opportunity to name their own identity and term that describes who they are and where they come from. For the purpose of this proposal, I will use the term "Indigenous" given the literature has yet to offer a more suitable, less homogenizing term.

Where possible and relevant, the sources cited derive from Indigenous scholars and authors from Turtle Island. In particular, I draw from the works of established Indigenous scholar Suzanne Stewart from the Yellowknife Dene First Nation, a psychologist and Associate Professor of Indigenous Healing in Clinical and Counselling Psychology at the OISE/University of Toronto. I also draw from the works of Eduardo Duran, a clinical psychologist and researcher who works with Indigenous Peoples in the United States, who also focuses on historical trauma from colonization.

Sociopolitical Context and Mental Health

Colonization in Canada functions in several different polygonal ways. For example, colonization is *structural* in that Canadian policies and procedures are primarily born from and continue to thrive from colonialism. Second, colonization is *distal*, meaning that colonial effects are continuously experienced within Canadian society, as demonstrated by racism and poverty experienced by a large portion of Indigenous Peoples. Third, colonization is *proximal*, such that there are individual and proximate impacts, like unemployment and lower health and well-being

among Indigenous Peoples (Nelson & Wilson, 2017). Subsequently, there is a link between colonization and the impediment of self-determination among Indigenous Peoples and their lands and systems (Corntassel, 2012). Self-determination is defined, in part, as the right to govern and have control of economic, social, cultural, education, and healthcare systems (Castellino & Gilbert, 2003). However, self-determination and its hindrance influence healthcare experiences (including mental healthcare) and outcomes among Indigenous Peoples (Montesanti et al., 2022). Due to colonization and missionization, Indigenous peoples were/are prevented from governing their institutions and processes (Sue & Sue, 1990, as cited in Stewart et al., 2016).

Given that colonization in Canada is rooted in precluding the right to self-determination (Corntassel, 2012), it seems reasonable to suggest that colonization has obstructed self-determination and control over mental healthcare systems among Indigenous Peoples, which ostensibly has not promoted nor benefitted mental health among Indigenous communities and Peoples. In other words, Canada's dark history and continuation of colonization are intimately linked to mental health disparities among Indigenous Peoples in Canada (Duran, 2006). To that point, and despite a considerable gap in research on the degree of mental health concerns affecting Indigenous Peoples (e.g., there is a dearth of research on Métis and off-reserve Indigenous Peoples; Nelson & Wilson, 2017), it is known that Indigenous Peoples face mental health concerns at higher rates relative to non-Indigenous Canadians (Pomerville et al., 2016). In fact, suicide among Indigenous Peoples is a leading cause of mortality, claiming Indigenous lives approximately three times more than the Canadian national average (Pollock et al., 2018).

Reasons for the high prevalence of mental health issues among Indigenous Peoples stem from myriad factors deriving from colonization and historical trauma (see Smallwood et al., 2021), such as intergenerational effects of the Residential system (Hackett et al., 2016), the 60's Scoop[1], forced community relocation, and continued present-day disturbances and removal of children from their families by the child welfare/foster care system, as well as birth alerts (Ritland et al., 2021). These acts of colonization and assimilation have resulted in the experience of the dispossession of culture and language by many Indigenous Peoples (Duran, 2006; MacDonald & Steenbeek, 2015; York, 1999), which has precipitated a significant collapse of Indigenous knowledge and practices, as well as breakdowns within families (Corntassel, 2012;

[1] The forced removal of Indigenous children from their homes and placed in the foster care/child welfare system or sent abroad to other families.

MacDonald & Steenbeek, 2015). Cumulative effects from these colonized dissections have contributed to Indigenous Peoples' continued marginalization within society, further impacting mental health (MacDonald & Steenbeek, 2015).

Another factor that has impacted the high prevalence of Indigenous mental health issues can be attributed to former federal policies that outlawed Indigenous healing practices. For example, Indigenous healers were put in custody or even murdered, then replaced by Western and Christian practitioners flown into Indigenous communities. At the same time, in urban areas, many health clinics refused entry to Indigenous clients because of racism and Indian status. It is not hard to surmise the colossal fallout that ensued from first stripping Indigenous Peoples of their Indigenous ways of knowing and then refusing them care to address the legacies of colonization and intergenerational trauma (Stewart et al., 2016).

Relatedly, food and housing shortages, unemployment, poverty, discrimination, and gaps in mental health services are also precursors to the increased mental health issues among Indigenous Peoples in Canada (Hajizadeh et al., 2019; MacDonald & Steenbeek, 2015; Statistics Canada, 2020). For instance, Hajizadeh and colleagues (2019) showed that income-related inequalities, such as food scarcity, unemployment, and subpar housing, are related to suicide and mental health problems. This study also supported similar studies showing that higher income is a protective factor against mental health problems and suicide (e.g., Lemstra et al., 2009).

Conclusions from the Truth and Reconciliation Commission's (TRC) Calls to Action on health underscore the profound connection between Canada's history of colonization and Indigenous health and mental health. These calls to action acknowledge that finding solutions to health disparities among Indigenous Peoples is of paramount concern (Truth and Reconciliation Commission of Canada, 2015). However, despite the calls to action to attend to and amend health and mental healthcare services and outcomes for Indigenous Peoples, there is a dearth of information on the services available to them and how those services are used and implemented across regions (Lopez-Carmen et al., 2019; Montesanti et al., 2022). This lack of data on the use of mental healthcare amenities serving Indigenous Peoples further complicates our understanding and knowledge of the intricate nuances that have and continue to impact mental health among Indigenous Peoples. It is difficult to surmise the bigger picture when there is not enough data on the mental health landscape among Indigenous Peoples across Canada. However, as outlined herein, serving the mental health needs of Indigenous Peoples is crucial.

Use of Mental Health Services

An unfortunate adjunct to the aberrantly high mental health issues among Indigenous Peoples is the "underuse" of mental health services (Garrett & Harring, 2001; LaFramboise et al., 1990; Maranzan et al., 2018; Oulanova & Moodley, 2010; Pomerville et al., 2016; Reeves & Stewart, 2015). It is important to note that a review of empirical literature has yielded little information on the extent to which Indigenous Peoples use mental healthcare services (e.g., psychotherapy). Despite this privation of precise data, Indigenous Peoples tend to "underuse" mental health services, including psychotherapy, relative to other people in Canada (Garrett & Harring, 2001; LaFramboise et al., 1990; Maranzan et al., 2018; McIntyre et al., 2017; Oulanova & Moodley, 2010; Pomerville et al., 2016; Reeves & Stewart, 2015; Stewart, 2008).

A critical review by Horrill and colleagues (2018) highlights a need to view "underuse" by considering a broader social, historical, and political context, which changes our language and thus notions of "underuse" and instead considers *access* to services. Considering access instead of assuming "underuse" *contextualizes* the reality that "underuse" of services may derive from factors that *barre access* to services due to colonial legacies, political, discriminatory, social, and political barriers, power dynamics, and inequality.

To that point, there is plenteous research pointing to social and political inequalities and budget constraints, which incumber service utilization among Indigenous Peoples in the Canadian context. For example, in Amnesty International's Statistical Report on the State of Indigenous Mental Health in Canada, Barras (2022) highlights severe deficiencies in the 2017 Canadian Healthcare Budget, underlining that 0.01% of the entire healthcare budget in 2017 was allocated to Indigenous Peoples, which did not include any allotment to the Métis. To put this in perspective, Indigenous Peoples represent 4.9% of the Canadian population, but a mere 0.45% is dedicated to Indigenous healthcare, with no specific sum directed towards mental health specifically. Perhaps this deprivation of funds is apparent to some Indigenous peoples when seeking help for their mental health.

In addition, while a narrative of distrust has emerged from medicine, research, and other systems that failed to appropriately acknowledge colonizing approaches, similar concerns are present in the counselling and psychotherapy profession. For example, a root cause of the "underutilization" of Canadian services of care from the perspective of Indigenous Peoples stems from a perception that points to profound distrust (Vogel, 2015). This distrust is attributed to

systemic racism within Canadian healthcare (Phillips-Beck et al., 2020) that stems from Canada's colonial and assimilative narrative of "cultural hierarchy and white supremacy [that still] exists today, translated over centuries into gaping health disparities" (Phillips-Beck et al., 2020, p. 3). Put another way, this distrust is driving the "underuse" of services (Vogel, 2015), and thus contemplating this distrust is imperative to addressing the overarching problem of "underutilization" of mental health services.

Furthermore, research shows that many Indigenous Peoples view Canadian systems of care as part of Canada's oppressive and assimilative history that is still present in these systems today, which likely leads to distrust of these systems of care (Stewart et al., 2016). In fact, systemic racism within our healthcare system has been coined *medical colonialism* (Tirmizy, 2021). A recent example is the death of Joyce Echaquan in a Quebec hospital, which was declared a death due to racism (Fraser et al., 2021). Similarly, according to Stewart and colleagues (2016), mental healthcare has been another tool used to oppress Indigenous Peoples, which has produced a complex predicament because "Western healing strategies [are] not appropriate since Western counselling, psychology, and psychotherapy are seen to be problematic as healing tools as they are constructed by the same cultural system that causes the racism, oppression, and illness in the first place" (p. xvi).

Likewise, the term "psycholonization" refers to a fourth wave of colonization that subsists under a powerful veil of the caregiving system (e.g., medical, and mental healthcare systems) and a desire to "heal." According to Thira (2006; see also Dupuis-Rossi & Reynolds, 2018), the concept of *psycholonization* facetiously categorizes Indigenous Peoples as unwell, damaged, and deficient. Furthermore, *psycholonization* further exploits Indigenous Peoples via a 'social welfare industry', which is akin to a type of "benevolent colonization" (see McCarthy, 1995) which furtively seeks to help the 'sick Native' by allocating government funds to the 'damaged' Indigenous community—funds that are then given back to non-Indigenous people (e.g., non-Indigenous caregivers) under the guise of help and healing. According to Thira (2006), this is exploitative because non-Indigenous peoples are acquiring both power and wealth to the detriment of Indigenous Peoples.

Contemplating the roots and underlying mechanisms of systemic racism inherent to our systems of care is crucial to address because a deeper understanding of the infrastructure of our social and political systems will help to paint a picture of how and why this mistrust exists and

persists among Indigenous Peoples. How did we arrive at this place of systemic racism? Why do many Indigenous Peoples mistrust our systems of care? To address this, it is essential first to consider the birth of *epistemic racism* in Canada, which encompasses poignant power dynamics and is defined by the creation of knowledge hierarchies, which are then segregated and split apart, generating the withholding of this knowledge to some while donning it to others (Fraser et al., 2021). For example, Inuit peoples were previously permitted to work in various clinical industries without having a bachelor's degree. However, in 2012 Quebec initiated policy changes stipulating that only people with specific degrees and professional accreditations (e.g., belonging to an Order) could perform clinical acts. In many parts of Inuit territory, there are no post-secondary institutions, a factor that forces people to relocate to urban centers (Fraser et al., 2021), which ostensibly costs valuable amounts of time, a large financial output, and leaving home. Consequently, this precludes care for Indigenous Peoples *by* Indigenous Peoples.

Consequently, more clinical roles are filled with non-Indigenous people, thereby instigating the segregation of knowledge and power between Indigenous and non-Indigenous. Furthermore, this segregation leads to a division between healthcare systems and culture, drawing a strict line between the two wherein there is little connection between culture and healthcare in Western understandings of care—the two have historically been mutually exclusive. Knowing that this partition between culture and healthcare exists helps illuminate why some Indigenous Peoples hesitate to seek services from Canadian care systems. For example, some Inuit are fearful of seeking care because there is a lack of cultural understanding: "Inuit families talk about their fear of seeking help, fear of being judged or misunderstood by workers regarding their educational methods, and fear that their child will be taken into the care of child welfare" (Fraser et al., 2021, p. 3). It is not difficult to comprehend the fear and mistrust in systems of care when we consider Canada's dark history (that continues) of taking children away from Indigenous parents (Fournier & Crey, 1997). Considering that Canada's mental health services *underserve* Indigenous Peoples, and considering the mistrust in these systems, addressing the mental health needs in a manner that is culturally competent and sensitive to Canada's colonial legacies should be a paramount endeavour.

Addressing Indigenous Mental Health Needs

Indigenous Ways of Healing

Given the distrust in our systems of care, which presumably extends to psychotherapy, Indigenous Peoples might choose to engage in Indigenous healing practices instead of Western psychotherapy. Despite the fallout from colonization in Canada, which has disrupted Indigenous ways that value and integrate community, relationships, land, and ecological ways of knowing, there has and continues to be a movement toward regenerating Indigenous ways of knowing that prize Indigenous conceptualizations of health and healing (Oulanova & Moodley, 2010; Stewart et al., 2016; Stewart, 2009). One way to regenerate Indigenous identity and disrupt trauma and damage from enduring colonization is by reclaiming Indigenous ways of knowing, doing, and thinking (Stewart, 2009). In other words, employing Indigenous ways of healing can be viewed through a lens of resistance to colonial legacies and systemic processes that still underpin racism and social and political injustices that continue to impact Indigenous peoples' cultures and well-being negatively. Indigenous rituals, protocol, and spirituality are significant and powerful alternative roads to healing that also serve to challenge and contest settler-colonial principles and practices (Stewart et al., 2016).

Furthermore, there are many benefits to seeking Indigenous forms of healing (Duran, 2006; Oulanova & Moodley, 2010; Stewart et al., 2016). For example, land-based knowledge is viewed as a profound relational element to healing (e.g., harvesting, education, counselling, and ceremony are incorporated into healing practices), which are healing methods rooted in Indigenous pedagogics where the land, identity, and healing are deeply interconnected. These time-honoured land-based healing practices have positively affected mental health among Indigenous Peoples (Redvers, 2020).

Similarly, Indigenous teachings emphasize a holistic approach to mental health and accentuate the importance of community connectedness. These approaches use various ceremonies and/or rituals, such as smudging, Medicine Wheel teachings, talking, sharing, and drum circles, which have also been shown to produce positive outcomes among Indigenous Peoples (Oulanova & Moodley, 2010). Further, Indigenous healing ways are often rooted in behaviour that promotes non-interference and seek input from local Elders (Stewart, 2008).

It is important not to homogenize (aka "glossing") Indigenous healing ways because, customarily, Indigenous perspectives and ways of healing are *local.* Formerly, healing practices would have been called *medicine* and represented intricate healing practices specific to a region's land, language, and people's stories and history. In fact, the term *traditional healing* is a

homogenizing colonial concept and term created by the British and introduced to Indigenous Peoples by scholars. This blanket term is not always a welcomed expression by Indigenous Peoples (Stewart et al., 2016).

While accessing Indigenous forms of healing can be a powerful tool along the healing journey (Oulanova & Moodley, 2010; Stewart, 2008), it rests on the supposition that all Indigenous Peoples are connected to their cultural ways of knowing, which is not the case for *all* due to the colonized history in Canada, which includes the dispossession of cultural ways of knowing (Duran, 2006; MacDonald & Steenbeek, 2015; York, 1999). As such, some Indigenous Peoples may choose instead to engage with or even have increased access to mainstream Western psychotherapy.

Psychotherapy: A Western Way of Healing

Psychotherapy is known as talk therapy and is based on dialogue between client and therapist (Pain, 2019). Psychotherapy is a way for people to engage with a registered professional trained in treating a wide variety of mental health issues and other personal and interpersonal problems. For example, clients may seek the help of a psychotherapist to work on their emotional development and find insight into atypical or problematic emotional development. Further, psychotherapy can assist in finding ways to develop helpful methods to reduce distressing symptoms that impair functioning and damage relationships. In addition, treatment may also focus on addressing and modifying cognitive distortions and maladaptive behaviour patterns (Seligman & Reichenberg, 2014).

There are more than 400 psychotherapy approaches (Seligman & Reichenberg, 2014; Stricker & Gold, 2006), but there are common themes among them based on an understanding of human development. Common elements found among psychotherapeutic approaches include, among other factors, mutual trust and respect between the client and therapist; a collaborative and supportive relationship; consent; agreed-upon goals; a united understanding of the issues presented; learning that is therapeutic, which should include feedback, as well as corrective experiences; and an encouraging, safe, and supportive atmosphere (Marmarosh et al., 2009; Seligman & Reichenberg, 2014).

Psychotherapy is one of the most effective interventions to deal with mental health difficulties. It has been shown to have long-term, positive effects on people suffering from various stressors and mental health issues (Seligman & Reichenberg, 2014). To that point, a

study by Seligman (1995) found that 87% of individuals who noted feeling "very poor" and 92% who indicated feeling "fairly poor" demonstrated both short-and long-term improvements in multiple areas of functioning at the end of psychotherapy treatment. Similarly, another empirical study by Lambert and Cattani-Thompson (1996) showed the long-lasting benefits of engaging in psychotherapy, even after engaging in it for a short duration. Other, more recent studies (e.g., Leichsenring, 2009; Levy et al., 2012) showed similar results, highlighting that, on average, 75% to 80% of clients show significant improvements after engaging in psychotherapy. Of particular note, these statistics on improvements resulting from psychotherapy are comparable to medical interventions (Seligman & Reichenberg, 2014). As such, psychotherapy, which is primarily a Western intervention to healing (Dwairy & Van Sickle, 1996), remains the gold standard for treating mental health issues (Seligman & Reichenberg, 2014). However, mainstream Western psychotherapy can be culturally harmful if it does not consider culture and legacies of colonization in the context of suffering and healing (see Depuis-Rossi, 2021; Sue, 2015; Wendt et al., 2015).

Indigenous Ways of Healing are Not Fully Understood nor Valued

Many Indigenous Peoples tend to view and understand mental health differently relative to non-Indigenous Canadians (Stewart et al., 2016), but training in psychotherapy and general perceptions of healing and well-being are rooted in a Western model of health and mental health (Dwairy & Van Sickle, 1996; Stewart et al., 2016). Consequently, there can be an incongruence between the worldviews of a Western practitioner and an Indigenous client (Stewart, 2008). Such a divergence in worldviews may be another factor among Indigenous Peoples when choosing to engage (or not) in psychotherapy from registered professionals trained in Western, Eurocentric traditions. This barrier may be due to a lack of not only understanding but of devaluing and delegitimizing Indigenous perspectives and insights on healing. Likewise, Nelson and Wilson (2017) emphasize ample evidence (e.g., Stewart, 2008; Stewart et al., 2016) that confirms an indifference toward and devaluing attitude on Indigenous perspectives on mental health. In the same vein, colonization has fostered and perpetuated a debasing position on Indigenous ways of healing whereby Indigenous ways have been discounted and verboten (Stewart et al., 2016).

In other words, cultural imperialism in Canada (i.e., "West is best") dominates healing practices (i.e., health and mental healthcare) such that Indigenous ways are dismissed and devalued—a reality that likely mirrors other forms of oppression against Indigenous Peoples in

Canada. Stewart and colleagues (2016) underscore that this devaluing of Indigenous ways of healing feeds the dominant narrative (creating a "village mentality," p. xvi) that stipulates and forces the assumption that there is merely one sole psychology to mental healthcare. This exclusive psychology promotes and endorses the notion that the Western way of healing is fundamental to and is the only means by which humans function and find good health.

Consequently, competition seems to subsist because of this perceived divide, likely produced by the devaluing of Indigenous culture and the ensuing movement toward resistance to colonial legacies and the revitalization of Indigenous culture. In other words, there is a dichotomy between Western psychotherapy and Indigenous ways of healing (Stewart et al., 2016) in which Indigenous clients may be stuck between choosing *either* Indigenous ways of healing *or* Western psychotherapy—a reality Stewart and colleagues (2016) acknowledge, highlighting this dichotomy when they say that the choice instills notions of "civilized versus savage, modern versus traditional, Western versus Indigenous" (p. 9).

Integrative Roads to Healing and Two-Eyed Seeing

Debate in psychotherapy literature regards what respective role Western psychotherapy and Indigenous ways of healing may have in serving the mental health needs of Indigenous Peoples (e.g., Gone, 2010; Oulanova & Moodely, 2010). Within this dichotomy (Western psychotherapy or Indigenous forms of healing), research is highlighting the need to focus on therapeutic approaches that consider blending Western psychotherapy with Indigenous ways of knowing (Gone, 2006; 2010; Laframboise et al., 1990; Marsh et al., 2015; Oulanova & Moodley, 2010). Integrating Indigenous healing ways into Western psychotherapy may help address the inadequacies of Canada's mental healthcare system (and access to it) and foster the growing movement of Indigenous resurgence and reclamation (Stewart et al., 2016). What is more, integrating Indigenous healing ways and Western psychotherapy can help to repair the damage from colonization and intergenerational trauma. Duran (2006) discusses this notion, emphasizing that colonization is a deep "soul wound" and a "spiritual injury" that is likely not healed by Western psychology alone. Instead, these profound damages necessitate spiritual healing tailored to each client and integrated into mainstream Western psychotherapy.

Further, the therapeutic relationship should aim to incorporate the suffering of the soul and spirit owing to colonization and the cultural genocide of Indigenous Peoples (Dupuis-Rossi, 2021; Mohatt, 2010). Integration might be essential for *some* people rather than relying solely on

Indigenous ways of knowing because many Indigenous Peoples are unacquainted with Indigenous and spiritual ways, a miserable reality born from and perpetuated by ongoing legacies of colonization (Duran, 2006).

Despite the cultural differences between Indigenous healing ways and Western psychotherapy, the importance of the therapeutic relationship between client and therapist is not solely reserved for Western psychotherapy. That is, this relational component is where psychotherapy and Indigenous ways of healing find common ground, as the relationship between people and the healer is also central to healing within Indigenous cultures (Stewart et al., 2016).

In the spirit of Indigenizing mental healthcare, a critical factor when pondering the integration of Western psychotherapy and Indigenous healing ways lies in the potential benefits of integration and aids in fostering choice, agency, and self-determination among Indigenous Peoples seeking mental healthcare. To that point, Stewart et al. (2016) note that "the fundamental issue is the question of rights and freedoms of Indigenous communities to practice and receive their own traditions of healing in a context within which they are able to make choices about their health and quality of life" (p. 15). This perception seems to speak to broadening access to services such that Indigenous Peoples are not forced to choose *either* Indigenous ways of healing *or* Western psychotherapy.

Furthermore, within the dichotomy of Indigenous healing ways *or* Western psychotherapy, Two-Eyed Seeing (*Etuaptumumk* in Mi'kmaw; Sasakamoose et al., 2017) is an Indigenous concept first introduced in 2004 by Elders Murdena and Albert Marshall from the Moose Clan in Mi'kmaw territory. Two-Eyed Seeing can be regarded as a gift of honing multiple perspectives wherein we can learn to see, simultaneously, from two eyes: one eye that is made of Indigenous knowledge systems and the *other* eye, which holds the strengths of Western knowledge systems. Additionally, Two-Eyed Seeing is multi-faceted and malleable. For example, it advocates using whichever "eye" is more fitting while also advocating for the synchronous use of *both* "eyes." In a similar vein, Two-Eyed Seeing seeks to thwart colonial power and privilege that attempts to eclipse the *sharing* of knowledge between Western and Indigenous ways. Instead, the *outcome* is the central focus, not necessarily which "eye" (Western or Indigenous) "sees" better (Sasakamoose et al., 2017).

The Two-Eyed Seeing framework has been adopted by various transdisciplinary research (e.g., environmental, social sciences, health, education, etc.) (Bartlett et al., 2012). A benefit of

using Two-Eyed Seeing is that it respects Western knowledge and integrates a spiritual understanding of humans and the world. Essentially, there is no "us" or "them." To the point, Elder Albert declared in a 1997 interview that: "…no one being is greater than the next, [we] are part and parcel of the whole, we are equal, and [each] of us has a responsibility to the balance of the system (Hipwell, 2001, p. 253, as cited in Bartlett et al., 2012).

Similarly, Indigenous scholars Sasakamoose and colleagues (see Sasakamoose et al., 2017) are proponents of Two-Eyed Seeing, which is a central concept inherent to Indigenous Cultural Responsiveness Theory (ICRT), a framework they developed in Saskatchewan to help revolutionize the outcomes of Indigenous well-being, health, and wellness wherein *culture as intervention* is paramount to health and well-being. Furthermore, the ICRT "asserts that health behaviour and educational experiences can be enhanced by fostering comprehensive, multi-level education; strengthening community-based systems; changing existing health and education services and programs; and creating new avenues by melding together two worldviews" (p. 11).

Resistance to Two-Eyed Seeing and Integrative Methods

Many Indigenous Peoples aware of the Two-Eyed Seeing concept value its meaning; however, not everyone supports Two-Eyed Seeing (Bartlett et al., 2012) and the concept of integrative/hybrid approaches to healing. For example, Stewart and colleagues (2016) warn that integrating Indigenous healing ways with Western psychotherapy may be a form of appropriation whereby Western healing science attempts to swiftly supplement their increasingly irrelevant landscape to appease a progressively multicultural demographic that requires increased cultural competency. Consequently, integrating healing ways is politically motivated, and this politicization of Indigenous mental healthcare only highlights other reparations that need work, such as land rights.

Similarly, Ahenakew (2016) presents the idea of *grafting*, whereby Indigenous ways are plucked from their natural context and then "transplanted" and "artificially implanted" (p. 323), producing a deduction of Indigenous ways of knowing that are filtered through a non-Indigenous lens. Ahenakew considers this another assimilation tactic because a hybrid version (e.g., the integration of Western and Indigenous healing ways in the context of this research) is not necessarily mutual and based on a collaboration with Indigenous knowledge keepers.

Furthermore, he warns of the dangers of grafting, which could further contribute to the annihilation of Indigenous Peoples as a distinctive group of people with their own unique and

valuable cultures. While this notion of grafting is not specific to Indigenous healing ways and Western psychotherapy, the concept of grafting is still relevant to this research because it demonstrates diverging discourses among Indigenous scholars regarding the integration of Indigenous and Western ways of knowing. This diverging discourse could be present among Indigenous Peoples seeking mental health services and psychotherapy specifically.

Perspective of Psychotherapy among Indigenous Clients

There is a distinct gap in research on psychotherapy within Indigenous Peoples. In fact, Pomerville's (2016) review of empirical research on psychotherapy with Indigenous Peoples revealed a critical lack of research, in which he declared "…empirical research is badly needed for psychotherapy with Indigenous Peoples at this time" (p. 1).

However, there is recent and emerging research on mainstream Western psychotherapy with Indigenous Peoples, albeit a modest collection. Notably, much of the research and literature on psychotherapy with Indigenous Peoples are addressed on a theoretical level (Nelson & Wilson, 2017; Oulanova & Moodley, 2010; Pomerville et al., 2016), or the research is based on the *practitioner's* perspective, of which some are Indigenous (e.g., Reeves & Stewart, 2015) and some are not (e.g., Smith & Morrisset, 2001). Similarly, as noted previously in this proposal, other research focuses on integrating Indigenous healing ways and Western psychotherapy (e.g., Gone, 2010; Maranzan et al., 2018; Stewart et al., 2016) and using a Two-Eyed Seeing approach to well-being (Bartlett et al., 2010; Sasakamoose et al., 2017) and there is also ample research emphasizing the importance of general cultural competency and culturally-informed psychotherapy (e.g., not always specific to Indigenous culture) in the therapeutic space (e.g., Collins & Arthur, 2010). Yet, again, much of this research is theoretical or is based on the practitioner's point of view. In other words, there is a dearth of research on mainstream Western psychotherapy from an Indigenous *client's* point of view.

However, important incipient research on psychotherapy with Indigenous Peoples has brought forward some valuable insight into the experiences of Western psychotherapy with Indigenous Peoples. For example, recent quantitative research from Shaw et al. (2019) assessed the impact of Indigenous client ratings on therapeutic alliance and symptom severity on therapy outcomes. Their study included 179 Indigenous Peoples who attended at least one psychotherapy session between 2004 and 2011. Results showed statistically significant improvements in client symptomology after attending psychotherapy and that the therapeutic alliance was also a

significant predictor of therapy outcomes, which are comparable to other similar research on the therapeutic alliance with non-Indigenous participants. However, because this research was quantitative, the heterogeneity of Indigenous peoples was espoused in a homogeneous sample, and as such, the diversity, and distinct differences across Indigenous cultures in Turtle Island/Canada are not evident in this research—a limitation underscored by the researchers themselves. Relatedly, in a study by DeSorcy et al. (2016), similar results demonstrated that Indigenous sexual offenders (in a Canadian prison) who rated the therapeutic alliance as low were prone to early therapy termination. Furthermore, the researchers noted that Indigenous offenders rated the therapeutic alliance as slightly lower than non-Indigenous offenders, a potential indication of a lack of cultural competency.

Other research on psychotherapy with Indigenous Peoples comes from Mehl-Madrona (2016) who conducted a qualitative study on suicide attempts among 54 Indigenous youth. This study focused on suicide stories; however, participants also offered stories about reasons for not seeking psychotherapy, noted as: (i) travel challenges in getting to appointments, (ii) prior negative experiences with psychotherapy, (iii) belief that they did not need help, and (iv) belief that talking to a therapist is pointless. Other notable conclusions from this research point to the benefits of using a narrative approach with Indigenous clients (adolescent suicide attempters in this study). Cultural competency and continuity are also important factors when understanding suicide among Indigenous youth.

By and large, a review of the literature reveals a shortage of research on Indigenous client perspectives and experiences of Western psychotherapy that address the process of and/or barriers in accessing psychotherapy, experiences of active therapy engagement and trust in the practitioner, reasons for early therapy closure, and experiences and perspectives of Western healing practices versus Indigenous healing ways.

Within the theoretical debate of "either/or" and criticisms of Two-Eyed Seeing and integrative approaches, one must wonder how Indigenous Peoples considering or engaged in psychotherapy navigate the terrain and what they ultimately determine as "useful" along their healing journeys.

The Current Study

This research sought to contribute to current knowledge and discourse on serving the mental health needs of Indigenous clients and to help better understand Indigenous Peoples'

perspectives on mainstream Western psychotherapy. This study aimed to contribute to the current narrative by fore fronting Indigenous Peoples' stories who have accessed psychotherapy. The hope was to gain insight into how some Indigenous Peoples perceived psychotherapy generally, decided to pursue psychotherapy, and sought to understand their experiences in greater depth**.** Doing so may help identify some of the barriers they face in accessing or staying engaged in psychotherapy while also unveiling stereotypes and assumptions surrounding psychotherapy in Indigenous Peoples' lives. This study endeavoured to shine some light on the research question: "What are Indigenous clients' narratives of mainstream Western psychotherapy?" and provided the space to share stories related to the following areas:

1) Pre-understanding of psychotherapy
2) Process of seeking psychotherapy (e.g., decision-making, considerations of Indigenous healing ways, barriers, facilitators)
3) Attending psychotherapy (e.g., therapeutic relationship, helpful and hindering aspects)
4) Therapy closure (e.g., planned, or unplanned)

This research sought to contribute to the existing research on psychotherapy with Indigenous Peoples, while gaining first-hand lived experiences of psychotherapy from Indigenous voices. As someone who works as a psychotherapist, the hope is that my research will give to the Indigenous community and to the broader mental health profession. I hope that the stories told will shine a light on Indigenous client perspectives and experiences of psychotherapy that will help to further open doors to meaningful healing journeys informed by and inclusive of Indigenous clients.

Chapter 3 - Methodology

Theoretical Framing

Bell (1997) declared that "Social justice includes a vision of society in which the distribution of resources is equitable, and all members are physically and psychologically safe and secure" (p. 3). Similarly, conducting research from a social justice framework promotes addressing the power and privilege inherent to being a researcher (Danso, 2015; Reynolds, & Hammoud-Beckett, 2018), while engaging in ongoing reflexivity throughout the research process to remain cognizant that research intending to stand up against oppression does not automatically omit oppressive outcomes (Audet & Paré, 2018).

While this research specifically focused on psychotherapy with Indigenous Peoples, the overarching canopy encircling the research sought to reflect a social justice framework, through a decolonized lens. I have endeavoured to hold these objectives closely, as a reminder that there is the macro world—with all of its intricate power dynamics—that is the backdrop to the micro lived experiences portrayed in this research. In other words, to contribute to a decolonizing approach, it has been necessary to consider the far-reaching consequences of colonization itself and how it is inextricably intertwined with one's proximity to privilege and power. A central focus of this research has been to draw attention to how Indigenous Peoples have and continue to be marginalized, in an effort to challenge and contribute to transforming the dominant discourses that have dictated much of the history and experiences of Indigenous Peoples (Blair, 2016; Xiiem et al., 2019). Historically, research has been entrenched in colonization, a mechanism to mine and extract from Indigenous peoples. Jo-ann Archibald Q'um Q'um Xiiem is an Indigenous scholar and educator from the Stó:lō and St'át'imc First Nations in British Columbia. She speaks to the dominating and commandeering history of research on Indigenous peoples:

> A critical tool of colonization was research, of which Indigenous story-taking and story-making was a vital part. Colonial Western research of our traditional stories and research stories of our peoples was used to define, destroy, and deter the valuing of Indigenous knowledge, people, and practices. With an objective façade of research, and an assumed position of racial superiority (sometimes with benevolent intent) on the part of the researcher, the story-takers and story-makers usually misrepresented, misappropriated, and misused our Indigenous stories. More than a theft of cultural property, this 'research'

> was an intellectual, cultural, and spiritual invasion that cast Indigenous characters in particular roles, framed from the vantage point of the 'hunter' (p. 5).

I have kept this quotation paramount during this research process; the ultimate goal has been for participants to *tell* their stories, in their own way. I have endeavoured to keep research's ominous history in mind and to consistently consider history and social context during the research process.

In a related vein, extant research shows that positive therapy outcomes are hindered by a lack of knowledge and understanding of a client's sociocultural context (Wendt et al, 2015). This is because psychological health is intricately linked to lived experiences of oppression, racism, and marginalization (Galtung, 1990; Hatzenbuehler, 2016). As such, bearing in mind participants' intersections relating to their lived experiences has remained central during this research, such that reflecting on their sociocultural contexts as Indigenous Peoples has been interweaved throughout the research to promote equality and equity and to help stimulate social change.

Narrative Inquiry

The proposed qualitative study applied a narrative approach to provide participants space to tell their stories. Narrative methodology promotes and respects the fact that stories matter, that they have meaning, and that they capture someone's lived experience (Clandinin, 2007; Riessman, 2008). A narrative approach added subjectivity to perspectives of psychotherapy in a way that other research approaches (such as quantitative methods) would not have allowed space for (Creswell & Guetterman, 2018). This is because stories have nuance and are threaded with values and meanings derived from subjective worldviews that portray historical, social, and culturally specific contexts (Reeves & Stewart, 2015).

Narrative inquiry is also a process that parallels storytelling ways inherent to Indigenous culture (Brass, 2009; Lavalle & Poole, 2009; Tuhiwai Smith, 1999). For example, Reeves and Stewart (2015) highlight that many Indigenous Peoples come from Indigenous practices that are rooted in verbal storytelling and as such, using a similar storytelling approach (i.e., narrative) was an apposite method to use with Indigenous peoples, a belief also supported by other scholars conducting Indigenous-specific research (e.g., Mehl-Madrona, 2016).

Furthermore, narratives (i.e., stories) have the potential to reveal important stories about identity, loss, the idea of home, as well as self-determination (Benham, 2007). Benham declares

that stories are sacred regardless of the form they may take (e.g., in the form of historical recollections, quotidian activities, legends or myths) and are expressed and re-expressed over and over to safeguard and prolong Indigenous knowledges. In a similar vein, Dunbar (2008) points out that narrative inquiry is a means by which marginalized peoples have a platform to contest narratives coming from the dominant group.

Given that Indigenous Peoples have and continue to be marginalized and at times feel invisible (Gone & Trimble, 2012; Pomerville et al., 2016), utilizing a narrative design hopefully helped make space for Indigenous participants to be visible and heard, by prioritizing personal words and stories, instead of numbers and statistics, to portray the central phenomenon. In the spirit of promoting and acting in ways that align with social justice and not mining from Indigenous Peoples, it was important and central to the research that their voices and stories were prominently fore fronted in this research, where the aim was not to extract their experiences and knowledges, but instead to seek to better understand.

Instruments

Background Information Questionnaire

A questionnaire was developed and was used to obtain background information about the participant (see Appendix A). This included questions seeking demographic information (e.g., age range, gender, Indigenous identity). General questions about participants' psychotherapy context were also included, such as the nature of psychotherapy received (however, the reason(s) why they sought psychotherapy were not inquired about and were not a factor of eligibility criteria), duration and number of sessions of psychotherapy, and information about their psychotherapist and their theoretical orientation/approach used. This data was collected to assist with contextualizing the resulting narratives and thematic analysis.

Interview Protocol

An interview guide (see Appendix A) was used to gather stories about participants' perspectives and experiences of mainstream Western psychotherapy. The areas of focus about which stories were gathered was based on literature from the current review that demonstrated a lack of research on psychotherapy with Indigenous Peoples from their perspective (see Mehl-Madrona, 2016; Pomerville et al., 2016). As a beginner psychotherapist myself, who intends to work alongside Indigenous Peoples along their healing journeys in the future, gaining more insight into the following areas is important and worthwhile information that could assist in

providing culturally safe and informed therapeutic experiences to clients. The following areas were addressed, in addition to other areas participants chose to speak as relevant to their therapy perspectives and experiences: (a) perceptions of psychotherapy and Indigenous ways of healing in addressing mental health (Redvers, 2020; Reeves & Stewart, 2015), (b) decision and process of entering psychotherapy (Elliot et al., 2015; Stewart, 2009; Stewart et al., 2016), (c) experiences of attending psychotherapy (Elliot et al., 2015; Melh-Madrona, 2015; Shaw et al., 2019) (d) closure of therapy (Knox et al., 2011). I also asked participants about whether, given their perspective and experiences, they considered future psychotherapy and what that might look like for them. Doing so hopefully provided insight into factors that either hinder or promote seeking psychotherapy in the future, which would hopefully help to inform practitioners on ways to provide a more culturally safe and impactful therapeutic experience to their clients. The protocol ended with debrief questions to invite participants to share anything they wished to say that was not covered in the interview and speak to what the interview process was like for them. The interview protocol was formatted to begin each area with an open invitation (i.e., "Tell me about your ideas on psychotherapy before you began looking for a psychotherapist", and "Tell me about how psychotherapy came to an end") and prompts were relied upon when needed, which created space for participants to add breadth or depth to their offerings.

Researcher as Instrument

It is important to acknowledge how my ontological (the nature of being) and my epistemological (the nature of knowledge) influenced the character and quality of this research. As an English and French speaking woman of settler and Indigenous heritage who is involved in academia and who provides psychotherapy, these factors and my linguistic orientation likely influenced my choice to pursue this research in the first place, have informed the nature of the research question, and likely influenced my interpretation of the stories told (i.e., data) (see Yoon & Uliassi, 2022).

Connelly (2007) emphasizes that narrative inquiry can be "messy", because narrative inquiry necessitates a profound level of genuine human interaction that may obscure traditional understandings and assumptions of how a researcher should be objective and unintegrated into the research. Notably, Connelly stresses the importance of ongoing reflexivity, but acknowledges that "research of this nature demands a stretching of roles, as knowledge is co-created

and as stories are co-authored" (p. 453). In addition, she underlines that "we must 'give permission' to researchers to confess—without fear of judgment by their peers—their own emotional reactions to the narratives that they gather, particularly when they are likely to experience role conflicts, ethical dilemmas, and their own emotional, compassionate reactions" (p. 452). I acknowledge my passion about this research and how my own cultural identity in addition to my professional endeavour to work as a psychotherapist intersected with the current research.

Participant Selection

Using purposeful sampling, I recruited 3 participants over the age of 18 who self-identified as Indigenous and had been in psychotherapy for at least one session, but who were not actively engaged in therapy at the time of participating in the study. The rationale behind not seeking to gather stories from people who were actively under the care of a psychotherapist was because doing so could have potentially influenced their experience of psychotherapy, and I did not want to impose upon or have a potentially negative influence on someone's healing journey. Furthermore, after much reflection and collaboration with my research supervisor, I made the decision to not put restrictions on when (i.e., how many years ago) psychotherapy was sought. I was cognizant that there could have been recall issues if psychotherapy was sought years in the past; however, in the narrative tradition what is "recalled" by individuals is context specific and reflects what is most meaningful to them. As such, I left the decision up to the participant on which therapy experiences they wished to share, while following guidelines from narrative inquiry that promote unveiling participants' stories and allowing their voice and stories to lead the discussion (Anderson and Kirkpatrick, 2016). If I, the researcher, restricted participant eligibility by limiting timeframes for engaging in psychotherapy, I would have already been constricting and dominating participant narratives before they had even begun.

Therapy from practitioners from various professional backgrounds (e.g., Counsellors, Social Workers, Psychologists, etc.) were accepted into the study providing that the practitioner engaged the participant in psychotherapy, defined by the College of Registered Psychotherapists of Ontario (CRPO) as when the psychotherapist and client "enter into a psychotherapeutic relationship where both work together to bring about positive change in the client's thinking, feeling, behaviour and social functioning. Individuals usually seek psychotherapy when they have thoughts, feelings, moods and behaviours that are adversely affecting their day-to-day lives,

relationships and the ability to enjoy life" (https://www.crpo.ca/find-a-registered-psychotherapist/what-is-psychotherapy/). All participants indicated that their therapy experiences involved registered practitioners of psychotherapy.

The reason for which the client sought therapy was not central to this research and as such, reasons for seeking therapy (i.e., the presenting issue) were not a factor into eligibility requirements, although presenting issues did arise during narrative storytelling among two of the three participants. Participation in this research study was not contingent on disclosing about therapy sessions, but the focus was instead on participants' process of seeking/engaging in therapy. The number of participants recruited (3) aligns with suggestions from narrative research protocols in which even one narrative is considered insightful (Creswell, 2013).

I stopped recruitment after finding three participants, because I endeavoured to reach information power (see Malterud, Siersma, & Guassora, 2016). According to the researchers behind the idea of information power (Malterud, Siersma, & Guassora, 2016), information power subsists on the *information* (i.e., data; stories) the participants provide relevant to: (i) the aim of the study and whether it is broad or narrow, (ii) specificity of participant experience and whether their experience and/or knowledge is dense or sparse, (iii) whether the study uses an established theory or not, (iv) whether the quality of dialogue between participants and the researcher is strong or weak, and (v) the selected approach for analysis and whether the focus is on "exploratory"[2] cross-case analysis or an in-depth analysis of participant narratives. Based on these principles, more *information* (as defined by the aforementioned rubric)—not necessarily more *participants*—is more power. Consequently, a small sample size of 3 participants was deemed appropriate because the information offered was rich, relevant, and regarded as powerful.

While each participant's demographic context is detailed in their respective narratives, the resulting participant sample can be described as follows. All participants identified as women, with age range of 38 to 63. Participants self-identified as Indigenous and they currently reside in urban areas near the Ottawa region. Two of the three participants were employed in helping professions, and the third participant was a facilitator and writer.

[2] I put this term in quotation marks because the term "explore" can carry colonizing baggage (think Christopher Columbus "exploring") even though the term "explore" is often used in qualitative research. However, I believe it is important to explain the words we choose to use, especially the words selected in research that seeks to further expose and contest settler-colonial ways.

Procedure

Recruitment

After ethics approval, I scoped out appropriateness of broaching potential recruitment sources, such as counselling agencies and cultural centres serving Indigenous individuals in the Ottawa area (e.g., Wabano Centre, Minwaashin Lodge). I also used personal connections to send out recruitment letters but did not recruit personal connections. Instead, I reached out to my contacts to see if they were willing to share the invitation to Indigenous Peoples they know to participate in the study (see Appendices C, D, and F). All participants were recruited from urban areas (mainly Ottawa and the surrounding areas).

I emailed a study description (see Appendix D) to representatives at the sites and to the personal connections mentioned above, extending an invitation to speak face-to-face to establish a connection and consult about a preferred recruitment process. Refer to Appendix E for the invitation to participate. Once potential participants responded to the recruitment posting (see Appendix C) and after verifying that that they met eligibility to participate in the study (e.g., being 18 years of age or older), which occurred once over the phone and twice by email, they were invited to have the interview, offered in-person or virtually (see Appendix A for in-person and virtual variations). The invitation email also included a detailed study description (see Appendix D). After the participant and I agreed on a meeting time, I sent each participant a consent form (see Appendix B), which was also explained verbally (either in-person or online) during our scheduled interview. During our interview, participants were given the opportunity to ask questions or raise concerns about the study and/or the process of informed consent. No participant expressed any concerns about consent, other than one participant wanting to ensure that no one other than the principal researcher would watch the interview video. In addition, participants were given the opportunity to create a pseudonym to protect their identity. One participant used and consented to the use of their actual first name during the entire research process (i.e., during the interview with me, for the transcript, and for the written narrative and write-up). One participant used their actual name during the interview, but then selected a pseudonym for themselves (to remain unidentified) for the transcript, written narrative, and the write-up of the findings. The third participant used her actual name during the interview, but then requested that I select a pseudonym for her (to remain unidentified) for the transcript, narrative, and write-up of the findings.

Each participant was provided with a list of free mental health resources (see Appendix F) following the interview.

Data Collection

After going over the consent form (see Appendix B) over email and then again during the interview, each participant was invited to complete the background information questionnaire (see Appendix A) verbally during the interview, which was recorded. Having this background discussion with participants helped me build rapport with participants and segue naturally into the interview. Developing a rapport also involved chitchatting about various topics, such as pets. During two of the three interviews, there was a lot of laughter and sarcasm.

I audio-recorded each interview, and video-recorded the two interviews that took place virtually. I had one in-person interview with a participant who invited me into her home, and this interview was audio recorded, after obtaining consent, with the *Voice Recorder-Transcribe* application.

Interview length varied from 40 minutes to nearly 1.5 hours each. Given that narrative inquiry promotes listening to a participant's story from their point of view, the direction of questioning depended on the nature and direction of the participant's responses. That is, the narrative interviews mostly felt like natural discussions, and they followed a malleable rhythm guided by the participant. To adhere to narrative interviewing techniques, my interview questions merely served as a guide, as participants had the freedom to tell their story in the way they chose to tell it. I offered open-ended questions, prompts and clarifications throughout, when needed, but the majority of the interviews (2 out of 3) felt like having a comfortable conversation.

Methods on conducting narrative interviews emphasize that the interviewer (i.e., researcher) should not have a predetermined agenda. Instead, the *storyteller* (i.e., interviewee) should have the freedom and space to control the pace, what is said, and the direction of the conversation (Anderson & Kirkpatrick, 2016). More specifically, a narrative interview should typically commence with an open-ended question. In the context of this research, after engaging in casual conversation, the interviews proceeded naturally after offering a prompt, such as "Tell me about your understanding of what therapy was before you had it." Anderson and Kirkpatrick (2016) also indicate that to be proficient at interviewing in a narrative way requires that trust and a rapport between interviewer and participant is established early in the conversation. That said, having a prepared "topic guide" (p. 2) (as described in Appendix A) rather than exact questions

is an acceptable semi-structured narrative inquiry technique used to tentatively guide the storyteller in a direction that reflects the central phenomenon.

All interview files were transferred onto a password-protected laptop, then they were deleted from the applications used to conduct the interviews. Virtual interviews with two participants were recorded using Google Meet for Business (to allow for extra time), which was chosen by participants themselves. These interviews were then saved on a password-protected laptop. Each interview, including responses to the demographic/background questionnaire, were transcribed verbatim for analysis. As indicated in Appendix B, each participant was invited to review and provide feedback on the transcript (e.g., editing or adding content) by email, within a 2-week turnaround period. One participant decided to write additional insights via email, which were incorporated to the transcript and integrated into the narrative. No other participant elected to provide feedback on the transcripts.

The Narrative Analysis Process

Each participant's story was re-storied (i.e., re-mapped) into a single narrative that tells a chronological story. Re-storying participant narratives was done to impart both order and sequence to lived experiences that were told out of succession (Creswell & Guetterman, 2019). Re-storying participant narratives in chronological sequence was done via identifying the major, fundamental elements of the narrative (such as the setting, characters, actions, problem, and resolution; Creswell & Guetterman, 2019). Participant input was invited on the narratives generated; however, no participant elected to provide feedback on their narratives.

After the final narratives were written, I conducted a thematic analysis (TA) of the resulting narrative using Braun and Clarke's (2012) thematic analysis as a *guide*. According to Braun and Clarke, TA is a robust and flexible qualitative method to methodically identify and consolidate thematic patterns that show meaning across narratives (i.e., the data set). Given that *meaning* is central to TA, this made space for me, the researcher, to characterize both shared and idiosyncratic meaning across participant stories.

Because TA is a flexible method, this allowed for analysis of meaning across the entire data set, and it also allowed for the analysis of *specific* aspects of meaning gleaned, as they related to the central phenomenon. In other words, TA endorses examining both the obvious (e.g., semantic) meanings within the narrative, and/or the covert meanings and perceptions veiled behind what is openly said out loud.

Braun & Clarke's thematic analysis involved me employing their 6 steps as a guide, while adding some extra steps that flowed organically and helped me become closer to the stories and what they seemed to mean. These are the steps that I followed:

1. I familiarized myself with participant stories by listening and re-listening to participant interviews. Furthermore, I read and re-read transcripts numerous times. This familiarization process was done to get a sense of participant stories and to help myself identify my primary impressions of their stories.
2. After writing participant narratives, I compared the narratives to the transcripts to ensure all data was included and that it represented what participants offered. Then, I flip-flopped between the transcripts and narratives to generate codes, which, according to Braun and Clarke, are phrases or sentences that are interpreted as meaningful data. An example of my initial codes was "therapy seems cold and clinical," as well as "power imbalance". I then used various coloured highlighters to put similar codes together.
3. Once I colour-coded (i.e., grouped) the initial codes, I then began searching for themes that represented the codes. This is how patterns of meaning were identified based on what the codes had in common.
4. At this point, I took a break from assessing the themes and codes, in an effort to distance myself from the data so that I could return to it with fresh eyes. Upon return, I refined the themes by combining themes that fit together and splitting apart others that seemed to require standing on their own.
5. Step five and step four helped me to give each theme their name. I used slashes to visually see the named themes and to then decide which name conveyed the meaning in the most accurate way. I then searched participant transcripts to find a quote from each participant that I felt represented the theme fairly and accurately.
6. An additional step not stipulated in Braun and Clarke's TA was that I created subthemes of each theme. In other words, there were "meta themes" and then "subthemes" that related to the meta themes. Essentially, the subthemes were reoccurring codes that were categorized together and made meaningful sense under the umbrella of the meta themes.

7. Lastly, I wrote the results section, which described each theme and subtheme. To illustrate each theme and subtheme, direct participant quotes were used.
8. My thesis supervisor and I corresponded over multiple emails and also met weekly to collaboratively discuss, contemplate, and interpret the data.

In the spirit of conducting robust qualitative research that is also collaborative and respects reciprocity, I followed guidance from Lincoln and Guba (1986) (see also Schwandt et al., 2007), who endorse ways to generate trustworthiness during naturalistic, inquiry-based research. Their suggestions pertain to confirmability, dependability, transferability, and credibility. In the spirit of *confirmability*, an outside audit from my thesis supervisor was sought (input from the committee on the final thesis draft was also be sought) to construct a review from outside parties who were not as intimately engaged with the research. I also maintained a research journal that held my experiences of the research process, which included personal reflections and frustrations on how I made sense of the stories provided by participants. This was done to ensure that the interpretation of the findings was the result of participant accounts rather than on preferences or possible expectations derived from me, the researcher. *Dependability* was done from ensuring consistency of the findings over time (e.g., transparency regarding the description of procedures, such as interview techniques, developing narratives, thematic analysis, and regarding the choice and rationale behind research decisions). *Credibility* was derived from extensive research with the central phenomenon as well as interviews with participants, the reflective research journal I kept also helped me to make every effort to ensure that the findings accurately represented participants' descriptions of their experiences. To develop *transferability*, I generated robust contextual portrayals regarding participants' stories, while incorporating careful, thoughtful (with the offer of collaboration with participants) interpretations when generating the narrative. Doing so will hopefully enable readers of the research to draw their own extrapolations over transferability of the findings to other arenas.

Chapter 4 – Client Narratives

The current chapter will convey participant experiences and overall perspectives on their journeys that relate to their mental health and the systems and resources they accessed to navigate their challenges. To this end, their experiences are communicated by written narratives based on the stories they offered to me. Conveying participant interviews through narratives will assist in gaining some level of understanding into who they are as people and parts of the stories they have lived. The narrative approach also added structure to participant interviews in a such a way that made chronological sense.

With the exception of Mary, participants were given/or they selected a pseudonym.

Anouk's Narrative

Anouk is a 41-year-old First Nations woman who is a member of a reservation in Ontario, who now lives in a small town in the Ottawa Valley. She told me that her father was of European and Polish descent, and that her mother was Algonquin.

Anouk has moved around a lot in her life, living in remote Northern communities, as well as in urban areas around various parts of Ontario. Anouk now owns a business of her own, where she specializes in Indigenous well-being and the decolonization of health among Indigenous Peoples. She is a Registered Social Worker and offers counselling to others, and she is currently studying art therapy.

Anouk offered a lot of humour during our interview, and she came across as light-hearted and full of fun. She told me that she believes it is important to participate in research that is oriented towards Indigenous culture and issues that promotes and incorporates views directly from Indigenous Peoples.

Pre-Understanding of Psychotherapy

Anouk first encountered psychotherapy at 12 years old, thus her pre-understanding of therapy was hard to decipher, and her understanding of it evolved over time. She had heard of therapy and its benefits, but her understanding of it as a young person was limited. However, Anouk's grandmother, who had taken addiction training, was a strong advocate for talking out problems. Anouk was intrigued by her grandmother's advocacy for therapy, and her grandmother, in a humorous way, made it known to Anouk that she found her to be angry, insinuating that she may find therapy helpful:

> Well, I don't know if I had any kind of understandings of psychotherapy specifically. Just you have to *talk* to someone. So my grandmother, we lived in a really remote community, and she took addictions counselor training, and so she was always a really a big promoter, like of talking to someone. And I grew up with her telling me I had anger issues, haha. “Why are you so angry? Like, I don’t know, Grandma!”

Anouk's perspective of therapy was also influenced by the media, particularly television shows like *North of 60*, which depicted therapy as something that could be provided by anyone in a community, not just by licensed therapists. The word *psychotherapy* sounded impressive and academic to Anouk, but she did not have a clear understanding of what it actually meant or involved, until she became better acquainted with it in her twenties; her understanding of psychotherapy evolved over time, after having engaged with it on multiple, different occasions.

Process of Seeking Psychotherapy

Anouk had been through a lot in her life. When she was 12 years old, her parents were getting a divorce, and she indicated that there was lot of manipulation and parental alienation going on. The situation had become so serious that the Children's Aid Society had become involved in Anouk’s family. Around this time, Anouk began demonstrating some belligerent behaviour at school, and she was constantly pulled out of class to attend counselling sessions, which resulted in her feeling vulnerable:

> I guess the challenge was that everybody knew I was getting pulled out of class. It was a bit of like, I felt exposed in a way. People didn't know why I was getting pulled out of class. I kept getting in trouble for mouthing off to the teacher, but I never got in trouble, trouble. People couldn't understand these things.

It was during this tumultuous time in her family that she had her first encounter with therapy, because she was directed by the child welfare system to speak to various counsellors about her family situation.

> …when I was a kid, it [therapy] just found me, and I was required to talk to all these people. So again, being very angry and not having a great relationship with my mom, I tended to use these as venting sessions. I didn't really care who sent them.

A few years later, when she was 16, Anouk found herself alone in Ottawa and unhoused, couch-surfing and "getting into lots of trouble" with her friends. She was involved with a youth drop-in centre, and would stop by to talk to a therapist, but the therapy sessions were never planned or intentionally sought. Anouk and the on-site therapist would talk while playing pool and other games and she found these front-line therapy sessions accessible and helpful during periods of crisis:

> So, I started talking to them [counsellors at the youth drop-in centre] when I was at the drop in, accessing services. And again, I didn't have to make an appointment. I didn't have to find anyone when I saw the workers that I liked that were on duty and if I was dealing with something I could ask, I could just walk up and say, "can we have a chat?" And they'd say, "Yeah, sure."

At age 19, Anouk birthed a son and was able to access a drop-in therapy service once again. She attained a referral for therapy from her doctor and was able to bring her son with her, and he was cared for, onsite, while she was in therapy sessions. When her son was 2, she began holding regular psychotherapy appointments, and the free childcare option facilitated that. She connected so well with that therapist, who helped to open other therapy doors for Anouk later on. Anouk continued seeing this particular therapist on and off until she had her daughter six years later.

Despite having front-line therapy services accessible in her younger years, and eventually finding a long-term therapist, at other times in her life, Anouk faced long waiting periods and frustrating referral policies. This happened to her at university, where she was put on a long waiting list. In the end, no one ended up calling her back to set up an appointment:

> I remember trying to get counselling when I was going to [university] because I had a hard time as a student…. Tends to happen, your whole perspective and world gets blown open. I really struggled with that. At the other end of that, I ended up diagnosed with CPTSD [complex post traumatic stress disorder), but I tried to go through [the university] and it was '*Sure, we're going to take your name. We're going to send it. You got to wait for a call. Someone will call you.*' And then they call you and they're like, '*Okay, we'll call you back with an appointment*.' You're like, is this what you're supposed to do? And

> I never saw anyone at [that university]. It took almost four months, and by the end of it, I was like, I'd managed, by using crisis lines and close friends who, some of them wore those hats and they were able to hold space for me in that way, right?

Similar experiences happened during other times as well. At one point, she finally received a call for therapy after four months of waiting, but by that time, Anouk had been forced to manage her struggles on her own, by expressing herself to her friends, and by once again accessing crisis lines, because they were the ones that were readily available. For Anouk, the waiting times and referral policies highlighted the bureaucracy of the psychotherapy business, and she felt like she was in "limbo"—she expressed that it was really arduous waiting and not having access to services. At one point in time while waiting for services, Anouk was having dissociative episodes, and she felt alone and unsafe. She was afraid of public transit, and the outside world became scary. Anouk had her children at that time, and the stress was intense and overwhelming. She felt stuck, broke, alone, and without accessible therapy services to help her. Anouk also recalled other times where she felt she really needed professional help, but she was consistently disappointed by how inaccessible it was, and by how frightening and anger-provoking it was for her to be alone in her suffering, with terrifying symptoms:

> That waiting time and feeling like, kind of in limbo. It was super hard because I felt so... at that time, I think I felt more mentally unwell than I have my entire life. I felt unwell. I felt mentally ill. And it was like, I was having really bad dissociative episodes. What pushed me, was those episodes to try and get counselling again. One time I passed out in my kitchen. I woke up to my dogs licking my face because I just held my breath. And it started happening when I was doing groceries and things like that, and I would kind of, like, zone out and some stranger would be in my face, like, ma'am, are you okay? Are you okay? And I would, like, come to and get mad.

Overall, Anouk faced many struggles in accessing services of care, due to long waiting periods, and to what she described as infuriating referral processes, and due to waiting for phone calls that never came through. Because of the inaccessibility Anouk faced, front-line crisis counselling, her friends, as well as her own inner resources, were what she was forced to rely on.

Attending Psychotherapy

After having her second child, a daughter, Anouk felt the need to seek therapy again. She found a therapist whom she ended up seeing on and off for years, and with whom she felt a deep connection. The therapist helped Anouk find resources so that she never had to pay for sessions, and Anouk pointed out, rolling her eyes, that she never had to pull out her Status Card to "prove" her Indigenous identity. She expressed that having to prove her Indigenous identity was frustrating. Anouk described how this particular therapist did not charge for late or missed appointments, because she understood Anouk's difficult role as a single mother who experienced financial difficulties. This was quite different from later experiences with therapy, where Anouk realized how restrictive the cancellation policies typically are and how, in Anouk's experience, such restrictiveness lacked a crucial understanding about what real life was like. Anouk found the harsh penalties and the lack of understanding to be transactional, which was a big turn-off for her. Anouk felt the deepest connections, and ultimately had more helpful therapy experiences, with the therapists who were understanding of her lived experiences:

> …it sounds really basic…when I think back in the last 20 years of my life where I had counselling, there's two counsellors that stand out, that really really helped me. And they were the two people who didn't penalize me when I had to cancel last minute. I mean, penalize me, sure, make me pay a fine or something, but don't tell me I'm cut off and I can't see you anymore. But when… like when I think about how much I was struggling, I wasn't canceling because I wanted to be disrespectful. I couldn't move or I just couldn't get there. So those counsellors who kind of rolled with it a bit better, and were understanding, that was everything. When I think back, that was everything.

During a different therapy session with another therapist with whom she did not feel a connection, Anouk was diagnosed with Complex Post-Traumatic Stress Disorder (CPTSD) and, after receiving the diagnosis, Anouk felt like this particular therapist just 'sent her on her way.' While Anouk was disappointed that she did not feel a connection with this particular therapist, she found validation in having a term that explained her symptoms. She had always thought that PTSD was a disorder for people who had been in the war or a car accident. Later on, however, she realized how common PTSD is, especially among women who have experienced trauma. She was beginning to realize that trauma entailed more than single-event traumas that people typically think of. She described that she was beginning to understand that trauma could be

complex, intergenerational, relational, and repeated. Yet in having the diagnosis of CPTSD, she did not feel like she had enough support to deal with her PTSD symptoms:

> And then I started kind of researching, because growing up in remote communities like in the north, you know, it's [PTSD] really common… And there is this time where I just was… the diagnosis was kind of a light because of, like, so many people. It's like, oh, well, I knew I hadn't been in the war. You only hear about it from veterans, right? And that's when I started to understand, like, there's this whole niche area of women who've experienced trauma that end up with it as well. And of course, there's no support groups for that.

Anouk later realized that she probably "gave" her children PTSD, but she felt that having a label for the symptoms helped her to turn inwards, which also helped her provide comfort to her children, who were also struggling. Anouk and her children started practicing mindfulness together as a family, as well as yoga. Together, they started going outside more, and they also practiced reconnecting to their bodies. The healing was often self-driven, and it took prioritizing her family and herself, quitting work, and staying committed to her studies and her goal of becoming a Social Worker that got her through some very difficult times.

Anouk reflected on other aspects of therapy that she found helpful, remembering positive experiences with therapists who did not judge her for consuming substances, and would meet Anouk where she was during her journey. According to Anouk, this non-judgemental approach helped the therapist "get through" to her. She appreciated that these therapists were accepting of her and did not judge her; she felt that they *saw* her and validated her personal life and her lived experiences, which provided the space for her to experience empathy:

> But I was able to really relate to that first therapist because she would say things to me like she would acknowledge, I guess, the struggle that I was having. And that felt really novel. I didn't feel that often. It was a lot of like, "Well, you made these bad choices, so these are the problems you get as a consequence." And that particular therapist was like, "Anouk, you've done everything you can" or "I understand why you feel this way… ." And it was really just because we connected and I listened to her; she didn't judge, and I really took in what she said and having the longer view of it. I didn't realize how special that is, to really meet someone who can get through to you when you need it. She didn't

> treat me like this person who clearly had made missteps in my life, and that's how I ended up here. She was like, "You're a working mom, and it's completely natural for you to feel this way or that way… based on what you've told me… ." they would just really empathize with me and make me feel like I wasn't just some careening mistake maker.

Anouk remembered these experiences fondly, recalling the support she received, and how being validated and feeling understood were important components of her hearing what her therapist was saying to her, which inevitably resulted in positive changes in Anouk's life. Anouk felt that with the help of this type of therapist, she learned how to value herself. Anouk offered an example of this related to working through a relationship she was in:

> … I was fighting for a relationship that he [her child's father] didn't want, and so I was, like, kicking the dead horse, and I had to hear it. I had to hear the hard truth. And she found a really wonderful, sensitive, caring way to get through to me about all of that, and I was able to get off the merry go round with him. And she was really able to get through to me. "Every time you cut this guy loose, your life gets better. Pay attention to that." She managed to really empower me and make me feel like I'm, like, this awesome matriarch who's doing what I got to do, and I got to keep doing that, and he's just noise. Yeah. I was just on such firm ground after that… I can only use the word, like, catalyst kind of moment.

Anouk also reflected on the tangible therapy interventions that she found helpful, and she also realized that the insights she gained with the help of therapy was a powerful tool along her healing journey. For example, it was not until she met one of her therapists that she realized her family's behaviour was triggering and detrimental to her wellbeing. With the help of her therapist, Anouk realized that she had been parentified during childhood, explaining that her family had also been overbearing and controlling. After coming into this awareness, Anouk was able to set boundaries with her family after finding tools she needed to take control of her family situation and her position within it. Her therapist helped her safety plan when it came to her family, and she and her therapist practiced safety behaviours and setting boundaries with her family.

One of the most significant impacts a therapist had on Anouk was when the therapist made it clear and showed her explicitly that she was proud of her. The therapist recognized how

hard Anouk was working on her mental health, and she validated Anouk's feelings and needs. Anouk felt like her therapist was genuinely proud of her and her progress, and it gave her the strength to keep going. In contrast, in previous times, Anouk never felt like her needs were valid, but her therapist made her feel seen and heard. Her therapist helped her remember that her boundaries were valid and that her needs mattered. She felt like she had accomplished something in the time that she spent with her therapist, and it felt validating and natural:

> And I just remember she was really proud of me and she was really clear that I had done hard work in those sessions and that she just kind of helped me remember that I shouldn't second guess myself…okay, my boundaries are valid, my needs are valid. Things like that. And [she was] genuinely proud of me. And she was genuinely, I felt she was genuinely like… she kept talking about how it was a privilege to meet me (…) but sometimes that stuff is said and it does not feel genuine. I really felt like I had accomplished something in the time that I spent with her, and it did feel really natural… validating, but also acknowledging, "This is real shit you're dealing with, and you're not crazy. Like, everyone wants you to think you're not the problem. Like, some people in your orbit want you to believe and stay true to yourself."

Anouk also reflected on negative experiences she had with therapy, particularly with the therapist who diagnosed her with CPTSD. Anouk did not make it to her fifth session with this particular therapist, whom Anouk described as harsh and punitive when Anouk missed an appointment due to her children's disability. Anouk felt very unwelcomed at this point, as though the therapist was visibly angry and annoyed at her. Anouk expanded on this experience, explaining that she felt she had "work" to engage this particular therapist: "I kept trying to reclaim a little good will or something and it just felt like there was none."

Furthermore, Anouk remembered that this therapist dominated therapy sessions, and Anouk felt like she did not have agency or control over the topics for discussion. Anouk remembered feeling deflated and despondent by this therapist, as though she had been "punched in the gut," which made her feel isolated:

> …and I remember that woman that I tried to see who diagnosed me. I remember at one point saying, "I've had these things that are really resting with me, and I feel like I need to

> address them or I'm never going to be able to move on" kind of thing. And she didn't want to hear it. She's like, "I think that's fine. We don't need to talk about that" And I remember yeah, I just was kind of, like, really put off by that. And it's like, obviously you don't want to hear every terrible thing that's happened to me, and it's not going to be good for me to rehash all of that, but maybe just more like I felt like she could have explored more what it was that I felt I needed to address. It felt like she left a lot on the table at every session, and she was really uncomfortable. I don't know, I felt like I was too messed up for her or something. And she was used to housewives with nervous disorders or something, right? Haha.

When Anouk informed this therapist that she would not be back for further therapy, she felt that the therapist was happy to see her go. This propelled Anouk to look for other resources, and she found that even trauma-informed yoga on YouTube was more helpful than this particular therapist.

Despite several negative therapy experiences, Anouk still believed in therapy, and maintained a positive perception of what psychotherapy could offer. She learned that finding the right therapist is crucial, and that it is okay to try different ones until you find one that fits.

Closure of Psychotherapy

As Anouk reflected on her experiences of therapy closure, she remembered a particular therapy experience where she did not make it to the fifth session. After realizing that she and her therapist were not a good fit, Anouk informed the therapist that she would not be back, and the therapist seemed relieved. Anouk could not help but notice that the therapist's demeanor changed when she heard the news. Anouk recalls that there was no offer to refer her to other resources, and she felt like there should have been more kindness when the therapy ended:

> I did feel like she was happy to be rid of me when I told her that, because [when] she reached out to ask if I would make another appointment, I just said, "No, I don't think I'm going to continue at this point." And her whole voice tone changed. She was like, "Okay, take good care of yourself." No offer to send me to anyone else or make sure I have a crisis line…

Other therapy closure experiences that Anouk remembers are ones that "fizzled out," but not in a negative way. Anouk remembered one particular therapist who kept in touch with her after they ended therapy, sending Anouk the odd email, and Anouk appreciated the gesture. But it was the last therapist she saw when she was in her thirties who had the most natural and organic experience of ending therapy, and it remained front of mind for Anouk. She recalled that she had seen this particular therapist for ten sessions, and around session six, she remembered thinking, "I can't believe I've had these sessions. Like, I have four more. And, like, she's done so much in six." The therapy had been incredibly helpful for Anouk, and when it came time to end it, it was a very natural conclusion.

Looking back on her experiences with therapy, Anouk realized that not all therapy endings are created equal. Some had left her feeling deflated and isolated, while others had fizzled out in a positive and natural way. But it was the natural and organic experiences of ending therapy that had been the most meaningful to her. It was those therapists who had helped her feel empowered and capable of managing her mental health on her own.

Future Psychotherapy

Anouk reflected on her feelings and opinions about seeking therapy in the future. She thought about her children, and how she has and continues to promote therapy in their lives. Despite all the effort and time she has dedicated to ensuring that her children have appropriate help, when it comes to herself, she has some hesitations and concerns that hold her back from re-engaging with a therapist. One of the biggest concerns for Anouk is the difficulty in accessing therapy, and how therapy is hard work. Anouk laughed to herself, wondering if she could "just do a worksheet" or "attend a zoom meeting" instead of going through the challenging process of connecting with a therapist. She relayed doubts about whether she would like a new therapist as a human being, whether they would click, and if she would feel heard. On top of that, winter weather came to mind as a barrier that could make it even harder for Anouk to attend therapy, adding to her hesitation about therapy in her future.

But despite all the obstacles, Anouk conveyed that therapy is still something important to integrate into her life. She communicated that she had been noticing challenges that were not present before, and she was beginning to realize that being in a healthy relationship required different skills than being in a bad one:

> So that's where I find I'm like, hedging around it a little, but I think it's something that I do have to make a priority in the next…within this year to get back into some kind of counselling, because I'm noticing my own… I'm noticing challenges that weren't present before because I didn't have the situation before. And even being in a relationship, like, what do you do in a healthy relationship? I only know about bad ones.

Anouk came to realize that she feels she needs to make therapy a priority in the next year. She recognized her hesitation surrounding therapy, but she also realized that therapy is essential for her growth and well-being. She indicated that she wanted to continue to learn how to navigate her current situation and understand herself better with the help of future therapy.

However, Anouk still expressed some confusion about when to seek therapy. For example, she wondered if she should *only* go when in a state crisis or if it is "okay" to seek therapy as a "tune-up" when she notices things coming up for her. Anouk was not sure whether there are particular indications that should point her towards therapy, or if she can seek it "just because":

> And that's something that part of me is like, if I'm going to go for help, is it because I'm in crisis? Or do you just go in for that tune up because you're like, 'I'm noticing some things.' I don't know if there's, like, a marker I'm supposed to know about, if it should be one thing or the other, or if it doesn't matter, if it just means if I want to, that's enough.

Despite her concerns, Anouk realized that therapy was not an easy path, but that it was something she felt helped her along during previous struggles in her life. She knew she had to take that first step, connect with a therapist, and commit to the process. She believed that future therapy could help her grow, navigate obstacles, and help her understand herself better.

Indigenous Ways of Healing

When Anouk began speaking about Indigenous ways of healing, she made it clear that she had a lot to express, and asked me emphatically, "where do I start?" What stood out to me while she was telling her story is that Anouk addressed Indigenous healing and Western therapy separately, in a way that seemed to portray a distinct dichotomy. Furthermore, when Anouk spoke about Indigenous healing ways, it also coincided with her journey of her Indigenous identity.

When younger, Anouk felt like she did not fit into her Indigenous culture, despite her mother being Indigenous. Her sister, who was "visibly" Indigenous was often treated differently than Anouk, because Anouk was deemed the "White Native" when growing up. Anouk expressed that she did not feel like she had access to her Indigenous culture:

> Yeah. Growing up, I didn't really feel like Indigenous anything was for me because in my family with my parents, just with the two sisters, where we both have the same parents, she's the "Native one" and I'm the "Polish one." It's always been a message that came down to us. So, growing up, I didn't feel like I was able to say that I was Native, whereas my sister would frequently get treated differently because she was visibly Native. But she had the same experience with me where we didn't access culture, and my mom very randomly would get little things back [from culture]. Like, I remember being a kid, and she would put up, like, medicine, the four direction colours up in the house kind of thing with medicine at the doorways and stuff. So, I wasn't raised with it at all, maybe like a fraction…

It was not until Anouk started working at an Indigenous centre in her late twenties that she learned about Residential schools and began to explore her Indigenous identity:

> I didn't know any of it. And meeting other "White" Native folks were like, "what do you mean? What are you talking about? Of course you're Native."' Haha. "If your mom's Native, you're Native," haha…it seems so obvious now. Then [Indigenous culture] took over my life. It's been like hanging out with my aunt who went to university and got really involved. Okay, so my first cousins grew up on "the trail," they know how to do everything. Now they're all cultural educators and superstars, thank God. My one cousin, she's nine years younger than me, but she's taught me so much, and she's like my safe person to ask questions to, right?

Anouk also recalled experiencing lateral violence when trying to reconnect to her Indigenous culture:

> I experienced a lot of, I guess, lateral violence is probably the word, because people never believed I was Native. And then I remember when I was staying at the shelter, first I was getting harassed because I wasn't Native. They stole my clothes, all kinds of stuff.

Anouk's exposure to Indigenous culture grew over time as she put herself in cultural spaces, but it was not until she took an Indigenous doula training in 2015 that she understood the role *she* could undertake within her Indigenous community. The doula training also introduced her to an Elder who taught her about the Haudenosaunee community and their rites of passage ceremonies. Anouk was inspired by the community's commitment to reassert their ways of being and come together to strengthen their community. She also met other Indigenous Peoples who had been displaced and dissected from Indigenous culture due to colonization:

> It was a very small northwestern town in Ontario. But yeah, I don't think I really had the connection with any of it fully, fully until I took my doula training in 2015. And that was, I think, the first time they had an Elder come and talk to us. And I met people that I still have contact with that are like complete rock stars. And they themselves were… the one lady I can think of. She was a 60's scoop kid and raised by white German people. It really started to get into my head, like, I'm not the only person displaced. And it's a common story, and it's just as common as not being displaced.

Anouk also recalled other people she met, where she felt validated in knowing that she was not the only person who was disconnected from their culture and that learning "how to be Indigenous" was part of the reconnection process:

> And even like, the kid's dad, he was a 60's scoop guy himself, raised by White Christian missionaries. That's what brought us together, was knowing that we were both Native, but we didn't even know what being Native was…and with the doula training, the one facilitator brought in her Auntie, and we got to learn all this stuff…

Through cultural teachings and a safe place to learn "how to be Indigenous," Anouk became proud of her Indigenous culture:

> But the one Auntie that came to talk to us, she was like some major smarty pants, like a super neuroscientist, something or other. And she talked about matrilineal DNA, and she talked about how our ancestors were intelligent beings and they knew things. They knew how to explain the cycles of the body to their children, and even before colonization. And you're having a neuroscientist tell you how our ancestors were also geniuses. And it's like, I had never had anyone tell me that about being an Indigenous person before. It was

> always like I had all these White friends growing up, and I remember they would see Inuit people on the streets…

Anouk reflected further on stereotypes about Indigenous peoples. She expressed some sadness about the stereotypes, some of which she even internalized herself. However, over time and with increased knowledge and connection, she realized that being Indigenous did not align with stereotypes that she had previously inadvertently digested:

> But I remember telling them, it makes me sad, because when people come to Ottawa as a tourism town, that's the impression they get of Indigenous folks, and that's all they see. There's so much more. There's always negative. And that one neuroscientist lady just blew my mind open. There's a whole group of people out there who don't think like that. There's lots of people. So, I started to kind of unpack that in different ways.

When Anouk reflected further upon her doula training, which was organized by Indigenous women, she remembered that this was a space where she felt she could connect with her community and her Indigenous culture. The experience was incredibly healing for her, and she remains in touch with the people she had met there:

> But it was a real healing kind of time, and having just as many Indigenous women around that weren't connected to culture, it just felt like such a safe space. And I decided kind of then and there, that like, I have a traditional role, so it just changed my perspective a lot. And that's where I decided to be a plant medicine doula for a while, and it ended up morphing into [being] a death doula. But it was the biggest part, and it was just talking with other Indigenous women, that was really healing for me. And also learning that several of them in the circle also had PTSD. And I had solid days of just being with other Indigenous women, and it was really therapeutic and restorative.

Being able to bring her daughter to Indigenous circles was also impactful and central to Anouk's healing experience. She felt that the Elders cherished her and her daughter and took great care in teaching them cultural practices. Anouk expressed that the connection and the felt sense of being cared for were healing experiences for her. She also felt that knowing that *she* had

something to offer and to give back to the Indigenous community was equally healing and restorative for her:

> When I knew we were doing certain things, I would bring her with me to the Elders Lodge and they just loved her. And so, it became really normal for me to bring my little girl, I think she was like eight, she will be 17 this month. I know, but she learned about caring for the lodge with me. She learned about the medicines and all the protocols, and I think the two of us doing that and also being under the wing of so many Elders… '*Come with me. Come with me.*' Yeah, they knew, but they just kept me and my daughter so close and it felt like having my grandma back kind of thing. It felt like people were holding us and caring and we'd see them every day. They would be in ceremony, thank me for bringing my daughter and thank my daughter for coming and talking about how important it was that she was there again. I felt like I had a traditional role for the first time. So those are still probably like the two things that stand out the most for me, is I do have something to offer. And those really felt close to very intensive immersive counselling, healing experiences.

As Anouk continued to reflect on these cultural experiences within Indigenous community, she realized that she did not commence her journey of reconnection with the goal of healing herself. However, she began to realize that healing and restoration took place by virtue of connecting and being immersed in her culture and being among other inclusive Indigenous women: "I can really say that when you put a bunch of Native women in a room, and with the laughter, those moments coming together, sharing together is very healing. Very healing."

Anouk continued to realize that her Indigenous culture, and her experiences in Indigenous community, have been an integral part of her healing journey, although she had not always realized this:

> But I feel like when I think about the culture and healing versus psychotherapy or just like, how those are different or how they've impacted me, I'm not sure there's a degree of culture that I'm… I don't know if I'm explaining it right or if it's coming out well, but it's just sort of like, I understand why I pursue formal counselling, but there's also been, like, I don't know how deep I'll go into cultural studies. Or taking that on myself, but I'm just

> saying it out loud. Maybe it's like realization for myself. That culture has been part of my healing.

As Anouk told her story, she realized that there was no formal or intentional plan to seek Indigenous ways of healing explicitly, to either replace or add to her Western psychotherapy. Rather, the process of reconnecting, reclaiming, and giving back to her Indigenous community were healing experiences in and of themselves.

Debrief

As she reflected on her experiences, Anouk realizes that her mental health has fluctuated over the years. She has faced difficult times, but she also recognizes that they have been necessary for her growth. She feels that her own experiences led her to pursue mental health work, and she was passionate about facilitating healing for others. Anouk also expressed that revisiting her experiences with psychotherapy and with Indigenous culture has given her a new perspective. She conveyed that during participating in the interview, she garnered a newfound appreciation for the time she had spent at the Elders Lodge, and the deep connection to her culture that has helped her find healing:

> So, it's been really neat to just think of the overall experience I've had with psychotherapy and what that means in an Indigenous healing kind of way. For myself, it's something that I try and facilitate for others, whether it happens with my support or someone else's or with culture or whatever. If it just leads to that, I can really see how my own experiences have impacted my decisions to get into mental health work. But it's also really interesting to think of how my mental health has fluctuated over the years. There was really hard times and then there was times where it was hard because it was part of the growth that I had to do to get where I was going.

Despite her struggles, Anouk remains optimistic about the future. She recognized that finding balance was key to her own well-being, and she expressed gratitude for the opportunity to reflect on her journey thus far. She expressed that even talking about her experiences had made her realize the impact of her experiences and that her perspectives about mental health and about psychotherapy and healing have shifted over time:

> So it's kind of given me some perspective, I think, so I'm grateful for that (…) Yeah, it was really awesome too. Like I said, for me, I just love the shift in perspective and to see

> it differently, because sometimes that happens. And it's kind of nice to kind of even revisit that time at the Elders Lodge and realize how much I actually got out of it because I hadn't reflected on it much. And I guess that's kind of what's standing out for me is that growth where you think you want to be somewhere and you grow and these things happen, you change, your view shifts. I don't know, I'm just feeling like it's a bit of a gift that I have to even just take time and think about it like this.

Anouk's personal, unique experiences highlight the important roles that both psychotherapy and immersion in Indigenous culture have been in addressing her mental health concerns. Furthermore, Anouk's journey also illustrates the impact of colonization, such as intergenerational trauma, displacement and dissection from Indigenous knowledge and community. By listening to Anouk's story, it seems as though Indigenous ways of healing were never intentionally considered or sought as a means to heal; however, by reconnecting to her culture and in feeling she had a role in her community, Anouk found healing.

Mary's Narrative

Mary is a 38-year-old Indigenous woman living in the Ottawa Valley, Ontario. She indicated that she comes from an Indigenous community, but she wanted to keep that information private. She indicated that she is a Case Worker in Social Assistance.

Mary reached out to me by phone, indicating that she was interested in participating in the current study. She was on time for our interview, and she remained engaged throughout. However, she seemed nervous and anxious, later pointing out that she struggled with social anxiety, especially when meeting new people. She also conveyed negative experiences with therapy. Furthermore, she expressed being concerned about her privacy, which was apparent when she indicated that she did not want to specify where she was from; she also wanted to ensure that no one else would be watching our interview video.

Pre-Understanding of Psychotherapy

Mary was 15 years old when she was introduced to therapy. As a young teenager, she had very little knowledge or understanding about what therapy entailed. Her perception was that therapy was simply about talking, and that it was only for people who were "messed up" and had made mistakes. Mary, when a teenager, held a negative view of therapy, and the idea of going to therapy sessions was not something she saw as a choice, because her parents "obligated" her to

do it. Due to this pre-understanding that therapy was for "mistake makers," Mary initially had a negative opinion of therapy:

> I guess since I began therapy at such a young age, I really didn't have much knowledge of what it was. I thought, okay, I'll go in and talk to this lady. Basically, because I messed up in some sort of capacity. I saw it as like, I have a problem, therefore I have to speak to this person.

However, as she grew older, Mary's understanding and opinion of therapy began to change. She realized that therapy offered the "potential" to change, and a space to process difficult things. She began to view therapy as a potentially helpful mechanism for personal growth and healing. Mary's perception of therapy became more positive in general as she began to understand that seeking therapy did not mean that there was something inherently wrong with her. Instead, she saw it as an opportunity to work through challenging emotions and experiences with the support of a trained professional: "As I grew and just started to become more educated, and I understood that therapy could be used as a tool to navigate, to help process deep things, emotional issues, and I didn't see it as that negative way that I did as a teenager."

Through her experiences, Mary learned that therapy was not just for people who were "messed up," but rather for anyone who wanted to work through personal issues and grow as an individual. Her perspective of therapy shifted from a negative estimation to a potentially helpful and positive resource.

Process of Seeking Psychotherapy

As a teenager, it was her parents who had "obligated" Mary to see a therapist, and it was not something that she had to go searching for. However, as an adult, Mary decided to seek a therapist of her own volition, and she began her search for a therapist. Mary expressed that the process of finding a therapist was relatively easy, and she did not experience any difficulty in accessing therapy:

> So as a teenager, my parents set that up for me, and they were the ones who found the registered counselor. In my adult years, I simply, I think, went on Google, and looked for a therapist somewhat close to my neighborhood. Yeah. And then recently, I was able to access therapy through my employer.

Overall, Mary has had a positive experience accessing therapy. She did not experience any significant waiting times to see a therapist and found the process to be fairly straightforward: "No, really minimal [waiting period]. I feel like it was within a week or two weeks of getting an appointment. So it was, in my experience okay."

Attending Psychotherapy

Once Mary easily accessed therapy services, her actual experiences with psychotherapy were far from enjoyable or helpful. Mary expressed finding the first session of therapy as an adult to be very awkward and uncomfortable. She described the conversation with the therapist to feel unnerving and difficult, and she described the initial intake session to be especially uncomfortable, as she depicted the approach as clinical, cold, and impersonal. Mary also expressed similar feelings about our interview, comparing the experience to her first therapy sessions, stating: "I mean, first session in therapy I find to be really awkward, just as this conversation feels a little awkward."

That said, Mary conveyed insight into her perception that she is an anxious person in general, especially when meeting new people. Mary pondered whether the possibility that her tendency to be anxious contributed to her uncomfortable feelings and the awkwardness of her initial therapy sessions: "And I guess that's because I have my own anxiety about meeting somebody for the first time. First session, a little awkward, anxiety for me on my side."

Despite finding both of her most recent therapists to have been open and kind in the initial session, Mary did not feel a connection with her two most recent therapists, which she attributed to a power imbalance within the therapeutic relationship. She also wondered whether she was prone to being suspicious of people in perceived positions of authority:

> No, I didn't feel a connection, and I didn't feel like it was on equal terms. And I'm not sure if that's my own internal issue of, I don't know, seeing a therapist as being in some sort of position of authority that makes me feel uncomfortable and put up a wall so we can't really get that relationship. But again, it was only three or four sessions, so it's hard to do anything within that time.

The power imbalance that Mary described made her put up a wall and a boundary between her and her therapist, which she described as hindering the therapeutic relationship from strengthening, further preventing progress. For example, Mary expressed that she hesitated to

share during therapy and found that initial sessions entailed a lot of background questions, inquiries about her daily habits, and questions about her presenting issues and what brought her to therapy. The *only* positive recollection of therapy for Mary was that it made salient some issues in her life that were negatively impacting her:

> So the only positive thing I can think of is that it brought to surface key things that I really needed to focus on that were bothering me. So it did bring some of those things to the surface so that I could be like, "okay, hey, I need to focus on this. This is what's actually really bothering me". So that would be the positive note.

Unfortunately, a very negative therapy experience stands out to Mary, which entailed her therapist insinuating that 'something' happened to Mary, but Mary told me that she did not believe her therapist's suggestion. Mary found this implication to be presumptuous, negative, and an overall traumatizing experience for her:

> In one of my experiences, and this was back in the 2011, the therapist made a suggestion of something happening to me that didn't happen or that didn't happen to my knowledge. So I found that to be really negative and actually very traumatizing (…) It was really uncomfortable and overwhelming to have that suggestion made that something happened without my knowledge. I mean, it's just really unsettling…

Even though Mary found this particular assumption to be unsettling and disturbing, when I asked her if she felt she could bring up her concerns to the therapist, Mary replied: "No, not at all." When she stopped therapy with this particular therapist, she described that she was left with this unsettled feeling, which seemed to have tainted her general perspectives of therapy.

Overall, Mary found therapy to be an uncomfortable experience. Despite this, she acknowledged that therapy can be beneficial to some, but her personal experiences with therapy have been negative, and possibly harmful and retraumatizing. Furthermore, I felt that despite her voluntary willingness to participate in this research, I could sense that Mary felt uncomfortable and that talking about her therapy experience—while she found it worthwhile—was an uneasy experience for her because of her negative experiences with therapy and psychotherapists in general, and also because of her admitted tendency toward anxiety.

Closure of Therapy

Mary's history of therapy closure consisted of her deciding, of her own volition, to end therapy without a formal discussion with her therapist. As a teenager, she decided to end therapy because she felt that she had accomplished what she was expected to do, or had satisfied the wants of her parents, and she was ready to move on:

> So in all three experiences, I ended it as my personal choice, and there wasn't any closure because I just decided I didn't want to continue with it. The first time as a teenager, I just felt like I was done, and it was an obligation to my parents. So convinced that like, hey, I'm done, let's move on.

Her reasons for ending therapy as an adult were different. Mary did not find therapy helpful, nor beneficial to her in any meaningful way: "And then with the two adult experiences, I just found it wasn't beneficial to move forward. So I just kind of, not kind of, but I just abandoned the therapy."

As Mary indicated, she felt like she had "abandoned" therapy. She never discussed the closure of therapy with any of her therapists, and simply stopped attending sessions or making appointments, because she described her therapy experiences as non advantageous.

After ending therapy with one particular therapist, Mary shared that the therapist reached out to her and was understanding of Mary's decision to discontinue. The therapist even indicated that Mary could reach out again in the future if she wanted to resume therapy: "So one out of the two did [reach out]…the most recent one, they were really understanding and said, "Hey, come back whenever you're ready, or whenever you feel like you need to." However, Mary remained skeptical about the therapist's outreach, unsure if it was simply common business practice or if the therapist was genuinely being understanding: "I mean, sure, it's nice, but I find it's just what do you want to say? I don't know. Common courtesy or just maybe that's best business practice as a psychotherapist? I don't know."

Despite Mary's experiences with ending therapy on her own, no other therapist had ever reached out to her to see if she wanted to continue therapy after she had "abandoned" it. While Mary acknowledged that a follow-up call or email from a therapist may have been courteous, she ultimately believed that ending therapy was a personal choice that reflected her dissatisfaction with it.

Future Psychotherapy

Mary contemplated whether she would give therapy another attempt in the future. On the one hand, she admitted that she thinks about trying therapy once again and that she will likely do so in the future, hopeful to find a therapist she connects with: “And this is something I've thought of. I'll definitely try to find somebody that I feel a connection with.”

If Mary seeks therapy in the future, she indicated that she may look for a therapist with a less structured approach, even though no psychotherapist has ever explained their modality to her. She thinks that a less structured approach could be more helpful and could assist her to ease into the therapy process. Mary also expressed that she would hope that she could connect with a therapist in the future, despite her previous experiences in which she did not feel a connection. Furthermore, she expressed that she feels she is not ready to make a commitment to therapy just yet. One of the reasons why Mary finds therapy daunting is that she considers therapy to be intensive, hard work:

> But to be honest, therapy is so laborious that I just don't know if I actually have the capacity to seek that in my soon future. I think I would look for somebody, I don't know, maybe less of a structured environment more of just, like, talk therapy or casual conversation.

She recognized that digging deep into personal issues and the emotional work that therapy often takes is a deterrent. It is such a constraint for Mary, that she pondered if it would even be possible for her to engage in therapy again in the future, because she expressed doubting her capacity to embark on the emotional work that therapy typically requires, as well as the logistical labour of fitting therapy into her life:

> Yeah, so laborious in different senses. I mean, there's the one of having to set aside time out of our workday, my time with my family. So there's that aspect that's laborious. But also even the thought of having to dive deep and working through those issues of whatever it is I'm feeling that I need to process. Just the thought of that in itself is laborious and a little daunting. Anything that for me personally feels uncomfortable, it takes extra work.

In general, Mary expressed that she is relatively open to trying therapy again in the future, but she also indicated that she is not ready to commit to it just yet. She reiterated that

she finds therapy to be daunting and intensive and doubts her stamina to fully engage with it again in the future.

Indigenous Ways of Healing

Despite having what she described as a Westernized upbringing, Mary practices Indigenous ceremonies that she finds beneficial to her healing, and she tries to continually incorporate these practices into her life. For example, she has spent time with an Indigenous Knowledge Keeper and a Healer, and she feels they have helped her implement personal ceremonies into her daily life, and she finds them meaningful and impactful. However, Mary lamented that her Indigenous knowledge is "limited," yet she expressed that she would like to delve deeper into Indigenous ways of healing:

> I mean, I self practice with little personal ceremonies for my own ways of healing. I guess I have had some time with an Indigenous Knowledge Keeper and Healer who helped me focus on those ceremonies and those personal things I can do every day, but my knowledge is limited based on my upbringing, but it's something that I would want to delve deeper into.

Mary also expressed that dedicating a small amount of time each day to practicing Indigenous ceremonies has been a positive experience: "I do find that they're helpful, yeah. It's just a little time. It takes a small amount of time, and I can just kind of focus on that energy for a few moments every day and kind of, I don't know, put it out there. I don't know."

When contemplating both Western psychotherapy and the Indigenous practices she integrates into her life, Mary expressed feeling that the Indigenized healing ways, manifested through personal ceremony, have been the most helpful to her and more helpful than her experience of Western psychotherapy. She found that the Healer she spent time with left a strong and lasting impact on her: "Yeah, I would think with the Indigenous healing or healing work has definitely been more helpful to me, although my time with the Healer was brief, but it has been beneficial. Yeah."

Although none of the Western psychotherapists identified as Indigenous, Mary did not think that this was necessarily a barrier that prevented therapeutic alliance or therapeutic change: "Actually hadn't thought about it until now, so no, I don't outwardly think it was a barrier or not one that I'm conscious of at least. So, yeah, I guess I would have to say no."

However, she expressed interest in seeing a therapist who is trained in both Western psychotherapy and in Indigenous ways of knowing. Mary described feeling that this blending of two worldviews would be beneficial to her, partly because she found the Indigenous healing ways to be too unstructured for her personally:

> It's something I would be interested in. Combined together, I could see it as being helpful for me personally, and this is just me with the Indigenous Healer. Although beneficial, I did find it a bit unstructured, so I could see having maybe the more structured Western way amalgamated.

Mary expressed that her experience of existing in a Western society has been "structured" and confining, but it is a reality with which she is familiar and comfortable. Thus, she finds some Indigenous ways of healing to feel overly amorphous to her, even though she finds them helpful: "Well, I think it's because I'm so used to being in Western society in these structured boxes, that anything that is different from that seems a bit loose or wayward…." Mary attributed her opinion about Indigenous ways as unstructured to the negative impacts that colonization has had on her. Because of the way she was raised, she was not privy to Indigenous ways of knowing, doing, and thinking, and she expressed that this has created dissonance within her. She expressed feeling compelled to engage in Indigenous ways of healing, but she indicated that they feel unfamiliar to her, and this creates an internal contradiction within her: "Yeah. That's coming from, it could just be because I'm of colonization. Right. And the way I was raised is that I'm not fully immersed in traditional ways of knowing, and there's that conflict there. Right."

While Mary expressed her stance that psychotherapy is strenuous and intense, she ended our interview by reiterating that in her future, she would be more apt to engage with a healing process that blended Western psychotherapy and Indigenous ways of healing.

Debrief

When Mary arrived at our interview, she seemed nervous and yet was committed to sharing her story, despite finding the experience somewhat overwhelming. As the interview progressed, Mary was pleasant, but she had difficulty finding her words. Despite Mary's uncomfortable disposition, she remained open and generous with the information she offered,

and she continued to share her story with me, despite feeling somewhat uneasy: “A little uncomfortable, but, I mean, good to put out my experience, I guess. Yeah. I feel like it's important to get different perspectives on individual experiences with psychotherapy.” Furthermore, as an Indigenous person, she expressed feeling that there are many considerations when it comes to the mental health field, insinuating that she felt her personal story could add a meaningful perspective: “As an Indigenous person, there's a lot to process within that realm.”

Mary spoke candidly and directly about her experiences with psychotherapy; she spoke with conviction. She was both honest and frank about the challenges she has faced while engaging in Western psychotherapy and did not attempt to supress her negative experiences. However, she expressed having some insight into her own personal lived experiences that may have interacted with her therapy experiences, which culminated in less than desirable therapy outcomes.

Hillary’s Narrative

Hillary is a 63-year-old woman living in Quebec. She indicated that she is a professional facilitator, writer, and editor. She told me that she comes from an Indigenous community in Quebec, but she did not wish to provide the name of her community.

Hillary invited me to her home for our interview, and I felt comfortable accepting her invitation. She was humorous, sarcastic, and came across as very passionate about her beliefs and opinions.

Pre-Understanding of Psychotherapy

Hillary had been in and out of therapy for the last two decades, but when she reflected on her pre-understanding of therapy, she believed it to be a space where she could express herself freely without burdening her friends and family. For her, therapy was a way to get things off her chest and a necessary step to take if she felt she could not manage unsettled problems on her own. Hillary reiterated that she thought it was better to talk to a professional rather than to disturb the peace with others around her:

> Or to rant and get angry and impatient and really know it's because I have these unsettled issues that are plaguing me. So, in order to protect the people around me, I thought, no, I think I better go and talk to someone so I can get this off my chest.

When Hillary thought about what therapy meant to her in the past, dealing with relationship issues came to mind, as she saw therapy as a safe and respectful space to mediate between herself and her loved ones. For example, Hillary remembered that she went to therapy to manage issues within her marriage, and to also manage issues in her relationship with her daughter. Hillary understood that therapy could offer a space of conflict resolution and a way to communicate more effectively.

Furthermore, Hillary believed that therapy was a way to manage her personal and unique struggles with living in a society that perpetually burdened and disappointed her:

> And then as an individual seeking individual help, it always had to do with my frustrations and disappointments within society. And I often wondered if that was normal to feel my existence being plagued by existentialism and an existential worry about where we're at as a human species. And I could get really weighed down. And not know how to manage them (…) It's so imbalanced. I thought, how do I get to live a good life amidst a really broken world? So that's the source of sort of my distress.

She continued to reiterate that she perceived therapy to offer a space to talk about existential angst and living in a world that she found to be harsh and fragmented:

> I knew exactly how I expected myself to act in areas of conflict. I knew what to do through these traditional teachings, and yet my big concern was if I'm offering respect and truth and communication and conflict resolution, and I know how to do that, but I'm being met with hostility or rejection or anger, it's like, okay. How do you navigate that? How do I navigate myself in a world that's gone wrong, right?

She believed that therapy was a way to talk deeply about existentialism to someone who was capable of diving into these specific issues, as she perceived therapy to be deeply analytical and a means to practice therapeutic exercises to effect change:

> …To really be able to talk deeply about deep things that not every person is capable of discussing… And deeply analytical. And I wanted someone who was deeply analytical and trained….

Hillary also believed that therapy was a way to garner constructive criticism and to help navigate challenges—she made it known that she did not view therapy as simply a place to "complain." Rather, she understood therapy as a place to learn how to manage complications in her life:

> …that could give me concrete exercises to do, very constructive. I didn't want a groaning board. I groan to myself all day. I wanted constructive criticism and assistance with practical tips as how to navigate.

Overall, Hillary's pre-understanding of therapy was diverse—she viewed therapy as an appropriate place to unburden herself, dive deep into the philosophy of existential angst, and to process her qualms about living in a malfunctioning society. She also perceived therapy to be a means to have a mediator assist in navigating difficult discussions with family.

Process of Seeking Psychotherapy

Hillary confided in me that she would typically wait to seek therapy until she felt like she needed help urgently, and this tendency made the process of attaining professional help complicated. She expressed frustration in the mental health system, because when she felt that in the moments when she urgently needed help, she was faced with long waiting periods:

> …when I do reach for therapy, it's kind of urgent. Like, I'm feeling like, oh, my God, I need help now. So when they go, well, we'll be available in two to three months, right? That's brutal too.

During significant times of personal struggle when Hillary finally decided to seek psychotherapy, she was perturbed to find that she often had to go through a phone assessment before seeing an actual therapist. During these intake sessions over the phone, the therapist would assess the urgency of her situation, and Hillary felt like someone was judging her mental state based on the fact that she did not yet have an imminent plan for suicide:

> …I know that for the intake, they'd say, how urgent or, are you suicidal? In order to determine if this was an emergency. And I would say 'no, but I'm not well,' I'm thinking about, oh, it'd be a lot nicer if I just went to sleep and never woke up. Is that suicidal? But I don't have a blade sharpened and the bathtub running, so I don't even know how they even… with their intake, how they could assess how dangerous one could be to themselves.

Despite feeling frustrated about these phone assessments, in other experiences of seeking help, Hillary was relieved to find out that after breaking down on the phone and expressing the depth of her suffering, she would usually be seen by a therapist within a week. This was a comforting thought for Hillary, knowing that she would not have to wait long to get help and to have someone listen to her and attend to her needs:

> I've called and I've broken down crying, saying, I'm really not doing well, and I haven't been feeling well for a number of weeks. I really need to speak to someone. I've been that distraught. [and in those instances] I usually would get someone within a week. Like a week. Okay. When the appointment was made, within sort of 24 hours of that initial call, it was very consoling to know, oh, good. Even though I had to wait five, six, seven days, it was enough to just say, 'oh, good, somebody's going to hear me.'

Hillary was not a fan of virtual sessions and believed that they were not as beneficial as in-person sessions. However, in regard to accessibility, she found that virtual sessions were convenient, as they allowed her to attend therapy sessions from the comfort of her own home and to thwart the nuisance of having to get to an appointment: "…I had [a therapy session] over Zoom because it was during COVID, which was okay. I mean, it's convenient. Right. You don't have to go trekking, but still, it's not always as good."

Overall, the process of finding psychotherapy had been a mixed experience for Hillary. While she was frustrated by the phone assessments and long waiting periods, she was, at other times, comforted by the fact that she could have access to therapy in an appropriate amount of time; however, this necessitated her divulging the extent of her suffering over the phone.

Attending Psychotherapy

Hillary had been on a journey of seeking therapy for around 20 years, but her experiences of attending therapy have been mixed. She has seen approximately 8-10 therapists over the years, possibly more, but many of her therapy experiences did not provide her with the deep analysis and navigation help she was seeking. Hillary told me that during the first therapy session, one thing that she was able to identify immediately was whether she connected with the therapist or not: "I knew right away, this is not going to work for me, and I'd have to move on, or I would just drop, I would drop it."

Out of all the therapists she has seen over nearly two decades, Hillary only found 3 that she connected with. Hillary pointed out that she found Western-trained therapists to not know how to handle the fact that she was Indigenous and that she is grounded in Indigenous teachings. She found these therapists ignorant about Indigenous ways of being, and she expressed concern that her knowledge could be exploited for the therapist's personal and professional gain:

> …that I'm Indigenous and I'm grounded in Indigenous teachings and worldviews, they didn't quite know how to handle, they didn't know what that was. So, I had to do a lot of explaining, and some of the therapists were writing them down vigorously, going, 'that's cool.' And I thought, 'oh, you're going to create a, are you going to write a document and take all my teachings and exploit them for your career?' It was genuine. Like, I really thought, 'why are you so fascinated by me just giving you the foundation of where I'm coming from?' Because it was so foreign to them. Right? And they're in that academic framework, which I find is very limiting. And I'm not an academic, and I'm a self-taught person, so I see how people have been conditioned.

Hillary felt that she was *teaching* her therapists Indigenous ways of thinking, including an Indigenous therapist who was trained in Western, Eurocentric ways:

> So, I specifically asked if there was an Indigenous therapist available. So, I got, so they said, 'yeah, yeah, yeah.' And they gave me… he was a male, and he didn't have the grounding. He didn't have the traditional teaching framework to work with. So once again, I'm teaching him (…) [he] didn't understand the nuance of living and working in an Indigenous context (…) So there was another disappointment on top of my disappointment… (…) And I say, 'well, there are the four aspects of the human being and the spiritual, emotional, intellectual, and physical. And my physical direction is suffering because I'm emotional'. And they go, 'well, how does it work?' Then I'd have to do the teaching instead of just get rich to the imbalance that I was experiencing in my life based on that framework.

For Hillary, this led to a lack of trust in the therapy process, because explaining her worldviews took up a lot of time during sessions, leaving little time for actual psychotherapy:

> …so they would listen, but my issues were not being heard because they didn't know what the background was, and they didn't know how to so it became very simplistic, and it was, well, you know, very generic (…) Really very little space for me to get to the point that I had to make because they didn't have the foundation.

Hillary also told me that she found Western psychotherapy to be cold, clinical, and unfriendly, except for the few therapists she connected with. She also felt a power imbalance with most psychotherapists, feeling like a specimen rather than a human being:

> …there's such… within a Western worldview. They don't want you to be personal. They don't want you to become friends. They don't want you to be unique, have a unique rapport. It's very hands off, professional, confidential, can't get close, can't get emotionally involved, which to me, feels cold and inhuman. (…) I always felt like, well, you know, clinical, almost type thing. Yeah. Clinical, neutral, generic. And I just thought, well, 'wake up. Like, come on, I'm real, and I'm going through something…'

Hillary lamented further that she believes Western academia has the power to take over aspects of humanity, which can then seep into the therapeutic experience. She joked, but with clear disappointment, that education and academia are not what fuels a therapeutic connection: "So, there's a human element that can sometimes get educated out of us. (…) So, I'd always be aware of, of that PhD somebody… that Mohawk guy said, 'you know what PhD stands for? Piled higher and deeper.'"

One experience that Hillary had with a White therapist who urged her to go to church reinforced her distrust in Western services of care:

> And as soon as I said, 'I have a deep spiritual foundation,' and right away he said, 'oh, well, then I suggest you need to go to church', and literally, like, going to church. And you're saying that to someone right. An Indigenous person from a non-Indigenous counselor? Yeah. 'I think church would be really good for you. Like, you need to pursue your religious aspect' because he, too, was confused by, okay, you have a spiritual person who's struggling. Oh, 'then go to church and you'll get your support through your priest or your minister or your guru, whatever.' And right away I went, okay, well, goodbye. (…)

> how many of them [Residential School survivors] have been betrayed and abused by religious leaders?

Hillary reiterated that this lack of trust reinforced her suspicion and belief that she could not trust and open up to this therapist because of his views that coincided with colonization and its impacts:

> Oh, I instantly I just shut down and I said, 'yeah, okay, I've had enough. Thank you...' I had to just end the conversation. Of course, I didn't trust anything that he was inviting me to listen to, from that point on, due to a lack of understanding.

In some therapy sessions, Hillary did not feel listened to; she felt that her feelings were dismissed, and she also experienced a lack of empathy from some therapists:

> And she said, 'that's life,' like, kind of 'get over it. Well, that's the way life is. Get over it' (…) and when I got into that area of my life that I was struggling with, I felt she was dismissive (…) She's not seeing me. And that was the last time I saw her (…) I need more empathy again (…) She's not hearing me. She doesn't understand the depth of what I'm going through.

While the majority of Hillary's therapy experiences have been negative, she did find a few therapists to be helpful, because these therapists listened to her and made her feel empowered. They validated her, even though these particular therapists were not Indigenous. In these positive experiences, Hillary felt genuineness from the therapists and felt like her and the therapist were participating in a genuine human exchange, connecting over a cup of tea. She also did not feel a power imbalance with the therapists she connected with: I didn't feel like I was in a position of inferiority (…) I didn't feel like a specimen. I didn't feel like I was… I felt like I was on equal grounding with her."

Hillary also reflected on another poignant and positive therapy experience where she felt like the therapist was able to establish trust within the relationship. This particular therapist did not pathologize Hillary for experiencing "strange occurrences" and connecting to the spirit world that Hillary believed in so fervently. Hillary felt comfortable sharing her experiences and beliefs

with this therapist, because this therapist did not make her feel mentally ill for her spiritual views.

Furthermore, Hillary reflected on another helpful aspect of this particular therapy experience, when the therapist disclosed some personal information about herself, a personal disclosure that aligned with Hillary's beliefs in the spirit world, and Hillary believes that this disclosure and the non-pathologizing lens of the therapist helped to establish a deeper connection and sense of trust within the therapeutic relationship.

Hillary's journey of finding the right therapist has been a challenging one, with three positive therapy experiences out of approximately 8-10 different therapists. The therapists who made her feel like they were two humans in a room were the ones who truly helped her in navigating her personal struggles.

Closure of Psychotherapy

Hillary had less to say when it came to her experiences of ending therapy. She told me that whenever she experienced negative therapy sessions, or if she felt a lack of empathy and connection, she would simply stop going and not return to that therapist, without a formal conversation. During one session with a therapist, Hillary felt dismissed and invalidated. It was a painful experience that left her feeling unheard and unsupported. She did not return to therapy after that session, feeling like it was a waste of her financial resources: **"**I thought that we'd reached a dead end, and there's no point in me paying for this."

However, in one of Hillary's positive therapy experiences, one instance of therapy closure stood out to her. Hillary told me that ending therapy was a collaborative process that involved talking about it together. In this particular therapy journey, Hillary felt that she had accomplished what she set out to do and that it was time to move on to the next chapter of her life, and end therapy. Hillary also conveyed that she felt empowered to move on from therapy and that she was capable of relying on her internal resources:

> She informed me as the therapist that I was grounded even though I was going through something and I needed support, that I was grounded. And she identified that for me. So I didn't feel like my world was shaking. I thought, 'oh, she's experienced, and she can see I'm on this right track.' So I didn't feel I needed to see her more (…) Move on and be on

> my own again or process my world again with my own tools that she reaffirmed for me (…). So there was closure. It was healthy. It was happy.

The end of therapy with this particular therapist felt healthy and positive for Hillary. She felt that they had achieved their goals and that she was in a good place to move forward on her own. She left the final session feeling inspired and grateful for the progress that they had made together.

However, most of her therapy experiences did not close in a formal way. Rather, Hillary typically deserted therapy because she found those experiences to be so disappointing that she felt she could not return.

Future Psychotherapy

When Hillary pondered whether she would seek therapy once again in her future, she joked, and insinuated that she hopes that she'll remain in a good place and not need to seek professional help. However, her situation with her daughter had led her to reach out to a therapist again for family therapy, but they are on a three-month waitlist. Despite the wait, Hillary expressed gratitude for the opportunity to have therapy once again. She conveyed hope that she and her daughter would be able to resolve things and move forward: "So, I'm really grateful that there will be a mediator, and I'm looking forward to it, but we're on a three-month waiting list."

However, beyond this situation, Hillary did not see herself reaching out for therapy again as an individual. For the time being, Hillary was content with what she had learned in therapy and throughout her life on her own, and she expressed that she felt she had the tools to handle future challenges independently:

> Other than that, I don't know how inclined I would be to reach out again. Probably not. (…) But when it comes to psychotherapy, therapeutic counselling, one on one assistance for emotional trauma or emotional pain or confusion, no, I don't think so.
> Because like I've said, I kind of figured out, okay, go for walk, right? Reach out to a friend.

Other than offering her own personal decision to not seek therapy again as an individual, Hillary told me that she hopes there will be changes in the mental health and therapeutic field so that Indigenous peoples will feel that they can get appropriate help that attends to the history of colonization and its lasting and ongoing legacies:

> So, it scares me that there's a lot of conflict and there's a lot of hurt and there's a lot of trauma. There's a lot of danger, and Indigenous peoples are nowhere near being healed, and that's systemic and intergenerational. So, there's a lot of work that has yet to be done. So, I'm hoping that there are changes within the field so that people can really feel they've been heard and have been helped after that first hour that keeps them going, because it [hurt and trauma] does keep going…

Indigenous Ways of Healing

Hillary conveyed to me that she is a person who is deeply committed to Indigenous healing ways, and she believes that established Indigenous governance structures are advantageous. She has learned Indigenous teachings along the way that have helped guide her through her struggles:

> The sacred hoop teaching or the sacred circle teaching? They are deep and they are profound, and they take forever to explore and to understand. And I've done it. I've really gone into the deep reflective analysis of those teachings in order to figure out how do I conduct myself on a daily basis.

However, when it comes to outsourcing to find Indigenous ways of healing, Hillary perceives that there is a lack of Indigenous services of care that are well-versed in Indigenous knowledge and ways of knowing, doing, and thinking. She also expressed doubts about Indigenous cultural healing centres *actually* being educated in Indigenous ways. When Hillary sought mental health services that were specifically labeled as Indigenous, she was met with disappointment because there was a consistent lack of Indigenous knowledge:

> …because there's been such a severance of that knowledge due to the history of Canada. But there's a lot of talk, and there might be a lot of visuals. You might go into a friendship center and see the medicine wheel or a dreamcatcher. But do people actually study that medicine wheel?

Her personal experiences of pursuing Indigenous-focused mental health services have also left her feeling disappointed and hurt. For example, when Hillary sought Indigenous-focused mental health services, she never heard back from them, and Hillary felt dismissed, but she also

tried to come up with reasons why they did not get back to her. She pondered whether they had decided that her situation was not urgent enough. She found this experience to disrupt her trust in Indigenous services of care, which then forced her to seek mainstream, Western psychotherapy:

> But really, it just broke trust. I just thought, well, I can't trust that organization because I have to turn to the mainstream (…) I have to reach out to what's more readily available. Because they don't even return your call when you're asking for counselling. Or they can't process paperwork. No follow up. No follow up notice. Saying, 'are you okay? You're at the bottom of our list because you weren't suicidal'.

In other various moments in her life when she was not doing well, Hillary sought guidance from Indigenous Elders, but she told me that she had "horrible" experiences, where she felt that some people were referring to themselves as Elders but were not genuine Elders. In these particular experiences, Hillary said she experienced unkindness, as well as hierarchical bureaucracy:

> Yeah, because I haven't found a good Elder. I think of all the 'Elders' I've been introduced to or that I've known or befriended or listened to, I would say I've only maybe could count on… I could count maybe two people (…) Yeah. Because so many I mean, look at 150 years of Residential schools and 500 years of colonization, and people have been psychologically assimilated. Even though they're reclaiming and they're going through the motions of ceremonial practice, I still found there was a lot of hostility and a lot of hierarchy, and that's not my understanding of an Elder.

She also expressed that she found their Indigenous knowledge to be lacking, or that it was like a smokescreen—a type of veiled Christianity in an Indigenous disguise: "I've often found that they use a Christian construct, but they put Indigenous beads and feathers around what is literally a Christian construct from my perspective."

In terms of seeking Indigenous-specific help in the future, Hillary expressed some reservations. She unhappily lamented that her experiences have not shown her enough healing within the Indigenous community for her to be able to rely on their services. She feared that these services would be infiltrated by Western, conventional way of thinking, which did not align with her values and beliefs:

> At this point, I would say no. Yeah, I would say no. I just haven't seen the health and the healing in and across our Indigenous communities to be able to trust that. How sad that is. (…) I would probably think, oh, well, it's an Indigenous counselor, but they're conventionally trained, right. So, it really makes no difference.

She also expressed deep concern that Indigenous knowledge is being continuously lost, which would negatively impact Indigenous healing ways: "And my fear is the knowledge with the up-and-coming generations is being lost again or being buried or forgotten or dismissed."

Hillary pondered Two-Eyed seeing—the blending of Indigenous healing ways and mainstream Western knowledge— and indicated that it would be the ideal situation for her:

> Of course. Of course. That's the ideal. Yeah, that's the ideal. To have the thorough conventional background because we're complex human beings (…) …combined with those traditional teachings, to be able to blend them would be the ideal solution for me. For someone like me.

Hillary reiterated that in the future, if she heard of a therapist who practiced Two-Eyed Seeing, she would be curious about pursuing it: "However, if I saw an advertisement, certified psychotherapist able to see clients or seeking clients, whatever, who applies traditional teaching combined with or a two way of seeing, I'd go, wow, I'm curious about that."

In terms of what has been the most helpful to Hillary along her healing journey, she said that that it has been applying Indigenous teachings to her life, connecting with friends, as well as praying to her ancestors:

> If anything, applying the teachings and the teachings you have. You wake up in the morning ready to apply them, because when you go to bed at night, it's like, how did I conduct myself today? Did I conduct myself in a good way? (…) And reaching out to others of, like, mind and spirit, although they're not counselors, but good friends who understand who I am and I can have these conversations with, helps me and smudging and praying to my ancestors and also exercising the prayer of gratitude.

Furthermore, being out in nature and out on the land have also been healing for Hillary:

> And the other thing that, that is so healing, is nature. Going in my canoe or going yeah. For a walk in the mountains or going to the river, looking at, at the moon (…) And sometimes we get so over overwhelmed with all of the stresses of our work and our family and our society that we don't get out on the land every day as we should. So, the more I do that, the more I can feel better.

In regard to finding the best strategies that have helped her, Hillary expressed a lack of trust in both Indigenous and Western systems of care. She felt that it was just "hit or miss" when it came to finding a therapist who could truly understand her and her needs: "I haven't seen a model that really works other than restorative justice, but that's not personal therapy. (…) I haven't found enough satisfaction in either."

Hillary expressed that while she has had negative experiences with both the Western, conventional mental healthcare system and with some Indigenous centres and Elders, she has not given up on the idea of progressing and working on her healing, as she believes that healing is foundational to both her future, and to the past: "I saw that healing myself, heals my lineage, and from my perspective, backwards and forwards."

Debrief

When Hillary and I reached the end of our interview, Hillary expressed appreciation that speaking about her lived experiences gave her the opportunity to put her therapy memories into perspective. She also said that reflecting on her experiences made salient the progress she has made over the years, but it also made her see more clearly that she has struggled a lot:

> Well, it helped me put things into perspective about how far I've come and how much I waver in my emotions. (…) I have had some tough times, like we all do, and they can shift so quickly. And thank god that I know well enough not to sink so low and stay there.

Hillary also said that by talking about her experiences of Western psychotherapy and Indigenous ways of healing, she has realized that living in the moment and recognizing simple pleasures has also been healing for her in the sense that this recognition helps her to live in the moment and to reframe some of her negative thoughts about some of her disparaging views of society:

> I know how to recognize when I'm sinking, and I know well, once again, being in the moment is the best healer, it is the best way to heal. (…) The immediate pain is just okay, what can I…oh, I just saw a cardinal. Oh, that's beautiful. Or I got a phone call from my mom, and she's so sweet. Or I just got an invitation to go for coffee with a friend and just these little things. I learned to really appreciate the simple things in life, and that can help alleviate a lot of the overwhelming societal things that tend to burden me.

Despite her difficult and disappointing experiences with Western psychotherapy, Hillary remained committed to delving further into Indigenous knowledge and integrating that knowledge into her life, as a means to continue her healing. She explained that while her experiences have left her with a deep sense of disappointment and frustration, she still believes that there is hope for healing and growth: "So it's navigating, navigating the inner circle with the outer circle."

Chapter 5 – Results

In the current chapter, I will delve into the themes and subthemes that were generated within participant stories. To illustrate the identified themes and subthemes, I used direct participant quotes taken from the transcripts. While some quotes may seem familiar to the reader, and thus possibly cyclic, it is a way for the reader to become better acquainted with the data, and it also mimics, albeit less so, the way in which I read and re-read participant transcripts. Reading the transcripts numerous times was a way for me to become closer to the words, which led me to better understand, I believe, the important nuances embedded within and between the participants' words. It is my hope that the reader, by re-seeing and redigesting direct quotes, will also become more intimate with participant stories and context that could facilitate and deepen the readers' interpretations.

Five main themes were developed: perceptions about therapy, significance of the therapeutic connection, role of power dynamics, role of Indigenous culture, and impacts from research participation. Throughout this section, each main theme will be represented with a figure containing a quote from each participant that characterizes the theme. My process of selecting participant quotes to portray the themes came about by re-reading transcripts and finding quotes that I believe summarized the essence of each theme and their subtheme. Themes, as well as their subthemes, are depicted in the following table:

Table 1

Themes and Subthemes

Themes	Subthemes
Perceptions about Therapy	• Therapy can be Cold, Clinical, and Academic • Understanding and Beliefs about Therapy Evolve Over Time • Cautious Optimism about Future Therapy
Significance of the Therapeutic Connection	• Relationship with the Therapist • Therapeutic Relationship has Effect on Therapy Closure
Role of Power Dynamics	• Power Imbalance Prior to Therapy • Therapist Dominance • Systemic Bureaucracy in Psychotherapy
Role of Indigenous Culture	• Severance of and the Reconnection to Indigenous Culture and Knowledge • Elders and Knowledge Keepers • Dichotomous and Blended Views of Indigenous and Western Ways
Impacts from Research Participation	• Helpful Aspects of Participating in the Research

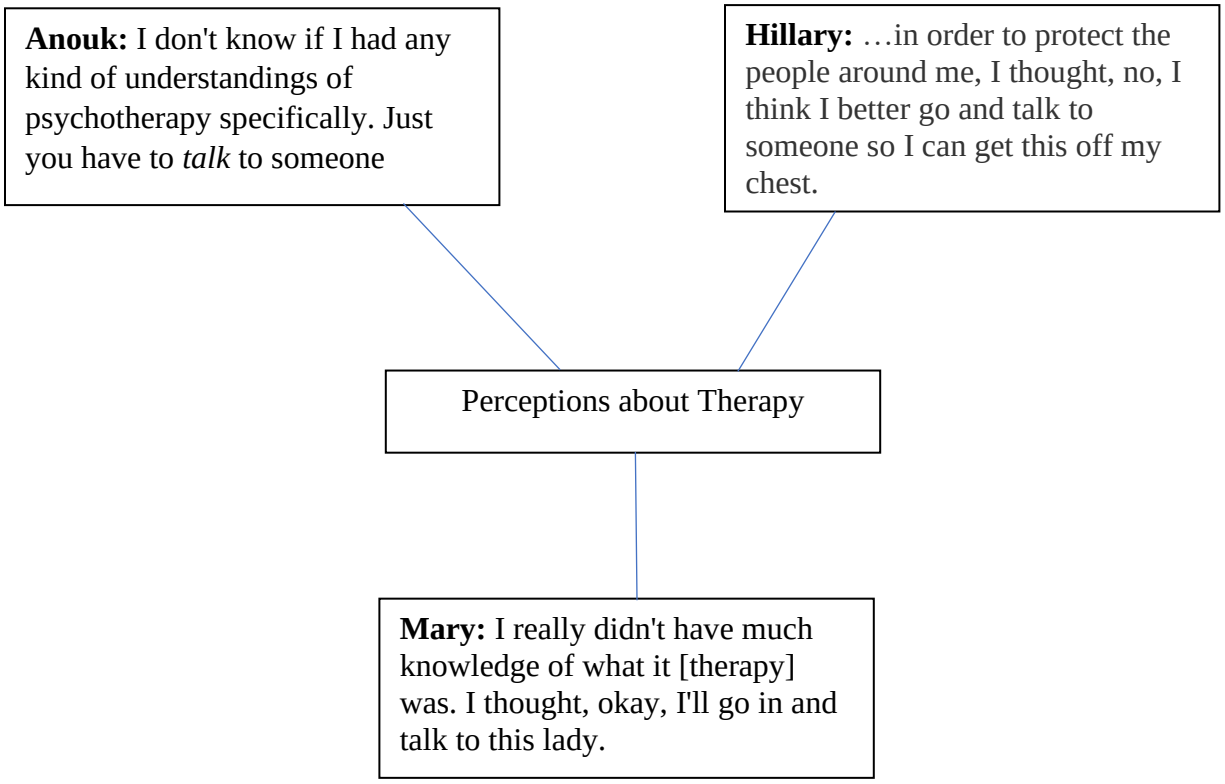
Perceptions about Therapy

The first theme to be addressed is perceptions participants had about psychotherapy, which covers participants' pre-understanding of what psychotherapy was, while also including participant opinions about therapy during their engagement with it, as well as after therapy ended. All three participants revealed their opinions and perceptions about therapy, but there were some varying and fluctuating perceptions among participants. In terms of articulating the difference between the words *opinion* and *perception*, *perception* signifies how one interprets a "thing" or subject and how it informs our knowledge and beliefs (e.g., chocolate cake). On the other hand, *opinion* comprises a judgement value (Hamlyn, 2022). For example, my *perception* of chocolate cake is that it is moist, dark brown, and sweet. My *opinion* about chocolate cake is

that it is delicious. Your *opinion*, however, may be that it is disgusting even if your *perception* of the chocolate cake is the same as my perception. The same logic can be applied to the subject of psychotherapy.

Figure 1

Perceptions about Therapy



Therapy is a Constructive Place to Talk Out Mistakes and Problems

All three participants seemed to understand psychotherapy as a place to engage in dialogue, evidenced by their collective use of the word "talk." Yet, each participant suggested that therapy encompassed a negative inference, by emphasising that they perceived therapy as a place where one goes after making a "mistake," or to help resolve "problems." For example, Mary told me that she perceived therapy to be somewhat punitive, because she had a "problem" and had "messed up" and that "I *have* to speak to this person."

In a similar vein, Anouk told me that her grandmother openly encouraged Anouk to seek therapy, because she perceived Anouk to be 'angry.' She also divulged that her first therapy

experience was obligatory due to her parent's divorce, which involved 'parental alienation,' further supporting the idea that therapy was to be used to discuss and resolve problems.

Comparably, Hillary stated that she viewed therapy as a place to manage problems, described as a place to work on 'marital issues,' or other family problems that necessitated 'mediation.' She also used the word 'vent' and 'burden,' telling me that she felt that some difficult emotions were not acceptable to communicate to friends and family. Similar to both Mary and Anouk, Hillary underlined that therapy was a place to release the weight of her 'distress:'

> I often wondered if that was normal to feel my existence being plagued by existentialism and an existential worry about where we're at as a human species. And I could get really weighed down. And not know how to manage them (…) It's so imbalanced. I thought, how do I get to live a good life amidst a really broken world? So that's the source of sort of my distress.

While 'problem' and 'mistakes' brought them to therapy, participants also highlighted their perceptions of what therapy could offer. Hillary told me this about opportunities therapy could offer:

> …deeply analytical. And I wanted someone who was deeply analytical and trained that could give me concrete exercises to do, very constructive. I didn't want a groaning board. I groan to myself all day. I wanted constructive criticism and assistance with practical tips as how to navigate.

Later in the interview, Hillary reiterated that she did not solely want a place to 'groan.' Rather, to her, therapy was a place that was *different* than talking to family or friends, because she deemed therapists to be professionally trained and 'capable' of discussing and delving deeply into existential angst and her qualms about living in a society that she perceived as 'broken.'

Similarly, Mary viewed the therapeutic space as a place for personal growth and healing, saying "I understood that therapy could be used as a tool to navigate, to help process deep things." While Mary perceived therapy as a means by which "things" are "brought to the surface," Anouk did not focus on the constructive and analytical aspects of therapy. Rather, she initially perceived psychotherapy to be elite, or extraordinary, saying "it [psychotherapy] sounds hella impressive."

Therapy can be Cold, Clinical and Academic

A subtheme that seemed clandestine at first glance but became apparent when I acquainted myself more deeply with the data, was a perception among all participants that therapy can be cold and clinical. This perception was weaved in and out of the stories but was salient when participants spoke about their various journeys with assorted therapy experiences over the years.

It was Hillary who overtly and ardently described some of her therapy experiences as "cold." She described equating the frigid nature of her therapy experiences to a Western way of being:

> …there's such… within a Western worldview. They don't want you to be personal. They don't want you to become friends. They don't want you to be unique, have a unique rapport. It's very hands off, professional, confidential, can't get close, can't get emotionally involved, which to me, feels cold and inhuman. (…) I always felt like, well, you know, clinical, almost type thing. Yeah. Clinical, neutral, generic. And I just thought, well, "Wake up. Like, come on, I'm real, and I'm going through something…."

Later in our interview, she again describes her perception that therapy can be inhuman, but also added humour and sarcasm to her perception: "So, there's a human element that can sometimes get educated out of us. (…) So, I'd always be aware of, of that PhD somebody… that Mohawk guy said, 'You know what PhD stands for? Piled higher and deeper.'"

Similarly, Anouk pointed out that she believed psychotherapy to be "academic," although she was not as emphatic as Hillary. She said, "It definitely seems like, academic." She then remarked that "I haven't been to university yet," drawing attention to her perceived divide between her level of education and her being capable of participating in psychotherapy. In a similar vein, Mary pointed out that she found psychotherapy, particularly in the first session, to be cold and clinical: "I find some of the introductory questions really…how would I put it? Impersonal? Yeah."

Understanding and Beliefs about Therapy Evolve Over Time

Another perception of therapy that emerged from two participants was the evolving nature of how they understood and viewed therapy over time. For example, when Mary was young and before she engaged with therapy for the first time, she did not have much knowledge about what therapy entailed, other than it being a place to correct mistakes and navigate problems and described it as forced upon her by her parents. However, over time she eventually

saw therapy in a more positive light. For example, she told me that later in life she eventually sought therapy of her own volition. However, despite nodding her head "yes" when I asked her if she viewed therapy more positively, her described therapy stories were far from positive. Initially, I wondered if Mary felt pressured to speak less negatively about therapy due to my own professional background in psychotherapy, but she later told me that she would consider psychotherapy again in the future. All in all, how Mary relayed her understanding and opinions about therapy seemed to fluctuate during the interview.

Anouk's understanding of therapy also developed over time, and she pointed out that she did not initially understand what psychotherapy was: "Well, I don't know if I had any kind of understandings of psychotherapy specifically. Just you have to *talk* to someone." She also viewed and understood therapy to be performed not only by professionals, but by regular, laypeople:

> So, it [understanding of psychotherapy] was something that as I got older, I started to kind of, I think, get more of an idea [of psychotherapy] from TV being remote [living in a remote community]. I remember the show we watched the most was like North of 60. (…) And sometimes it's not a therapist but like a police officer or a teacher. So those are kind of my first kind of being aware of any kind of therapy. But I always knew that talking could be therapeutic and talking about your issues. I don't think I really had much understanding of psychotherapy until I was probably in my late twenties, and I had decided to go into counselling again.

Anouk's pre-understanding of therapy seemed influenced by where she lived when she was younger (in a more remote, Northern community), with few options for therapy. As such, shows like North of 60, which also depicted a more remote Indigenous community, was how she initially understood that *talking* could be therapeutic. Hillary, on the other hand, did not delve into her pre-existing beliefs about therapy and whether or how they evolved over time.

Cautious Optimism about Future Therapy

All participants addressed the possibility of engaging with psychotherapy in the future, but this prospect was nuanced with much thoughtfulness, as well as trepidation. Hillary informed me that she was on a waitlist to obtain psychotherapy with her daughter, indicating that she still saw the potential benefits of therapy. She also said that she was "looking forward" to seeing a

therapist with her daughter, even expressing that she was "grateful," describing and conveying a sense of hope to have a professional "mediate" between her and her daughter. However, when she contemplated engaging in therapy once again as an individual, she said: "But when it comes to psychotherapy, therapeutic counselling, one on one assistance for emotional trauma or emotional pain or confusion, no, I don't think so." She elaborated further, explaining that she feels she has developed other methods, as well as internal resources, to guide her through healing. For example, she indicated that instead of seeking the help of therapist, she would "go for a walk" or "call a friend."

Later in our interview while discussing blending Indigenous ways and Western ways (covered in a separate theme) and re-engaging with the mental health system, Hillary implied that the mental health field requires change in a way that accommodates and recognizes the pervasive trauma that still exists among Indigenous peoples:

> So, there's a lot of work that has yet to be done. So, I'm hoping that there are changes within the [mental health] field so that people can really feel they've been heard and have been helped after that first hour that keeps them going, because it [hurt and trauma] does keep going….

Conversely, Anouk described believing that therapy could help her navigate some current obstacles and struggles. However, she indicated that she was "hedging" about engaging, while simultaneously realizing that it is of importance to her: "…but I think it's [therapy] something that I do have to make a priority in the next…within this year to get back into some kind of counselling, because I'm noticing my own… I'm noticing challenges that weren't present before…." That said, she also expressed some confusion about *when* to seek therapy, wondering if she had to wait until she felt she was desperate, or if she could seek therapy for a "tune up." In addition, Anouk hinted that she had concerns about being able to access therapy in her future, a concern that was bolstered by the difficulty she had in helping her children find therapy: "…really he [Anouk's son] kind of gets on his hamster wheel of things spiraling out and so just trying to help the kids get their counselling has been exhausting." At this point, while Anouk was still contemplating the role that therapy could play in her future, she once again hesitated about the possibility, hinting that her children's future therapy would take precedence over hers: "I get it, kid. I know. Square one, to do it for myself is like, I don't know, we'll do anything for our

kids, right?" She again pointed out her concerns about being able to access therapy, but she also expressed concern about finding a therapist with whom she connected, while also alluding to her perception that therapy is challenging work: "For myself, I'm just like, oh, God, can I just do like, a worksheet or attend a zoom or something? We do like bite size versions and it's not the accessing part. That's part one. And then there's… do I like this person? Are we clicking? Do I feel heard, right?"

Similarly, Mary expressed a desire to reengage with therapy in her future, despite her negative experiences. She underscored that she would seek therapy once again: "And this is something I've thought of. I'll definitely try to find somebody that I feel a connection with." However, Mary conveyed that she found Western psychotherapy to be overly structured for her liking and would prefer someone who engaged her in more "casual conversation" in the future. She expressed desiring less rigidity during therapeutic sessions, highlighting her perception that she found therapy—specifically the first session—to be "uncomfortable."

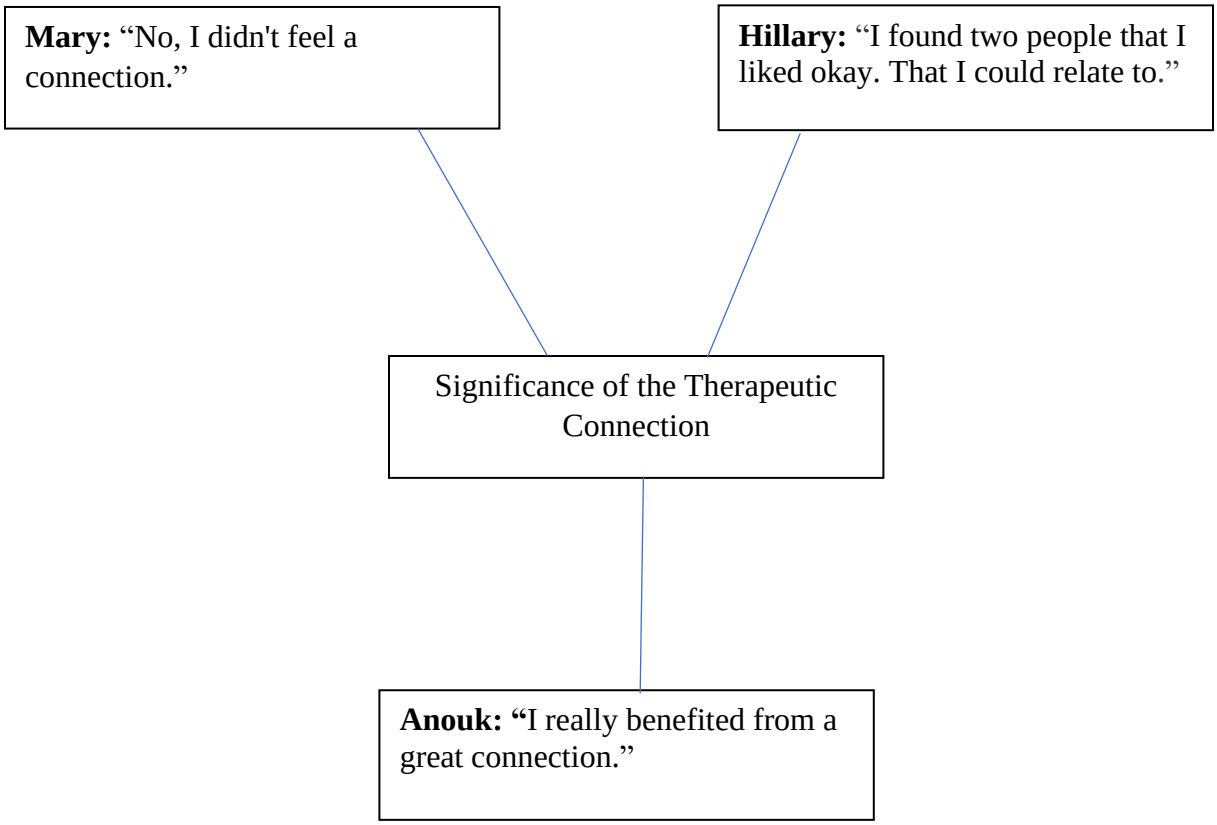
When considering therapy in her future, however, Mary emphasized that she hesitated to reengage, because she finds therapy to be challenging work: "But to be honest, therapy is so laborious that I just don't know if I actually have the capacity to seek that in my soon future." She elaborated further, indicating that therapy is hard work in multifaceted ways: "But also even the thought of having to dive deep and working through those issues of whatever it is I'm feeling that I need to process. Just the thought of that in itself is laborious and a little daunting." Despite Mary's negative experiences with therapy over the years, and despite her hesitations in putting in the intensive work that therapy may require, she expressed that she believes therapy can be worthwhile and beneficial.

Significance of the Therapeutic Connection

All participants concentrated on the implications of connecting emotionally with a therapist, highlighting outcomes based on their rapport with their therapist.

Figure 2

Significance of the Therapeutic Connection



Relationship with the Therapist

Both Hillary and Anouk described ways in which how they experienced the therapy relationship affected the outcome of their therapy. Hillary pointed out that upon meeting a therapist for the first time, she was able to discern whether they had a connection and thus whether the experience would be helpful, saying that "I knew right away, this is not going to work for me, and I'd have to move on, or I would just drop, I would drop it." Hillary also emphasized that when a therapist did not understand or appear to relate to her Indigenous worldview, this would preclude the possibility of bonding. She underscored that her ability to put trust in her therapist relied heavily on the therapist's proclivity to take her perspective: "I instantly I just shut down and I said, 'Yeah, okay, I've had enough' (…) I didn't trust anything that he was inviting me to listen to, from that point on, due to a lack of understanding." Conversely, Hillary highlighted a positive therapy experience she had with a therapist with

whom she connected, because Hillary felt that this particular therapist was able to understand her worldview in a way that promoted trust:

> I was able to openly discuss and share my connections to the spirit world with this woman. I never felt judged, pathologized, or misunderstood. In fact, she admitted some aspects of her own personal life which created a deeper bond of trust between us… We were two humans having interchanges about my process of developing a spiritual relationship with someone close to me who had passed. She heard me. She saw me. She did not "analyze" me. She validated my belief system and more. She helped me more than I can articulate.

Anouk emphasized the struggle she had in connecting with a therapist who would not take her personal life into consideration, while also pointing out that a different therapist who understood her personal circumstances was central to the therapeutic connection:

> And it would maybe be, like, five minutes into the appointment, but I knew that I wouldn't get there. And it happens, right? Like, kids get sick, you have to turn around, you have to… things happen, life happens. And it was those therapists that understood, or at least made me feel like they understood, and they were generous and not cutting me off. Yeah, I related with them.

On the flip side, Anouk highlighted that when she felt the therapist was genuinely non-judgemental, she experienced the greatest benefits:

> But I was able to really relate to that first therapist because she would say things to me like she would acknowledge, I guess, the struggle that I was having. And that felt really novel. I didn't feel that often. It was a lot of like, well, “You made these bad choices, so these are the problems you get as a consequence.” And that particular therapist was like, “Anouk, you've done everything you can” or “I understand”….

Anouk also pointed out that by feeling understood, she was able to participate in therapy in a more meaningful way such that she was able to trust a therapist who was empathetic and non-judgemental:

> And it was really just because we connected and I listened to her, she didn't judge, and I really took in what she said and having the longer view of it, it's like, I didn't realize how special that is, to really meet someone who can get through to you when you need it…

In a similar vein, Hillary pointed out that when she did not feel understood and validated by a therapist, this thwarted the therapeutic connection: "I felt she was dismissive (…) She's not seeing me. And that was the last time I saw her (…) I need more empathy again (…) She's not hearing me. She doesn't understand the depth of what I'm going through."

Mary's experience of the therapeutic relationship was somewhat different from those of Hillary and Anouk. She also offered less information about her viewpoints, describing her experience of therapy to be "awkward." She also told me that she found our interview to feel somewhat uneasy, declaring that "I mean, first session in therapy I find to be really awkward, just as this conversation feels a little awkward." Furthermore, she seemed a bit nervous, and her body language seemed tense throughout our interview. She also indicated that a lack of connection in therapy resulted in less sharing: "…makes me feel uncomfortable and put up a wall so we can't really get that relationship. But again, it was only three or four sessions, so it's hard to do anything within that time." Mary also told me that by nature, she is what she described as a guarded person. She said that her anxiety has an impact on her meeting new people: "And I guess that's because I have my own anxiety about meeting somebody for the first time. First session, a little awkward, anxiety for me on my side."

Therapeutic Relationship has Effect on Therapy Closure

A clear theme within the data was how the therapeutic relationship, as well as overall experiences of therapy (both good and bad) made an impact on therapy closure. Mary indicated that it was always her who initiated the end of therapy, noting that there was never a formal discussion about therapy winding down: "So in all three experiences, I ended it as my personal choice, and there wasn't any closure because I just decided I didn't want to continue with it." She noted that during her first therapy experience as a teenager, she felt she had accomplished what was expected of her from her parents and that she felt ready to disengage: "The first time as a teenager, I just felt like I was done, and it was an obligation to my parents. So convinced that like, hey, I'm done, let's move on."

Similarly, albeit in a different way, Anouk also ended therapy when she felt she had accomplished what she set out to do. She declared:

> I was able to focus on the work I wanted to do. And then the last lady [therapist] that I saw in my 30s, she was the last counsellor I went to see at all, and it was a very natural conclusion. I think we had ten sessions, and around session six, I remember thinking, like, I can't believe I've had these sessions. Like, I have four more. And, like, she's done so much in six.

In addition, Anouk elaborated on how certain therapy experiences ended in a natural and organic way such that there was not a formal discussion, which she did not perceive as negative: "It fizzled out. It definitely wasn't negative."

Anouk disclosed a negative therapy experience about a different course of therapy where she herself informed the therapist that she would be ending therapy. Anouk indicated that she did not feel she had accomplished much with this particular therapist, noting that she felt dismissed and unseen. In this particular experience, Anouk described the therapist as appearing relieved that Anouk was quitting therapy, and Anouk lamented that this therapy closure seemed unhospitable:

> I did feel like she was happy to be rid of me when I told her that, because [when she] she reached out to ask if I would make another appointment, I just said, "no, I don't think I'm going to continue at this point." And her whole voice tone changed. She was like, "okay, take good care of yourself." No offer to send me to anyone else or make sure I have a crisis line, knowing now that what I know myself as a counsellor (…) there's a little bit of nicer protocols you could have in place there when you're ending that kind of relationship.

As for Hillary, when she did not connect with a therapist, and when she felt she was not making progress, she would also halt therapy without a formal discussion: "I thought that we'd reached a dead end, and there's no point in me paying for this. I don't need hours and hours and hours of this." She reiterated that a lack of understanding, empathy, and validation led to her quitting therapy without a formal ending: "I need more empathy again. She's not seeing me. And that was the last time I saw her." Notably, Hillary indicated that a change in one of her therapist's demeanors impacted Hillary's decision to end therapy without a formal closing.

Hillary described how the therapy started off in a positive way, but in a later session felt dismissed and invalidated. This one, specific experience incited Hillary's abrupt departure from therapy:

> She [a psychotherapist] was the one I saw with my daughter, and I think it was because I really had liked her, and she was maybe one of my first psychotherapists. She listened well, and I went to her once a week for a few weeks, and then I brought my daughter in because there was issues like that. She was good with my daughter in that session, but at the end, I remember she said something to me, and that was the end for me. And she said, "That's life," like, kind of "Get over it. Well, that's the way life is. Get over it."

Mary indicated that her negative therapy experiences drove her to "abandon" therapy. As she did not experience help or healing by engaging in therapy, she described that she gave up on therapy and was not enticed to initiate a formal discussion with the therapist about it: "And then with the two adult experiences, I just found it wasn't beneficial to move forward. So I just kind of, not kind of, but I just abandoned the therapy." I asked Mary whether any of her therapists ever reached out after she "abandoned" therapy, to which Mary replied: "So, one out of the two [therapists] did [reach out] …the most recent one, they were really understanding and said, 'Hey, come back whenever you're ready, or whenever you feel like you need to.'"

However, Mary declared that despite the therapist's friendly nature and attempt to reengage Mary, this did not influence Mary's return to the therapist. In fact, Mary's tone in the interview and her choice of words seemed to portray skepticism about and a lack of trust in the therapist's intentions after calling to reach out after Mary "abandoned" therapy: "I mean, sure, it's nice, but I find it's just what do you want to say? I don't know. Common courtesy or just maybe that's best business practice as a psychotherapist? I don't know."

Anouk spoke about an additional therapy closure experience that was more positive:

> And she [the therapist] was really able to get through to me. "Every time you cut this guy loose, your life gets better. Pay attention to that." I ended those sessions. (…) She managed to really empower me and make me feel like I'm, like, this awesome matriarch who's doing what I got to do (…) I probably could have kept seeing her, but she was already sort of lying about me to keep seeing me (…) After she helped me through that kind of breakup, I didn't feel the need to keep seeing her.

Hillary informed me that when the therapeutic alliance was strong and when she felt validated, understood, and seen, therapy closure was discussed collaboratively with the therapist, and closure was a positive experience. Hillary said:

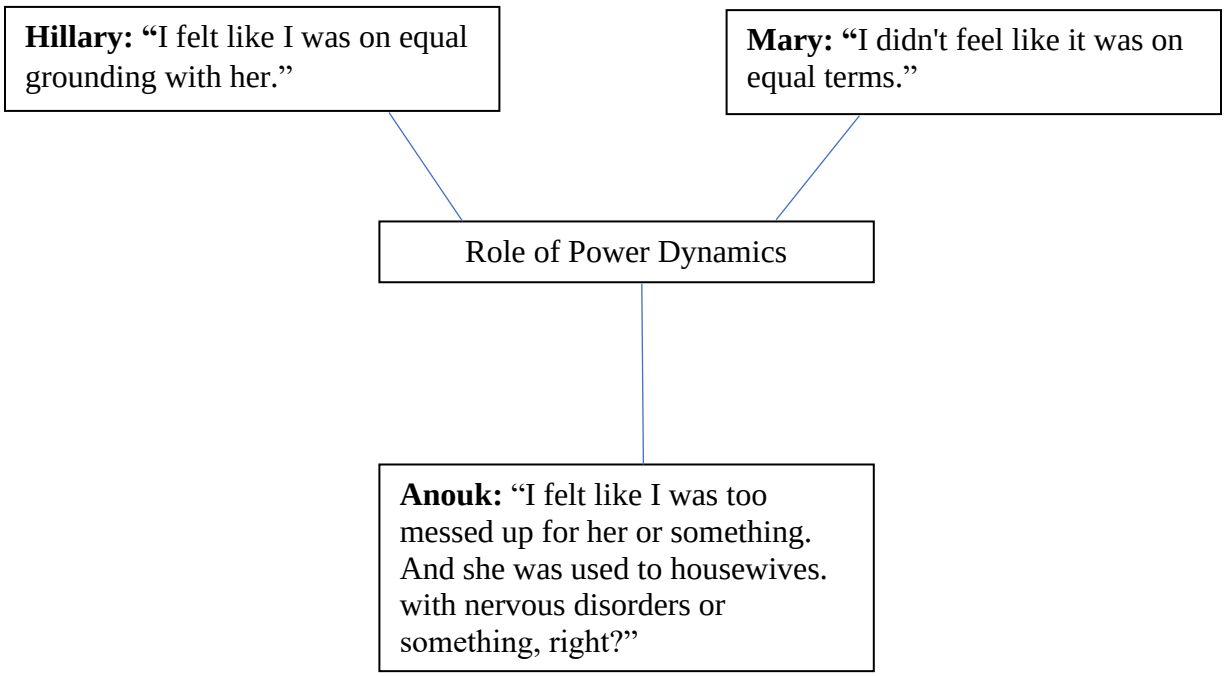
> She informed me as the therapist that I was grounded even though I was going through something and I needed support, that I was grounded. And she identified that for me. So I didn't feel like my world was shaking. I thought, "Oh, she's experienced, and she can see I'm on this right track." So I didn't feel I needed to see her more (…) Move on and be on my own again or process my world again with my own tools that she reaffirmed for me (…). So there was closure. It was healthy. It was happy.

Role of Power Dynamics

Throughout the interview, all participants readily referred to various power imbalances in nearly every topic discussed.

Figure 3

Role of Power Dynamics



Power Imbalance Prior to Therapy

Both Mary and Anouk spoke about how they experienced a power imbalance before therapy even began; however, such was not the case for Hillary. For example, Mary indicated that when she was 15-years old, her parents urged her to go to therapy. Later in our interview, she expressed that engaging in psychotherapy was not a choice for her to make, made explicit by her use of the word "obligation" when referring to her first experience with therapy. In a similar vein, Anouk also implied that her very first therapy experience was not a choice she made on her own behalf. Rather, she divulged that she was "required to talk to these people [therapists]" because of what she described as a destructive family situation. Furthermore, Anouk revealed that in order to speak to therapists at this time in her life, she was put in a vulnerable position: "I guess the challenge was that everybody knew I was getting pulled out of class. It was a bit of like, I felt exposed in a way." This seems to underline that Anouk's very first therapy experience, like Mary's, was not an option. Moreover, the experience was such that she felt "exposed."

In sum, the power imbalance both Anouk and Mary experienced was present before the onset of therapy itself, such that neither of them had a choice whether to engage or not, and the therapy experience was also associated with tumultuous times in their lives.

Therapist Dominance

Another subtheme found in all participant stories that is rooted in a power imbalance was the experience of dominating characteristics among some of their therapists. For example, Hillary, in describing some of her journeys with therapy, highlighted that she sometimes felt like a "specimen," and that because of this, she described not feeling seen in the context of a "human experience." She reiterated that because of this, she felt "dismissed." Hillary also relayed stories pertaining to an imbalance of power between her and her therapist, but while highlighting *positive* relational experiences with some therapists. She indicated that "I didn't feel like I was in a position of inferiority," and she reiterated that she felt "honoured for having a human experience."

Mary provided another example of therapist dominance. She described a therapy session in which the therapist told Mary something about herself that was outside of Mary's understanding and knowledge of herself. Mary divulged that this therapist informed her that "something" had happened to her in the past, without Mary's recollection, and Mary described the experience as dictatorial and presumptuous:

> In one of my experiences, and this was back in the 2011, the therapist made a suggestion of something happening to me that didn't happen or that didn't happen to my knowledge. So I found that to be really negative and actually very traumatizing (…) It was really uncomfortable and overwhelming to have that suggestion made that something happened without my knowledge. I mean, it's just really unsettling…

Moreover, Mary told me that she did not feel she could bring up her disagreement to the therapist, drawing attention to an imbalance of power between Mary and her therapist, made clearer by Mary's choice of the word "traumatizing" to describe this experience. Mary described feeling voiceless and powerless in this situation. Recall that, in our interview, Mary was quiet and very economic with her words, seemed nervous, and indicated that she felt somewhat uncomfortable in ways similar to how she experienced interactions in therapy.

Anouk shared another example of therapist dominance. She described a situation with her therapist in which she was powerless to decide which topics to discuss in her therapy session:

> I remember at one point saying, "I've had these things that are really resting with me, and I feel like I need to address them or I'm never going to be able to move on" kind of thing. And she didn't want to hear it. She's like, "I think that's fine. We don't need to talk about that." (…) I felt like I was too messed up for her or something.

Anouk described the above instance as harmful to her, noting that she felt "punched in the gut" and "deflated."

Lastly, Hillary indicated that at times, she had to "teach" the therapist about her Indigenous worldview, and this took up nearly all the time during session:

> He [the therapist] didn't have the traditional teaching framework to work with. So once again, I'm teaching him (…) [the therapist] didn't understand the nuance of living and working in an Indigenous context (…) So there was another disappointment on top of my disappointment… (…) my issues were not being heard because they didn't know what the background was… (…) Really very little space for me to get to the point that I had to make because they didn't have the foundation.

Once again, this part of Hillary's story appears to emphasize that the therapist took up space and dominated the therapy session, which precluded Hillary, the client, from addressing *her* concerns the way she would have preferred.

In opposition to these dominating experiences voiced by all participants, Hillary pointed out later that she had a positive experience with one of her therapists with whom she had a genuine connection: "I felt like I was on equal grounding with her." This described feeling of equality between her and her therapist led to more positive therapy outcomes, because Hillary indicated that she felt a relational connection with this particular therapist and felt "invited in for tea."

Systemic Bureaucracy in Psychotherapy

Another subtheme within the theme of power dynamics is the bureaucracy that participants experienced that seemed to them as inherent to psychotherapy. Protocols, rules, and transactional practices upheld by some of the participants' therapists seemed to shine a light on the power the therapy system had when Hillary and Anouk attempted to access therapy. Both Hillary and Anouk spoke to some of the systemic effects they absorbed related to who could access services, when, and for how long.

For example, Hillary told me that on several occasions, she had to partake in a phone assessment/consultation before seeing an actual therapist. She described feeling as though she was being triaged, such that her issues and degree of suffering were evaluated briefly over the phone. She explained:

> I know that for the intake, they'd say, "How urgent or, are you suicidal?" in order to determine if this was an emergency. And I would say "No, but I'm not well, I'm thinking about, oh, it'd be a lot nicer if I just went to sleep and never woke up. Is that suicidal?" But I don't have a blade sharpened and the bathtub running, so I don't even know how they even…with their intake, how they could assess how dangerous one could be to themselves.

As Hillary had told me that she typically waits to access therapy until she feels as though she needs "urgent" care, she described, using a tone of dismay, that the triaging protocols seemed unfair and incapable of truly knowing the extent of her mental health struggles. Furthermore, Hillary pointed out that long waiting periods to access therapy were harsh: "…when I do reach

for therapy, it's kind of urgent. Like, I'm feeling like, oh, my god, I need help now. So when they go, 'Well, we'll be available in two to three months,' right? That's brutal too."

On the other hand, Hillary pointed out that when she was informed that she would have access to services, she described feeling relieved just knowing that help was on the way:

> When the appointment was made, within sort of 24 hours of that initial call, it was very consoling to know, oh, good. Even though I had to wait five, six, seven days, it was enough to just say, oh, good, somebody's going to hear me.

Anouk also offered examples of the way in which bureaucratic protocols produce delay or completely prevent access to help when it is really needed. She explained that:

> I remember trying to get counselling when I was going to [university] because I had a hard time as a student…. (…) I really struggled with that… (…) …and it was "Sure, we're going to take your name. We're going to send it. You got to wait for a call. Someone will call you." And then they call you and they're like, "Okay, we'll call you back with an appointment." You're like, "Is this what you're supposed to do?" And I never saw anyone at [that university].

Anouk also explained that during one of the worst periods in her life, she could not get access to services:

> That waiting time and feeling like, kind of in limbo. It was super hard because I felt so... at that time, I think I felt more mentally unwell than I have my entire life. I felt unwell. I felt mentally ill. And it was like, I was having really bad dissociative episodes. What pushed me, was those episodes to try and get counselling again.

Anouk also revealed that strict cancellation or late policies negatively impacted her therapy experiences and thwarted therapeutic connection:

> …so there are times where I had to miss because of the kids. They were the priority and it was the next appointment I ended up missing. (…) When I got rescheduled and back in for the next session, it was a reminder, like, "You've got your first strike" and it's like, "Oh, crap," and she seems irritated. (…) And I kept trying to reclaim a little good will or something and it just felt like there was none… (…) There was no flexibility. I had to

> cancel appointments. And she had a very hard [cancellation policy] like, "If you cancel twice, we're done." (…) That was a huge deterrent. Yeah. So I think when I think about my most successful [time] accessing that kind of care, it was someone who had a bit more flexibility and patience, I think.

On the other hand, when therapists were more flexible and did not uphold strict policies, Anouk's overall experience and therapy outcomes were enhanced. This was also apparent when Anouk pointed out that being able to bring her infant son to therapy and have him cared for during sessions was another factor that enhanced her ability to access and invest her time and energy in therapy.

Regarding bureaucracy by agencies and therapists, Mary's experience was different than Anouk's and Hillary's. She indicated that she did not experience long delays or waitlists while accessing therapy services. While Hillary and Anouk described experiencing some degree of harm due to accessibility issues and bureaucratic policies, they both pointed out that lack of access drove them to rely on other resources, some internal and some external. Hillary indicated that during times of struggle and not having access to resources, she relied on friends, made efforts to connect to the land, and "prayed to her ancestors." She told me that she relied more heavily on her Indigenous teachings to guide her through dark times. In a similar vein, Anouk pointed out that not having access to services led her to "crisis lines," "yoga," "practicing mindfulness," and being out in nature.

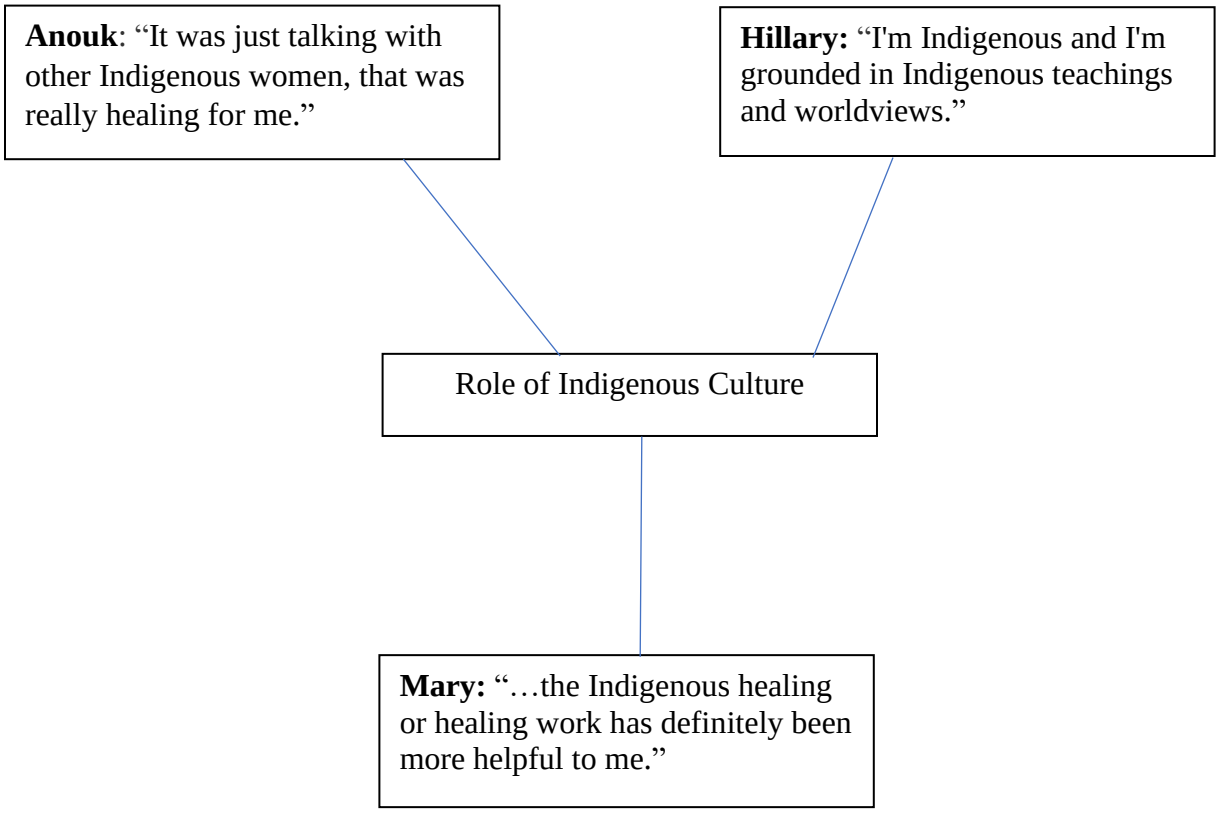
Role of Indigenous Culture

Anouk, Hillary, and Mary all offered their perceptions and opinions about how Indigenous culture has played a role in their lives and their healing journeys.

Role of Indigenous Culture

Figure 4

Role of Indigenous Culture



Severance from and Reconnection to Indigenous Culture and Knowledge

All participants commented and offered personal insight as well as social commentary on their perceptions relating to effects of colonization, such as the severance of Indigenous knowledge and connection. Anouk spoke the most about her disconnection from Indigenous ways, expressing that she did not initially realize the extent of her displacement from Indigenous culture. The following quote speaks to this realization and conveys a sense of isolation that Anouk experienced when she felt like she was—due to being separated from culture—an anomaly: "It really started to get into my head, like, I'm not the *only* person displaced. (…) And it's a common story, and it's just as common as not being displaced." Anouk spoke at length about her lived experience of being separated from her culture, noting that her father was of Polish and European descent, and her mother Algonquin. She acknowledged that she did not

grow up with Indigenous knowledge, underlining that her mother did not impart culture or knowledge onto her and her sister, except in small ways:

> …we didn't access culture, and my mom very randomly would get little things back. Like, I remember being a kid, and she would put up, like, medicine, the four direction colors up in the house kind of thing with medicine at the doorways and stuff. So I wasn't raised with it at all, maybe like a fraction.

Anouk also disclosed that she was referred to as a "White Native," due to her lighter skin tone. She revealed that because of the way she looked, and because she was severed from culture, that "growing up, I didn't feel like I was able to say that I was Native." On the other hand, she highlighted that her sister, who had the same parents as Anouk, was "visibly Native" and "treated differently.." Anouk expressed that this was challenging for her and being assumed as White only reinforced her estrangement from Indigenous ways.

Later as a young adult, Anouk's estrangement from Indigenous culture endured, and she faced what she described as "lateral violence" at shelters during an unhoused period, because other Indigenous peoples assumed she was "not Indigenous": "…people never believed I was Native. And then I remember when I was staying at the shelter, first I was getting harassed because I wasn't Native. They stole my clothes, all kinds of stuff."

Mary also told me, albeit to a lesser extent, about her dissection from Indigenous culture, indicating that "my knowledge is limited based on my upbringing." She echoed Anouk's sentiments of feeling estranged, unaccustomed, and disconnected from her culture, expressing that the dominant Western narrative overshadowed her Indigenous experiences: "I think it's because I'm so used to being in Western society in these structured boxes, that anything that is different from that seems a bit loose or wayward." She also declared that her severance from culture and knowledge has created internal angst: "…it could just be because I'm of colonization. Right. And the way I was raised is that I'm not fully immersed in traditional ways of knowing, and there's that conflict there."

As for Hillary, who expressed being well-versed in Indigenous teachings and culture, did not relay information about being severed from Indigenous culture; however, she offered personal insight and opinions about effects of colonization within Indigenous communities: "And my fear is the knowledge with the up and coming generations is being lost again or being buried or forgotten or dismissed." Moreover, Hillary also expressed concern about ongoing harms perpetuated by colonization: "So it scares me that there's a lot of conflict and there's a lot of hurt and there's a lot of trauma. There's a lot of danger, and Indigenous peoples are nowhere near being healed, and that's systemic and intergenerational." She stated that the trauma she

speaks of is "because there's been such a severance of that knowledge due to the history of Canada."

Despite participants' experiences and perspectives on cultural severance and its effects, all participants offered experiences of how either reconnecting *to* and/or participating *in* Indigenous ceremony has positively impacted them. Mary indicated that "I self practice with little personal ceremonies for my own ways of healing. (…) It's just a little time. It takes a small amount of time, and I can just kind of focus on that energy for a few moments every day." Similarly, Anouk spoke a lot about her reconnection process, first expressing that she had to "learn" Indigenous customs and protocols, and she found camaraderie while learning among other displaced Indigenous Peoples: "That's what brought us together, was knowing that we were both Native, but we didn't even know what being Native was…and with the doula training, the one facilitator brought in her Auntie, and we got to learn all this stuff…." She reinforced the healing aspects of learning *alongside* others who were also learning: "But it was a real healing kind of time, and having just as many Indigenous women around that weren't connected to culture, it just felt like such a safe space." She also expressed that she experienced healing by virtue of reconnecting to Indigenous culture and community: "I can really say that when you put a bunch of Native women in a room, and with the laughter, those moments coming together, sharing together is very healing. Very healing." Furthermore, Anouk highlighted the healing outcomes of feeling she had a place within Indigenous community: 'I felt like I had a traditional role for the first time. So those are still probably like the two things that stand out the most for me, is I do have something to offer. And those really felt close to very intensive immersive counselling, healing experiences."

Hillary underscored that connecting to and implementing Indigenous knowledge has kept an important space in her life: "The sacred hoop teaching or the sacred circle teaching? They are deep and they are profound. (…) I've really gone into the deep reflective analysis of those teachings in order to figure out how do I conduct myself on a daily basis." She also said that connecting to other Indigenous Peoples who are "like mind and spirit" has been helpful to her because they understand one another: "They have the knowledge that I like to think I have, so we can relate one on one, and I don't have to do the foundational explanation. They know my references, and then we just talk back and forth." Hillary also spoke about the importance to her of "smudging and praying to [her] ancestors."

Elders and Knowledge Keepers

While participants did not go into great detail, all offered insight into their personal experiences with either Knowledge Keepers or Elders. Mary indicated that she learned from a

knowledge Keeper, which helped her implement Indigenous ceremony into her life: “I have had some time with an Indigenous Knowledge Keeper and Healer who helped me focus on those ceremonies and those personal things I can do every day.” Furthermore, she described these teachings as valuable: “I do find that they're helpful, yeah.” She also expressed that this transfer of knowledge has inspired her to deepen her knowledge about Indigenous ways: “…it's something that I would want to delve deeper into.”

Similarly, Anouk relayed the important role Elders played in her reconnection process, which led to healing. She also relayed how meaningful it was for her to have the Elders also pass on knowledge to her daughter:

> …it became really normal for me to bring my little girl… (…) she learned about caring for the [Elder’s] lodge with me. She learned about the medicines and all the protocols, and I think the two of us doing that and also being under the wing of so many Elders…[saying] “Come with me. Come with me.” (…) They [the Elders] just kept me and my daughter so close… (…) It felt like people were holding us and caring and we'd see them every day. They would be in ceremony, thank me for bringing my daughter and thank my daughter for coming and talking about how important it was that she was there again.

Hillary, on the other hand, described a different experience with Elders throughout her life, noting that overall, those experiences have been “horrible,” because in her opinion, she has not “found a good Elder.” She continued to explain that while she encountered certain people who proclaimed to be “Elders,” she did not believe they were Elders: “…many of them have the name tag of the Elder working and making a living as an Elder,” but she insinuated that she believed it to be a façade, noting that these “Elders” were working under a “Christian construct” but with “beads and feathers around [it].” Later in the interview, she explained why she believes them to be pretenders, also highlighting unfriendliness that she perceived: “look at 150 years of residential schools and 500 years of colonization, and people have been psychologically assimilated. Even though they're reclaiming and they're going through the motions of ceremonial practice, I still found there was a lot of hostility and a lot of hierarchy, and that's not my understanding of an Elder.”

Dichotomous and Blended Views of Indigenous and Western Ways

Anouk spoke about both Western therapy and Indigenous ways of healing; however, she spoke of them separately. Conversely, both Hillary and Mary spoke about Indigenous and Western views within therapy in a dichotomous manner but also offered opinions and personal insight into how the two may be blended.

Hillary seemed familiar with integrating the two ways, specifically saying: "I think they call it Two-Eyed Seeing." In her opinion, integration would be optimum: "That's the ideal. (…) To have the thorough conventional background because we're complex human beings (…) combined with those traditional teachings, to be able to blend them would be the ideal solution for me." She reiterated that she would be "curious" about a therapist who is trained in Western ways who also "applies traditional teaching combined with or a two-way of seeing, I'd go 'Wow, I'm curious about that." She further explained to me that she has not found much benefit in the separation of Western and Indigenous ways: "I haven't found enough satisfaction in either. (…) I haven't found one that works."

Similarly, Mary indicated that integrating Indigenous and Western ways of healing would also be ideal for her:

> It's something I would be interested in. Combined together, I could see it as being helpful for me personally, and this is just me with the Indigenous Healer. Although beneficial, I did find it a bit unstructured, so I could see having maybe the more structured Western way amalgamated.

When comparing an Indigenous therapist versus a non-Indigenous therapist, both Hillary and Mary indicated that it was of little importance to them, but for different reasons. Hillary told me that one Indigenous therapist she had was not educated in Indigenous knowledge, and akin to some of her experiences with non-Indigenous therapists, she found that she had to "teach" the Indigenous therapist about Indigenous ways: "…he [the Indigenous therapist] didn't have the grounding. He didn't have the traditional teaching framework to work with. So once again, I'm teaching him." She continued to reinforce this point by saying: "So the Indigenous counsellor, he didn't have the background, right? He just happened to be an Indigenous person, but he was instructed in the Eurocentric, or Western Eurocentric ways of knowing (…) Just because someone is Indigenous doesn't mean it's, it's reflective of Indigenous ways of knowing and being." She reiterated again that an Indigenous therapist is not necessarily what she is seeking: "I

would probably think, ‘Oh, well, it's an Indigenous counsellor, but they're conventionally trained,’ right. So, it really makes no difference.”

Mary also stated that whether or not the therapist was Indigenous had little relevance in her overall experiences of therapy, but this was in relation to establishing the therapeutic bond: “No, I don't outwardly think it was a barrier or not one that I'm conscious of at least. So, yeah, I guess I would have to say no.”

Hillary continued to relay her perception that being an Indigenous mental health service or person did not necessarily equate to receiving a healing experience that reflected authentic Indigenous healing ways: “But there's a lot of talk, and there might be a lot of visuals. You might go into a friendship center and see the medicine wheel or a dreamcatcher. But do people actually study that medicine wheel?” She also indicated that, relative to Western conventional services, there is a dearth of Indigenous mental health service providers: “I couldn't find it anywhere (…) There's a lack, and there's a need because conventional models don't always work.” Furthermore, she also told me that she has attempted to access Indigenous service providers but did not have a good experience: “It was a local Aboriginal service provider. I'll say that there are very few of them around here, but I'm not going to specify (…) and I never heard from them again ….” She indicated that she was upset by this: “And that, to me, was hurtful, of course. Really hurtful.” She also informed me that she did not want to think poorly of this particular Indigenous service provider and that she was “trying to make excuses for them.” Inevitably, however, she indicated that this experience “broke trust,” and she felt “dismissed” and “disappointed.” She continued, saying that “I just haven't seen the health and the healing in and across our Indigenous communities to be able to trust that. How sad that is.” She also told me that because of the lack of Indigenous services, as well as her lack of trust in them, that these factors pushed her to seek Western, mental health services: “I have to reach out to what's more readily available. (…) well, I can't trust that organization because I have to turn to the mainstream. Because they don't even return your call when you're asking for counselling (…) No follow up.”

Mary did not tell me that she experienced a lack of trust in Indigenous service providers, although she did find that her experience working with an Indigenous healer, while overall helpful, was too “unstructured” for her. However, when it came to practicing Indigenous ceremonies as a mode for healing, instead of participating in Western mental healthcare, Indigenous ceremonies have been more valuable overall relative to the mainstream system. Mary

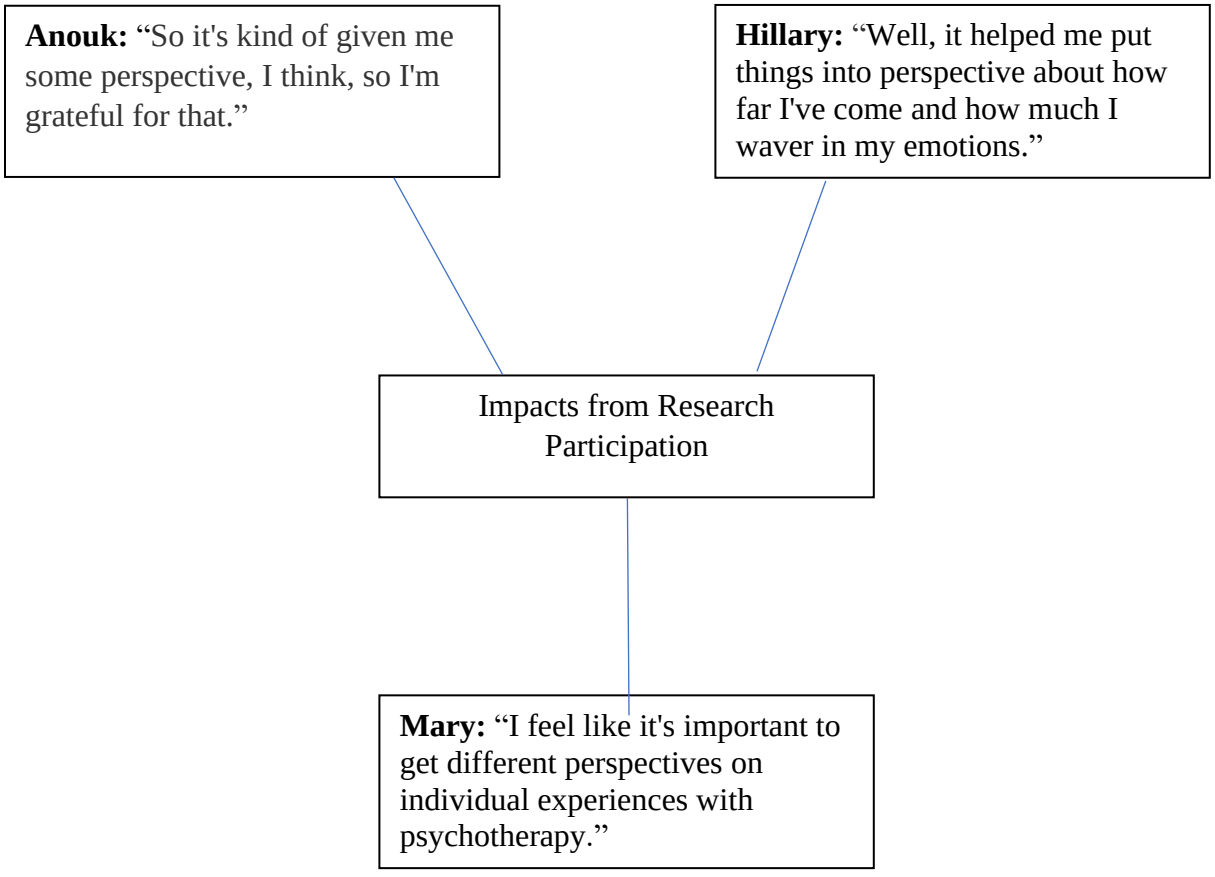
indicated that: "I would think with the Indigenous healing or healing work has definitely been more helpful to me." Similarly, Hillary indicated that after undergoing negative and unhelpful therapy experiences within the mainstream system, she turned to Indigenous teachings that she would practice on her own: "And then I'd always go back to the teaching, and then I'd come up with it, come up with stuff just through my teaching. Okay. Now I can apply this teaching, and I'll be okay."

Impacts from Research Participation

All participants offered insight into what it was like for them to participate in this study.

Figure 5

Impacts from Research Participation



Helpful Aspects of Participating in the Research

All research participants communicated that participating in the current research was a positive experience. At the end of our interview, Mary drew attention to the fact that she felt somewhat anxious during our interview: “I apologize if my thoughts were scattered (…) it's a little overwhelming even.” However, in spite of her reported discomfort, she expressed that she found the interview worthwhile: “[the interview was] a little uncomfortable, but, I mean, good to put out my experience, I guess. Yeah. I feel like it's important to get different perspectives on individual experiences with psychotherapy.” She also said that: “As an Indigenous person, there's a lot to process within that realm.”

Hillary also told me that speaking about her therapy experiences was helpful, making her realizing things about herself and the journey she has been on:

> Well, it [the interview] helped me put things into perspective about how far I've come and how much I waver in my emotions. I'm not bipolar or anything, but I have had some tough times, like we all do, and they can shift so quickly. And thank god that I know well enough not to sink so low and stay there. I know how to recognize when I'm sinking, and I know well, once again, being in the moment is the best healer, it is the best way to heal.

Anouk expressed a lot of appreciation about having the opportunity to participate in this research. She told me that she had not reflected on her healing journey until our interview: “I think it's been great revisiting, like, it's such a specific angle to visit, kind of thing. So it's been really neat to just think of the overall experience I've had with psychotherapy and what that means in an Indigenous healing kind of way.” She also told me that our interview helped her realize how her own mental health journey has influenced her line of work: “I can really see how my own experiences have impacted my decisions to get into mental health work. But it's also really interesting to think of how my mental health has fluctuated over the years.” She expressed gratitude for the realizations that came to her after having the opportunity to reflect on her experiences:

> I'm just feeling like it's a bit of a gift that I have to even just take time and think about it like this (…) So it's kind of given me some perspective, I think, so I'm grateful for that (…) I'm grateful for this opportunity because I feel like it's part of the balancing work (…) I wouldn't have pulled that out normally, I don't think.

She also expressed that it was an enjoyable experience to come to realize the meaningful impact her Elders have had on her: “And it's kind of nice to kind of even revisit that time at the Elders Lodge and realize how much I actually got out of it because I hadn't reflected on it much.” Additionally, she told me that reflecting on the process of finding her Indigenous identity, as well as reflecting on her journey of reconnecting to Indigenous culture, has made her realize that the reconnection and identity journey have been healing: “…but I'm just saying it out loud. Maybe it’s like realization for myself. That culture has been part of my healing.” At the end of our interview, she again expressed gratitude, saying: “Great call. I'm very happy.”

Chapter 6 – Discussion

The purpose of this study was to contribute to current research and discourse on perspectives and experiences of Western mental healthcare, in the form of psychotherapy, among Indigenous Peoples in Turtle Island (aka Canada). To gain further understanding into this phenomenon, this qualitative study was framed around the research question: "What are Indigenous clients' narratives of mainstream Western psychotherapy?" The method used was narrative inquiry, which included hearing stories from Indigenous clients that put focus on their lived experiences and perspectives of Western psychotherapy. Participants also offered views pertaining to Indigenous forms of healing, which in some instances included perspectives on Two-Eyed Seeing. From participant stories, the following themes were established: perceptions about therapy, significance of the therapeutic connection, role of power dynamics, role of Indigenous culture, and impacts from research participation.

My intentions for this chapter were to consider and highlight parts of participant stories that pertain and draw particular attention to the intersections of being an Indigenous person who engages with the Western psychotherapy system. In accordance with social justice aims and attempting to widen the space for Indigenous voices and stories, I will not focus on results that are already well-studied in the psychotherapy and counselling literature that did not account for culture, such as the general importance of the therapeutic relationship (e.g., Horvath & Luborsky, 1993; Marmarosh et al., 2009). That is, the therapeutic relationship shall be contemplated through a lens that intentionally considers historical and social context via an *Indigenous* lens. Further, I shall focus on nuanced details linked to Indigenous participants' lived experiences of engaging with the Western conventional system of psychotherapy. Paying particular attention to these intersections serves to contribute to an anti-oppressive and decolonizing approach that showcases deficiencies within the system, as a means to offer insight into what that experience is like for some Indigenous Peoples. Focusing the discussion in this way serves to gain awareness into potential ways the practice of psychotherapy could minimize harm and increase true healing.

As I became closer to the data, it became clear that participant experiences, whether veiled solely as negative or as positive, were, in actuality, a reflection of the power dynamics manifested in the therapy relationship (Boyd, 1996). As such, the power dynamics revealed within participant narratives—and the perception that there were better therapy processes and outcomes when unhelpful power dynamics did not dominate the therapy relationship—was a

meaningful finding. This general finding reflects how power, with varying degrees of helpfulness, permeates the psychotherapy process (APA, 2017; Avdi & Georgaca, 2007). Further attesting to this is the College of Registered Psychotherapists of Ontario's (CRPO) competency criterion that psychotherapists be aware of power dynamics within the therapy relationship when employing Safe and Effective Use of Self (https://www.crpo.ca/definitions/).

According to Prilleltensky (2008, p. 117), power holds a formidable place within the therapeutic relationship and is capable of "shaping wellness, oppression, and liberation." As such, it seems imperative to be aware of and reflect on the role of power in the therapeutic relationship (Prilleltensky, 2008) and to contemplate its associations between power and privilege (and the lack of it) that subsists in wider society, which affects marginalized populations, such as Indigenous peoples, at higher proportions (Audet & Paré, 2018; Liu, 2017).

Because power dynamics and their implications and aftereffects were what stood out to me in participant stories, the remainder of this chapter is split into sections that point to various aspects of power found in participant stories.

Power within Therapy

An example of power dynamics found in participants' therapy experiences is Hillary's choice of the word "specimen" when she described how she felt during a therapy session. The term specimen seems particularly meaningful—it conjures an image of an animal in a laboratory. This image seems to lend itself to the idea that the practitioner has power and dominance *over* the "specimen" and how it is treated. This echoes the sinister history of research and psychology, in which Indigenous Peoples have been historically and consistently mistreated by the dominant race who had/continues to have *power over* Indigenous Peoples and their welfare (Blair, 2016; Xiiem et al., 2019).

A different example of power dynamics comes from Mary, who had an experience in therapy that she described as "traumatizing." This part of her story seems to suggest that the therapist assigned Mary a history based on her own assumptions and, potentially, on her stereotypes of Indigenous peoples. This could be viewed as an act of "psycholonization" and the presumption that Mary is the "sick Native[3]" with a tumultuous past. It seems as though the therapist was "mining" and "extracting" information in an attempt to "find" Mary's tumultuous past—which is an act of colonization (Padios, 2017; Patallo, 2019; Reeves & Stewart, 2015;

[3] Refer to chapter 1 for a description of this

Shepard et al., 2006; Thira, 2006). While Mary did not provide elaborate details about how the therapist "mined" and "extracted" information from her, it seems that being *assigned* a history was an attempt to extract and mine information to generate a story *from* Mary, but a story that Mary was not aware of, and an assumption that—in her words—was "traumatizing."

Furthermore, Mary expressed that she felt she could not speak up after this presumption. This silencing could have been a fight or flight response in a situation in which she felt voiceless when therapy should have been a place in which she felt safe. Her negative experience of feeling traumatized echoes qualitative research by Indigenous scholar Mehl-Madrona (2016), where Indigenous participants expressed that one reason why they did not re-engage with psychotherapy was due to prior negative experiences, as well as a lack of cultural competency from the therapist.

Power and Access to Therapy

In addition to power dynamics within therapy, Anouk's and Hillary's stories pertain to power related to *access* issues when engaging or attempting to engage with the mental health system. Hillary's examples, which include both positive and negative aspects of having *access* to therapy (or not) by systems and policies, seem to demonstrate the power and tangible control the mental health system can have over a client's wellbeing. When the system provides access, it is the system that provides the power to individuals to precipitate the beginning of their healing; but when the system does not provide access, the power is theirs to prolong a person's suffering. When Anouk described barriers when attempting to find therapy resources, her choice of words and phrases, such as "in limbo," "try(ing) to get counselling," and "more mentally unwell" magnify the extent of her suffering during a time when she was "*trying*" to get therapy but was, as she described, powerless in gaining access to it. Her prolonged suffering and inability to access mental health services seems to reflect the power that systems hold to select who gets help and who does not.

Also important are Anouk's lamentations about strict cancellation policies from certain therapists. Applying such a policy seems to highlight an example of dichotomous power dynamics in the therapy room, such that the therapist had the power to enforce strict cancellation policies and the power to not consider Anouk's personal circumstances and context. The therapist's lack of consideration for Anouk's context can be conceptualized as *power over* Anouk, rather than *power with* Anouk. Moreover, Anouk's story points out that she experienced

great difficulty first in accessing services (by being put on waitlists), but then secondly, *also* experienced the threat of inaccessibility *after* gaining access because of strict cancellation policies. Anouk's double burden seems to underscore that inaccessibility can come in various forms, some of which occur before engaging with the system, as well as during engagement. These experiences with policies highlight who and what systems have the power and who and what do not. Participant stories about barriers in accessing therapy echo research on inaccessibility issues. The stories also echo social and historical factors that impact Indigenous clients' inclination to access services as well as the ability to do so (Fraser et al., 2021). Their stories also raise the question of how clients experience "power over" related to access to services, particularly if seeking healing through relationship, connection, and validation.

On the other hand, Mary did not have issues in accessing therapy services. This provides a different lens and experience, demonstrating that some people do not struggle with access as much as the next person. More specifically, Mary indicated that she accessed therapy through her employer. While this created access for Mary, it seems to highlight that access—and thus power—is segregated, and imbalanced, such that individuals who have certain types of employment (and perhaps, who are in certain income brackets), have increased access to therapy and mental health services. As such, Mary's ease in accessing services highlights and magnifies that while some people are able to get help, some people—even when desperate—slip through the cracks.

Recall that Horrill and colleagues (2018) stated that "underuse" of mental health services should instead be viewed through a lens of inaccessibility. This is because "underuse" implies choice or implies that the reasons why services of care are "underused" by Indigenous Peoples pertain to individualistic or cultural characteristics, rather than to other factors. Thus, when we consider the "underutilization" of services of care by Indigenous Peoples, it is important to consider the bigger picture, by taking into account the broader social, historical, political, and bureaucratic contexts that inevitably influence accessibility. When reflecting on participant narratives and their stories conveying impactful power dynamics, as described, it seems apparent that the "underuse" of services appears to revolve around power, the imbalance of it, and the hierarchies that control it.

Power in Broader Society as it Relates to the Therapy Experience

That Mary's parents "obliged" her to engage with therapy and Anouk "had" to engage with the therapy system due to CAS intervention implies the choice was not in their hands—in other words they did not hold the power to decide whether to have therapy. Initially, I did not see this directly related to power in broader society. However, upon further reflection, I found myself wondering why therapy, compared to other potential ways to deal with Mary's situation or Anouk's family situation, was deemed necessary—to the extent that it was an *obligation.* While their parents' rationale for accessing therapy remain unknown, it had me wondering why therapy was considered the "right" choice in the first place? It had me reflecting on the role of dominant discourses in society (Canales, 1997; Miles et al., 2021), which promote psychotherapy services as truth and knowledge, in informing and enforcing the decision that precipitated Anouk's and Mary's involuntary engagement with the mental health system. It raises the question of whether alternatives to Western therapy were considered and, if not, why?

Another example of power in broader society may be reflected in how Mary seemed untrusting of me, relaying several times that she was anxious about the therapy process. It could to a degree point to a general distrust in Western healthcare systems, which is pervasive among Indigenous communities (Stewart et al., 2016; Vogel, 2015), and drives "underutilization" of Canadian systems of care among Indigenous Peoples. That Mary was untrusting of me solely because of general distrust in Western healthcare systems is speculative, as she also alluded to being socially anxious when meeting "new people." However, contemplating on her positionality as an Indigenous person and the history between Western healthcare systems and Indigenous peoples seems necessary to reflect on and consider as a factor, among other potential factors, which contributed to her unease during our interview.

While participants seemed to focus more on interpersonal power linked to their lived experiences, to better understand and conceptualize their stories of therapy I found myself broadening the lens with which I contemplated power seen in participant narratives. The broader lens entails Michel Foucault's[4] body of work on power-knowledge concepts (e.g., Foucault,

[4] Michel Foucault was a French philosopher, writer, and political activist, whose power-knowledge construct has heavily influenced psychology, feminism, cultural studies, and many other areas. As a gay man during a different time, he experienced discrimination, and he worked to expand inclusion and acceptance of people and ideas that were not typically accepted in society. I contemplated including philosophical thought—coming from a French man –into research that intends to contribute to decolonization. But in the spirit of Two-Eyed Seeing, and in the spirit of what resonates and connects to delegitimization of other cultures (e.g., Indigenous culture), races, and thoughts, I made the decision to include Foucault.

1980, 1986), which posits that power is invariably intertwined with knowledge, and that power is *everywhere.* That is, power and knowledge are not separate constructs. Rather, inherited knowledge—knowledge that is taught and broadly accepted as truth within society—*is* power. This perceived and constructed knowledge perpetuates, reinforces, and preserves power, which essentially fortifies the knowledge—accepted as "truth"—that is taken up and continuously spread within society. This power-knowledge nexus thus has the command to *control* society and consequently marginalize certain groups over others. What is widely believed as "true" holds the power to accomplish whatever continues to feed the dominant power-knowledge. That said, according to Foucault, power-knowledge can serve both good and bad purposes—it has the supremacy to either support and perpetuate dominant beliefs in society, as well as the authority to quash dominant beliefs and discourses. Contemplating Foucault's power-knowledge construct helped me to see that power is *everywhere* in participant narratives as well. An obvious example from this research that emphasizes power-knowledge is that Indigenous ways of knowing, doing, and thinking have and continue to be delegitimized, undervalued, and thus, less available (Stewart, 2008), as discussed in the literature review and as seen in participant narratives. This delegitimization seems to extend to and influence inaccessibility issues; it also seems to infiltrate Indigenous ways with Western ways as especially pointed out by Hillary when she refers to Western beliefs masked with "beads and feathers"), and it (delegitimization due to what is accepted as truth and knowledge, like the system of psychotherapy) also seems linked to knowledge hierarchies, further contemplated below.

As discussed in the literature review, the segregation of knowledge, such as knowledge about alternatives to Western therapy to address mental health, has been present among Indigenous and non-Indigenous peoples (Fraser et al., 2021). When knowledge about Western therapy is privileged and made more accessible than knowledge about Indigenous ways of healing, it highlights a knowledge hierarchy and reflects epistemic racism found within sociopolitical structures (Boyd, 1996; Fraser et al., 2021). Knowledge structures are segregated and divided, donning power to some people, and withholding it from others (Fraser, 2021). In the context of participant narratives, this segregation of knowledge seems to be apparent by virtue that all participants, as Indigenous Peoples, sought psychotherapy to attend to their healing in the first place, instead of other forms of healing, such as seeking (and perhaps trusting?) Indigenous systems. When participants attempted to engage in Indigenous healing ways (Hillary and Mary),

Hillary perceived that Indigenous systems were soaked, albeit covertly, in Western religion and ideology. Mary indicated that she found Indigenous forms of healing "wayward," which seems to be an example of her (admitted) enmeshment with Western approaches, due to her upbringing that favoured Western ways relative to Indigenous ways. Anouk ended up finding healing in Indigenous community and connection nonetheless, though she did not *seek* it out. To me, this seems to highlight the existence and subsistence of power- knowledge structures that are segregated and divided within the mental health system, because Indigenous systems are rarely the "go to" choice for healing or they are obscured by Western ways of knowing.

The impacts of power-knowledge structures within Western psychotherapy can also be extended to accessibility of this dominant system. Such was the case for Anouk, where even when she actively sought out Western psychotherapy, there was a lack of power to actually *access* it. This was because the industry of psychotherapy generally adheres to a dominant (Western) knowledge structure of "waitlists." Such *power* over and its ensuing negative outcomes seem to reinforce and perpetuate other hegemonic realities in broader society, such as inaccessibility of food, shelter, medicine, and other resources that are often more accessible to unmarginalized populations. Again, when considering which knowledges are privileged by and within the industry of psychotherapy, accessibility issues seem to echo the dominant belief that "West is Best." The assumption that the Western way is the only or best way to find good health and healing ultimately reinforces Western imperialism (Stewart et al., 2016), which to me, sponsors colonization and power.

It is worth repeating from the literature review that there is a dearth of Indigenous systems, services, and service providers that promote and deliver Indigenized mental health services (Dwairy & Van Sickle, 1996), despite increasing services. Combined with the power of Western imperialism reflected in cultural and knowledge hierarchies, Indigenous ways of knowing, doing, thinking, and healing continue to be delegitimized (Stewart 2008, 2016). Present day dominance of Western systems/knowledges *over* Indigenous systems/knowledges can only serve to maintain systemic racism and drive the health disparities among Indigenous Peoples relative to non-Indigenous people (Phillips-Beck et al., 2020), as done throughout Canada's colonial and assimilative history. The interweavements between power, knowledge hierarchies, colonization, and health disparities (Petteway, 2023) that participants saw reflected in psychotherapy systems seems to echo *medical colonialism* (Tirmizy, 2021). These

connections seem important to emphasize because they demonstrate the cyclical, symbiotic nature of colonization and power, and the ensuing consequences (Thira, 2006).

Colonization and Dissection from Indigenous Culture

All participants offered stories about the aftereffects in their lives from cultural castration[5] due to colonization. Research underscored in the literature review showed that assimilation tactics inherent to colonization generated the slaughter of Indigenous culture and language, attempting to obstruct community and cultural connection among a large portion of Indigenous peoples and communities (Corntassel, 2012; Duran, 2006; MacDonald & Steenbeek, 2015; York, 1999). This actuality is present and obvious in participant stories, especially among stories offered from Mary and Anouk. For example, Anouk's story emphasized that her mother, her sister, and herself were castrated from Indigenous culture, as Anouk made it clear that she did not "grow up with it." At one point, when referring to her mother's extrication from culture, Anouk's use of the phrase "get things back" conveys a meaningful message, as though Anouk recognized and declared that "things" were lost, or taken away, and that her mother was in the process of salvaging and "getting back" what was hijacked.

Although Mary seemed to choose her words carefully, she also conveyed that she was dissected from culture, and is in the process of reconnection. Twice, she referred to her personal reality that she was not "raised" with culture and, later in her story, she described dissonance and internal conflict relating to her cultural dissection. Her conflict came from knowing she is Indigenous but simultaneously knowing she is "of colonization," attributing her castration from culture to her felt experiences of feeling like the Indigenous healing she briefly engaged with was "wayward." Mary's unease and unfamiliarly with Indigenous ways is also reflected in literature underscoring that some Indigenous Peoples are, not surprisingly, more acquainted, and familiar with Western ways of knowing than with Indigenous ways of knowing (Duran, 2006). Mary's story points out that she not only recognizes this, but that she laments it and defines it as a "conflict." Recent literature by Duran (2019), a Native American Psychologist who works with

[5] While this word could conjure strong images and an unpleasant reaction, I chose this word intentionally. This is because other terms such as "disconnected" from culture could imply choice in being colonized and being taken away from Indigenous culture. I feel it is imperative to select words that state the truth, and I feel "castration" evokes understanding that culture and language were *taken away* and *removed* from Indigenous peoples, *involuntarily.* Other terms I intentionally use to relay the same message are "dissected," "extrication," and "hijacked." Again, these specific terms convey the message that there was *power over* Indigenous peoples, their lands, culture, and languages and that there was no choice in cultural dismemberment.

Indigenous Peoples, refers to colonization and its ensuing and ongoing legacies as "the rape of Turtle Island." While this term is poignant and severe, it paints a picture of dominance, the amputation of power, and of extreme damage. While Mary and Anouk did not speak as vehemently as the title of Duran's chapter, their stories, nonetheless, demonstrate irrefutable assault on Indigenous culture.

Hillary also spoke at length about the aftereffects (that continue) from colonization, but more as a commentary based on her own observations—she conveyed that she was well-connected to Indigenous community and well-versed in Indigenous knowledge systems. However, she pointed out her concern about the disappearance of Indigenous knowledge systems and she spoke about her perception and experience of the ongoing trauma within Indigenous communities. These demonstrations of dispossession were apparent when she stated that there is a lack of knowledge, even in Indigenous spaces and from Indigenous peoples, asserting that "Christian constructs" are dubiously covered in "beads and feathers," seeming to imply ingenuity and a feigning of Indigenous culture. She also alluded to something similar when relaying her disappointment in so-called "Elders" who she described as "psychologically assimilated."

Empowerment through (Re)connection and Reclamation of Indigenous Culture

In spite of participant stories about their dissection from culture, each participant conveyed either the significance of reconnecting to Indigenous ways and/or of the benefits of incorporating Indigenous ways into their lives. The healing benefits of reconnection and reclamation are also seen in the literature. Indigenous Author and Psychologist Stewart (2009) highlighted that disrupting trauma and regenerating Indigenous identity can be realized via reconnecting to and reclaiming Indigenous ways of knowing, doing, and thinking.

Examples of this powerful reconnection and reclamation process are seen in all participant narratives. Anouk's story distinctly highlights the powerful curative advantages from connecting with her Indigenous culture. Her narrative began with the description of her personal castration from Indigenous ways. She then proceeded to delve into the many challenges and suffering she has endured, and then she began recounting her process of reconnection to and reclamation of Indigenous ways, which she described as "healing." Furthermore, as Anouk began to recount her reconnection story, she immediately began disclosing about her journey related to Indigenous identity. As Stewart (2008) pointed out, "Having a clear Native identity is part of attaining and maintaining mental health; the act of finding or strengthening Native

identity is what healing is about" (p. 52). Anouk's story highlights that by finding her Indigenous identity and by learning about and integrating Indigenous cultural ways into her life, she found healing. That is, her story shows that by virtue of reclaiming and reconnecting to her Indigenous identity and community, that was healing *in and of itself.* For her, healing did not "require" blending Indigenous healing ways with Western psychotherapy, nor did it necessitate an *intentional* therapeutic goal. In fact, she spoke of her psychotherapy experiences and her reconnection and Indigenous identity journey *separately.* Anouk's journey echoes rubric from Indigenous Cultural Responsiveness Theory (ICRT, Sasakamoose et al., 2017) that states "Culture as intervention." In other words, culture *is* the intervention.

Dichotomy between Indigenous and Western Healing and the Potential of Two-Eyed Seeing

As seen in the literature (e.g., Stewart, 2009; Stewart et al., 2016), participant stories demonstrate that there can exist a division between (Indigenous) culture and health. Notably, no participants told stories about the integration of culture and health while seeking Western conventional help for their mental health struggles. This reality seems to underscore a division of culture and health, further reflecting a dichotomy between Western psychotherapy and Indigenous ways of healing. As discussed in the literature review, this dichotomy represents a division wherein there is little—if any—connection between healthcare and culture, within Western understandings of care (Fraser et al., 2021).

An example of this is how Hillary and Mary highlighted that they value a relational approach in therapy, but that a Western way of being, at least from their perspective, is often merely clinical and detached from humanity and human connection. This seems in contrast to the importance of relational connection often valued within Indigenous culture (e.g., Bell, 2013), and could further highlight significant differences—a dichotomy—between Western mental healthcare and Indigenous ways of healing. Not surprisingly, both Hillary and Mary indicated that they would consider a Two-Eyed Seeing approach as an ideal therapeutic experience. Recall that Two-Eyed Seeing (*Etuaptumumk* in Mi'kmaw; Sasakamoose et al., 2017) is an Indigenous concept (Mi'Kmaw origins), which is regarded as a gift of honing multiple and simultaneous perspectives from "two eyes" (one holding Indigenous knowledge and the other eye holding Western knowledge). Two-Eyed Seeing encourages using whichever "eye" is more fitting while also promoting the synchronous use of *both* Indigenous and Western "eyes."

Consider the ongoing legacies of colonization that have disrupted Indigenous knowledge systems and the availability of Indigenous-specific healing centres and consider that some Indigenous peoples are more acquainted and familiar with Western healing ways (Stewart et al., 2016) (as seen in Mary's story). When reflecting on these factors, it makes sense that participants expressed preference for an integrated approach that blends Indigenous culture and customs of importance to them with Western approaches familiar to them. While Anouk did not specifically address Two-Eyed Seeing, her story conveys that she has found value and healing in having access to both Western systems of care and Indigenous spaces.

The Power of Relationship in Research

Academia and research specifically have mistreated Indigenous Peoples unfairly and unethically (Blair, 2016). Indeed, there is a dim history between researchers and marginalized peoples: "The concept of research elaborates histories of encounters between Indigenous Peoples and researchers embedded in the story of imperialism and colonialism. Until recently, Indigenous Peoples have always been 'the research.' We have been measured, judged, and treated as the 'object', the 'subject' of research – the 'other'" (Blair, 2016; Smith, 1999 p. 1). This is why the mantra "nothing about us without us" is now part of many research ethics boards (e.g., Tri-council Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada; https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter9-chapitre9.html) that consider research with Indigenous participants (Marsden et al., 2020).

Appropriately, I was nervous and hesitant to embark on this journey; I was anxious about delving into Indigenous-specific research, because I am part of the systems—healthcare and academia—that have hurt and mistreated Indigenous Peoples. That said, as someone who is now providing psychotherapy, I have observed a disappointing dearth of research from Indigenous *clients*' points of view. I felt and continue to feel a sense of responsibility to know more about Indigenous peoples' interactions with the Western conventional psychotherapy system.

It was important to me to focus on Indigenous *clients*' points of views, and not those of the practitioner, whether Indigenous or not. This is because, as previously described, there are not only inherent power dynamics between practitioner and client, but there is also the power of the imperial Western healthcare system, reinforced by the power and privilege held by the practitioner. How these intersecting systems of power collide with marginalized populations, such as Indigenous peoples, is imperative to contemplate.

I was hopeful that this research would have a positive impact on research participants, or at the very least, not inflict distress. While a narrative methodology is not specifically categorized as an Indigenous methodology in research, it nonetheless has been shown to be an appropriate method to conduct research with Indigenous Peoples, because storytelling is a long-held custom in Indigenous culture (Brass, 2009; Lavalle & Poole, 2009; Mehl-Madrona, 2016; Reeves & Stewart, 2015; Tuhiwait Smith, 1999). Xiiem and colleagues (2019) stated that:

> Storywork, in our respective Indigenous traditions, was originally never positioned in this binary [of hunted and hunter]. Rather, like all peoples, our stories were part of articulating our world, understanding our knowledge systems, naming our experiences, guiding our relationships, and most importantly, identifying ourselves. (p. 5)

Keeping this in mind, it was important for me to ask participants what participating in the current research was like for them. All participants reported benefits of research participation. Even Mary, who was more reserved than the others, expressed her desire to put forth her story and name her experience. Hillary and Anouk also expressed finding value in research participation. Anouk ardently conveyed her appreciation about participating, and she highlighted that by talking about her therapy experiences, she realized—during our interview—that finding her Indigenous identity and connecting to her community were not only powerful events but also healing and curative experiences. It seems like participants, especially Anouk, experienced a parallel process (Mothersole, 1999) by virtue of being interviewed; it seems like the interview afforded Anouk to connect more deeply to the healing aspects of her journey. When I reflect on the four 4 R's from the four ethical principles of conducting research with Indigenous Peoples, which encompasses Respect, Relevance, Reciprocity and Responsibility (McCubbin & Moniz, 2015), with the addition of a fifth "R" signifying the importance of Relationship from an Anishinaabe perspective (Bell, 2013), it seems like Anouk's generous verbal expressions of gratitude and appreciation affirm the decolonizing approach I endeavoured to carry.

(de)Limitations

The objectives of the current study were to conduct in-depth, narrative-based interviews with Indigenous clients who have had experience with Western conventional psychotherapy. By design, my methodology included writing each transcribed interview into a narrative that reflected participants' lived experiences as closely as possible, and then analyzing the narratives thematically and interpreting the results. The constructivist nature of this process should be

acknowledged such that a different researcher would have generated a different understanding of participant experiences. To this end, readers were offered my pre-understandings in Appendix A to help them follow and assess my interpretations. Despite this chosen methodology being a delimitation by design, the reader could perceive my interpretation as a possible limitation of the research, given the possibility of other ways to interpret participant stories.

All three participants were women, therefore there is no representation from other gender identities which could have brought to light different perceptions and experiences of Western therapy. Moreover, two of the three participants were from a helping/health professional background, which may have reflected certain openness to not only therapy but the idea of addressing and investing in mental health generally. Furthermore, all participants were recruited from urban areas near the Ottawa region. Therefore, it can be wondered how the results may have looked differently with participants who did not have a background in helping professions and who were from non-urban areas.

Lastly, it should be noted that the experiences reflected in this study represent those of a few individuals who do not speak for all Indigenous peoples across Turtle Island. Different Indigenous peoples will have different perspectives of and experiences with Western psychotherapy given, for example, their own histories, identity, and connection with culture. Acknowledging such is intended to mitigate temptations towards a homogenized rendition of Indigenous clients' therapy experiences.

Potential Contributions

Participants offered important stories about their therapy journey that helped illuminate some ways in which Indigenous clients can perceive and experience Western psychotherapy. Although distinct negative experiences were highlighted by all participants, the fact that participants still consider the potential benefits of therapy in their futures underscores that the psychotherapy field has an opportunity to take perspective, mend mistakes, and do better. The current study could contribute to extant research on providing psychotherapy and counselling to Indigenous Peoples, offering perspectives and insights from Indigenous clients' themselves that could hopefully cultivate increased cultural safety, humility, and competence. Some potential contributions are offered below.

What this research could contribute to psychotherapists, including myself, is an important reminder to continually ponder and reflect on power dynamics within therapy, and what that

could mean for the therapeutic process, therapy outcomes, and impacts of power on the therapeutic process more generally. While participants did not continuously use the word *power*, their stories nonetheless seemed to convey that they, as clients, are perhaps *even more* aware of power dynamics in the therapy room than the practitioner, because they are the ones inevitably positioned to either suffer or benefit from power dynamics. Furthermore, even though individual practitioners may not be able to easily control or change *access* issues within the system, individual practitioners *do* have access to power in choosing to promote strict cancellation and late-fee policies without considering client context or in choosing to consider what can be done with such policies in acknowledgement of context and a client's relational needs.

Furthermore, participant stories seemed to show that *retelling* their therapy journeys—which spoke to various aspects of Indigenous culture, and their stories of suffering and healing—provided participants with some additional insight and perspectives about what their therapy journeys represented in their lives. This occurrence seems to echo the weight of *reauthoring* one's life story—rewriting their stories in such a way that embraces self-determination and autonomy from experiences that may have kept them entrenched in life narratives that were not serving them. In the context of narrative therapy (e.g., White, 1995) and reauthoring one's life, and in the context of what the current research seemed to convey, providing a therapeutic space to *reauthor* one's story may be a potential means to decolonize the therapy experience and rehumanize it as much as possible. Given that the Truth and Reconciliation Commission (TRC) (Truth and Reconciliation Commission of Canada, 2015) has concluded that decolonization efforts to address health disparities among Indigenous Peoples are exceptionally necessary, further thought and consideration could be given to how offerings from narrative therapy could contribute to a decolonizing approach in the therapy room.

Participant stories also seemed to emphasize that the power in broader society can seep into the therapy room, further widening the power differential that already exists between client and therapist (Canales, 1997; Miles et al., 2021), in potential differences between race and culture (depending on the client and practitioner), and/or in the power related to white supremacy and colonization. While any client can be in a vulnerable position relative to the practitioner, there may be added vulnerability for Indigenous Peoples who have been historically marginalized in society. This is particularly true when practitioners—whether intentional or not—mirror and reinforce coloniality in the privacy of the therapy room. As such, practitioners

should understand and reflect on their proximity to privilege, as well as reflect on a client's intersections in society, as a way to be aware of the double burden the cumulative power they hold could have on a client's therapy experience. While this may seem to cast a negative light on Western practitioners, I believe that this study shows a small glimpse into the power *within* power dynamics. By virtue of we as practitioners recognizing our inherent power and privilege, we can then—hopefully—have greater insight into the potential impacts this can have on our clients and make adjustments that increase the likelihood that power is used constructively in therapy. What stood out to me in this study is that power, if recognized and used in helpful ways, can promote relationship between practitioner and client, and this seemed to have the greatest positive benefits on participants' Western therapy experiences.

In addition, participant stories bellow—loudly and clearly—that colonization and its impacts are ongoing. By reflecting on participant narratives of the interweavements between power, privilege, and colonization, it seems to convey that practitioners are also products of colonization and thus knowledge hierarchies, such that some Western practitioners have greater access to power in society *and* within therapy. The more practitioners are aware of this reality, the more power they could have to create more equity in the therapy room through decolonizing their practice.

Equally bellowing is the healing power within reconnection and reclamation of Indigenous culture. While there may be potential benefits to engaging Two-Eyed Seeing in therapy, clients engaging in Indigenous culture *alone* in their own time and on their own terms can be powerful and healing. Insights related to Two-Eyed Seeing based on Indigenous clients' perspective are also important. This study leaves me thinking how which aspects of Indigenous ways and Western ways should be integrated, and how to integrate them in an ethical and culturally responsible way. What is integrated, how, and when would seem unique to each Indigenous client depending on their relationship with Western therapy and their Indigenous culture, as well as the practitioner's uniqueness.

A final contribution may be for the psychotherapy profession to identify and critically evaluate the impacts of power-knowledge structures that maintain colonial dynamics in the therapy room. Considering the paucity if Indigenous therapists and reflecting on Indigenous clients' experiences in this endeavour seems imperative, especially experiences of government-run and funded programs like the Non-Insured Health Benefits (NIHB) for First Nations and

Inuit peoples. Such programs, while seemingly helpful, do not stipulate practitioner guidelines other than being an "eligible practitioner." In other words, there are no cultural safety nets put in place to ensure cultural safety and decolonizing approaches within an Indigenous context. Potentially, this type of program could echo "psycholonization" (Thira, 2006), benevolent colonization (McCarthy, 1995), and the desire to "heal" (Dupuis-Rossi & Reynolds, 2018). This *could* be risky business, such that there is a desire to help the "sick Native," by using allocated government funds to "help" the "damaged" Indigenous community—funds that ultimately end up (mainly) in the pockets of non-Indigenous caregivers, who ultimately gain power and wealth at the potential expense—due to a lack of cultural safety—of Indigenous peoples.

Future Research

While there is research on counselling and psychotherapy with Indigenous Peoples, most of it is conceptual, or from a practitioner's point of view. While conducting a review of the available literature, it was abundantly apparent that there is a lack of research on counselling and psychotherapy from Indigenous *clients*' points of view. As such, future research could focus on gathering more stories and insights from Indigenous Peoples who have been the client. This could include incorporating perspectives of Indigenous clients who live both on and off reserve or who consider themselves connected or reconnecting Indigenous Peoples, as well as include comparing and contrasting experiences of various social, cultural, and linguistic intersections.

In addition, future research could continue to put greater emphasis on the nuances of power dynamics manifested systemically, therapeutically, and colonially. Such research could assist in building insight into how therapists, as well as policy makers, could minimize replicating colonial oppression, both in broader society and within the privacy of the therapy room. The current research seems to convey that client-participants experienced many negative experiences from the harmful aspects of power dynamics within the Western, conventional psychotherapy system. Continued research could continue to look into both positive and negative aspects of power within therapy and how they are interweaved with power, privilege, and their associations to colonial power. Continuing research in such an area could help to inform therapists on how their way of being and the knowledge structures to which they adhere, could either help or harm their therapy clients.

Final Remarks

What this research has contributed to my own learning journey is that it is imperative to be sensitive to the diversity of Indigenous Peoples and their backgrounds, and to continually reflect on the impacts of living in a colonized world, and the power dynamics born from this reality.

In an effort to remain transparent, I acknowledge that my social justice lens is such that it compels a critique of our systems and services and their potential to do harm, *even* when the supposition is that their existence mandates healing. I acknowledge that hermeneutically, this research has highlighted the shortcomings within the psychotherapy system and has shone a light on where there is work to be done. That said, I still believe that psychotherapy—when practiced with power dynamics in mind—can be one of the roads to finding healing. What seems most obvious is the damage that can torrent from a lack of cultural safety and from not understanding nor considering the impacts of colonization, its symbiotic relationship with power, and how these dynamics can be reinforced and regenerated in the therapy room. Participant stories shone a light on the reality that they all would consider Western psychotherapy in their future, as long as the therapist does not hurt them. How pitiful is the reality of a system that seems to fall short of even the bare minimum of cultural safety?

It may seem like I am centering this research from a deficit perspective. I am not. I want to be clear and proclaim that Indigenous culture is alive, vibrant, and intact, despite what has occurred on this land and to the Indigenous Peoples across Turtle Island. But because I am working in such a way that endeavours to contribute to decolonization and Indigenization, it is imperative to draw attention to what happened on these lands and to make sure it is never minimized nor forgotten.

In order for Indigenous Peoples, lands, and communities to continue healing, all of the trauma and assault must be brought to the surface, and scrupulously acknowledged. As Duran (2019) declared, “Initially, what is required is awareness of the problem. Intervention can then be developed” (p. 25). I share the following and last few phrases of this thesis with decolonizing intentions, though I recognize the risk of the sentiment coming across as benevolent colonization: While we are beginning to know about the genocide that occurred on these lands, it is my perception that we do not know nor understand enough, nor have we reflected enough on how our colonized history impacts psychotherapy with Indigenous Peoples. We can and should

know more. We can and we must do better, lest we continue to perpetuate oppression of Indigenous peoples through Western psychotherapy.

Chapter 7 – Epilogue

I wanted to write two poems to convey two sub-themes from participant stories. I wrote two "erasure poems"—a kind of poem that is generated by erasing words from an existing document, of which the non-redacted words become the poem (also known as "blackout poetry"). Erasure poems can be considered as an act of resistance, having the ability to "turn dead wood into spiky poems" (Rumens, 2021, p. 1). Moreover, erasure poems have a history of taking known texts (either political statements, songs, legislation, etc.) and redacting words that essentially flip the original text on its head in a way that can either reveal a perceived hidden message or agenda within the original text, or in a way in which the leftover words can rebelliously contradict the original message: "It's as if the demolition of a statue had become an art form that could reveal every micro-cruelty committed in the name of the person commemorated (…) [erasure poems] can be a weapon of war, language game, act of restorative justice, [a] conversation…" (Rumens, 2021, p.1).

While poetry has essentially been discounted in educational research (Cahnmann, 2003), I believe (as do others, e.g., Cahnmann, 2003; Fitzpatrick & Fitzpatrick, 2021; Prendergast et al., 2009) that poetry and other arts-based research methods provide an empirically sound and robust method of discovery: "Just as the microscope and camera have allowed different ways for us to see what would otherwise be invisible, so too poetry and prose are different mediums that give rise to ways of saying what might not otherwise be expressed" (Cahnmann, 2003, p. 31).

Such that I have used a narrative methodology in this research, my blackout poems are another way of interpreting participant narratives through the lens of an art form that seeks to call out and push against the systems and policies that have been (and continue to be) used as weapons against Indigenous Peoples, communities, culture, lands, knowledge, and languages (Stewart, 2008; Xiiem et al., 2019). The sub-theme I wanted to convey via the use of blackout poetry is Severance of and the Reconnection to Indigenous Culture and Knowledge (from the main theme of the Role of Indigenous Culture). I chose this particular sub-theme because participant stories seemed to shout—loudly and clearly—that dissection and castration from Indigenous culture has been a part of their life and healing journey. Equally loud were participants' stories that pertained to reclaiming and/or integrating parts of their Indigenous culture into their healing journeys, and how that has been healing for them. And as such, the following two erasure poems speak to this process of dissection and reclamation.

In addition, these poems represent part of my healing and identity story as well. As indicated in the personal prelude, I was initially instructed by someone in a perceived position of power to erase the story about my Grandmother and Great Grandmother. The first poem represents the erasure I felt was imposed upon me, and my family history. The second poem represents my journey of trying and learning to be proud and more open about my family history. All of the black erasure marks visible within the erasure poem speak to the extent that Indigenous Peoples have experienced erasure and *deletion*. To draft the poems, I decided to use text from the *Indian Act* (The Indian Act, 1876) which is and has been legislation to control, to document, and to have *power over* Indigenous peoples. This is my way of calling out the systems and people who have tried to and continue to try to document, control, delegitimize and erase Indigenous Peoples.

Poem 1: Colonization

From part 5 of the Indian Act[6]:

[redacted] maintain [redacted] an Indian [redacted]
record [redacted] the [redacted] Indian [redacted]
[redacted]

[redacted]Marginal no [redacted]Existing Indian [redacted]

[redacted] The [redacted]
[redacted] Indian [redacted]

[redacted]Deletions [redacted]

[redacted] delete [redacted] the Indian [redacted] name [redacted]
[redacted] not entitled [redacted]
[redacted] Indian [redacted]

Marginal [redacted]

[redacted] The Indian [redacted] was [redacted]
deleted [redacted]

Marginal [redacted]

[6] https://laws-lois.justice.gc.ca/eng/acts/i-5/page-1.html#h-331794

[redacted] required to be recorded [redacted] the Indian [redacted]

Marginal [redacted] Unknown [redacted] unstated [redacted]

[redacted] ancestor [redacted] unknown [redacted] unstated [redacted] termination [redacted]

- Marginal [redacted]

[redacted]

[redacted]

[redacted] person [redacted] omitted [redacted] deleted [redacted] Indian [redacted]

Written as a poem:

Maintain an Indian

Record the Indian

Marginal,

No existing Indian

The Indian deletions

Delete the Indian name; not entitled Indian

Marginal

The Indian was deleted

Marginal

Required to be recorded

The Indian, marginal, unknown, unstated

Ancestor, unknown, unstated

Termination

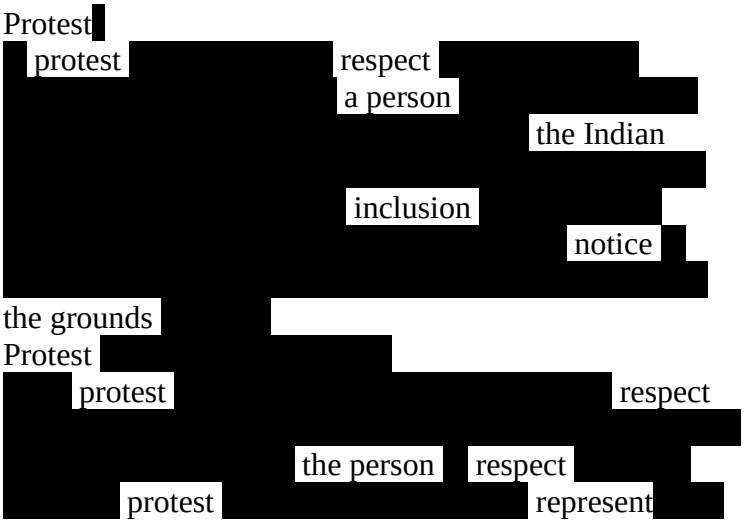
Marginal

Person omitted

Deleted Indian.

Poem 2: Reclamation and Reconnection

From Section 14.2(1) from The Indian Act[7]:



Written as a poem:

Protest

Protest

Respect a person!

The Indian inclusion

Notice the grounds!

Protest

Protest

Respect the person

Respect, protest, represent!

[7] https://laws-lois.justice.gc.ca/eng/acts/i-5/page-3.html#docCont

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Appendix A
Interview Process

Participants will be given the opportunity to select either an in-person or a virtual interview that uses a secure platform of their choosing (such as Zoom, Google Meet or Teams).

In-person variation: The participant and myself will select a mutually agreed upon location (e.g., reserved private rooms in UOttawa's library, a public park, weather permitting) in which we feel comfortable having the interview. Once the researcher and the participant arrive at the selected destination, I will attempt to make the participant feel at ease by engaging the participant in casual conversation. After this point, I will re-familiarize the participant with the nature of the study and I will ensure that they fully understand the consent form and the process of consent, asking them if they have any questions or concerns. Afterwards, I will ask the participant to sign the consent form. Then, I will announce that the recording of the interview will begin and I will commence the recording.

Virtual variation: If the participant selects to have the interview take place virtually, I will ask the participant (by email or telephone) which platform they have access to and which platform they prefer (e.g., Zoom, Microsoft Teams, Google Meet). In addition, the participant and myself will agree on a day and time for the interview to take place. Prior to meeting virtually, I will send the participant (via email) a consent form to review prior to the virtual interview. Once we are in our virtual meeting, I will ask the participant if they are in a safe and private area to have our interview. Afterwards, I will attempt to make the participant feel at ease by engaging them in casual conversation. After this point, I will re-familiarize the participant with the nature of the study and I will ensure that they fully understand the consent form and the process of consent, asking them if they have any questions or concerns. Afterwards, I will ask the participant to sign the consent form and to scan it (or take a photograph) and send it to me by email or text. Then, I will announce that the recording of the interview will begin and I will commence recording the virtual discussion.

Start of recorded interview:

Background Information

The first part of the recorded interview (either in-person or virtually) will revolve around obtaining some background information about the participant's: name, age range, current region, and where they are from. Specifically, these background questions will be:

- Could you let me know your name, age, where you currently live, and what region you are from?
- You indicated that you identify as an Indigenous person. Are you comfortable sharing your status? Do you identify with or belong to a specific community?
- If you feel comfortable, could you let me know which gender you identify with?
- What is the nature of your employment and/or area of study?
- You indicated that you previously engaged with psychotherapy. How long ago did you participate in psychotherapy? For how long did you remain in psychotherapy (either number of sessions or description of time in weeks, months, or years)? Please note that you do not need to tell me about what you talked about in therapy or about the issues that guided you toward therapy.
- To the best of your knowledge, how would you describe your psychotherapist's professional background (e.g., counselling, psychology, social work, etc.)?

Interview Guide

Script:

First, to protect your identity and privacy, I would like to invite you to choose a pseudonym for me to use when I write about your story. What pseudonym would you like to use?

During our time together, I am interested in learning more about how you see and have experienced mainstream Western psychotherapy that you have received. I am also interested in learning about whether/how Indigenous ways of healing might relate to your psychotherapy. Where comfortable, I would like to hear your stories specifically related to (a) how you saw psychotherapy before engaging in it; (b) what the experience was like for you to decide on, look for, engage in, and end psychotherapy; (c) your views on future psychotherapy; and (d) your views on Indigenous ways of healing as they might relate to your psychotherapy.

Pre-Understanding of Psychotherapy

Tell me about your ideas on psychotherapy before you began looking for a psychotherapist. [prompts if needed]:

- familiarity with the idea of psychotherapy

- learning about psychotherapy
- overall impressions/perceptions of psychotherapy before engaging it

Process of Seeking Psychotherapy

Tell me about your decision to see a psychotherapist.
[prompts if needed]:

- influences (people, urgency of care)
- thought process
- timeline
- barriers/facilitators to deciding
- barriers/facilitators to obtaining a psychotherapist
- overall impressions/what stands out most

Attending Psychotherapy

Tell me about your psychotherapy experience.
[prompts if needed]:

- first session
- impressions/experience of psychotherapist
- approach used in psychotherapy
- therapeutic relationship
- helpful aspects of the therapy
- hindering aspects of the therapy
- overall impressions/what stands out most

Closure of Therapy

Tell me about how psychotherapy came to an end.
[prompts if needed]:

- planned or unplanned ending and by whom
- reasons/context for it ending
- process of how psychotherapist handled closure to psychotherapy
- overall impressions/what stands out most

Future Psychotherapy

Tell me about psychotherapy in your future.
[prompts if needed]:

- considering it again
- same therapist or someone else
- seeking similar/different experience
- overall impressions/what stands out most

Indigenous Ways of Healing

Tell me whether/how Indigenous ways of healing might fit into your mental health journey. [prompts if needed]:

- defining Indigenous ways of healing
- reasons/context for (not) engaging in Indigenous ways of healing
- timeline of Indigenous ways of healing (before, during, or after psychotherapy)
- experience of Indigenous ways of healing
- overall impressions/what stands out most
- thoughts about blending Indigenous healing ways and mainstream psychotherapy

Debrief

- Is there anything else you would like to address further or add?
- Do you feel we covered your perspective of psychotherapy? Your experience of engaging with it personally?
- Is there anything you wish I would have asked you, but I did not cover?
- What did it feel like to share your personal psychotherapy experience with me?

Appendix B:

Consent Form

Title of the study: A narrative inquiry into Indigenous clients' perspectives and experiences of Western psychotherapy

Name of researcher: Kate Higgison; M.A.[Ed] Counselling Psychology Candidate.

Name of supervisor: Cristelle Audet, PhD, Faculty of Education, University of Ottawa;
Email: caudet@uottawa.ca

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Kate Higgison.

Purpose of the Study: The purpose of the study is to better understand perspectives and experiences of Western mental healthcare among Indigenous Peoples in Turtle Island (aka Canada).

Participation: Essentially, my participation will consist of a recorded interview session (either virtual or in-person, depending on my preference) lasting approximately 60-90 minutes during which I will be asked to respond to some basic demographic/background information questions and then engage in a reflective conversation regarding my experience and perspective of psychotherapy, without pressure to share any details about the therapy sessions themselves (e.g., I do not need to talk about the issues I was experiencing). Some topics we may cover during our interview could revolve around your first session, your impressions of your psychotherapist, the approach used in therapy, the therapeutic relationship, helpful and/or hindering aspects of the therapy, and your overall impressions of your experience.

The interview will have been scheduled for a mutually agreed upon time, date, and place. I will also be given an opportunity to review the transcript of the interview, with the option of providing feedback by email within two weeks of receiving the transcript. I will also be given the opportunity to review and provide feedback on the narrative the researcher will generate based on my transcript within two weeks of receiving it.

Risks: My participation in this study will involve sharing my perspectives, as well as prior experience, of psychotherapy and this may cause me to experience some emotional or psychological discomfort. I have received assurance from the researcher that every effort will be made to minimize these risks, such as stopping the interview should I wish to take a break, skipping any questions I do not wish to answer, or withdrawing from the study altogether. Further, I will be given a list of free supportive resources.

Benefits: By participating, I will have the opportunity to share my perspective and experiences of mainstream Western psychotherapy in a safe space. My participation may also contribute to the broader practice and discourse of psychotherapy and how this field can better serve the mental health needs of some Indigenous peoples.

Confidentiality, anonymity, and security: I have received assurance from the researcher that the information I will share will remain confidential. I understand that my interview and transcript will be viewed only by the researcher and her thesis supervisor, Professor Cristelle Audet. I understand that my story will be used only for the purpose of the current study and subsequent publications and dissemination, and that my confidentiality will be protected through safe, secure, and password-protective measures of the information gathered.

Anonymity will be protected in the following ways: As a participant, I will be able to choose a pseudonym that will appear in the transcript, thesis manuscript, and future publications instead of using my real name. If I wish, I may also conceal the name of my home community and any other information I feel may lead to identifying me. Quotes may be used by the researcher, but no information that can identify me will appear in them.

I understand that **security** of the videoconferencing (if applicable) can only be guaranteed via the Microsoft Team video-conferencing method. Neither Skype nor Zoom include back-to-back encryption, and therefore do not provide guaranteed security of communication between myself and the researcher. Reasonable measures will be undertaken to minimize any security compromise to myself as well as my confidentiality and anonymity. If the interview takes place in person, I understand that the selected meeting place will be a mutually agreed upon place that I deem as safe and confidential.

Conservation of data: I understand that consent forms and the data collected, such as the original interview audio recordings and the electronic transcripts, will be stored securely within password-protected folders on password protected devices in a locked cabinet in the supervisor's office. Only the principal investigator and the study supervisor will have access to the information. I understand that the data will be conserved for a period of five years from the time the researcher has completed her thesis, after which all electronic and any paper documentation will be securely destroyed.

Voluntary Participation: I am under no obligation to participate and, if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be securely destroyed, although withdrawal of such will not be possible once the study is published.

Acceptance: I, *(Name of participant),* agree to participate in the above research study conducted by Kate Higgison of the Faculty of Education, whose research is under the supervision of Cristelle Audet, PhD.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5
Tel.: (613) 562-5387
Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: *(Signature)* Date:

Researcher's signature: *(Signature)* Date:

Appendix C:

Recruitment text

Do you identify as an Indigenous person?

Have you attended one or more sessions of mainstream Western psychotherapy in the past?

If so, you are invited to participate in a narrative study that aims to provide a safe space for the voices of Indigenous Peoples who have used mainstream Western psychotherapy in the past.

It would be an honour to have you take part in an audio-recorded 60- to 90-minute interview (either virtual or in-person) to hear all about what you are willing to share regarding your perspective on and experiences of psychotherapy. You will not have to give details about the issues that brought you to therapy, or issues discussed in therapy.

To be eligible to participate you must:

- Be 18 years or older
- Identify as an Indigenous person (Inuit, Métis, First-Nation; either status or non-status)
- Have engaged in at least one Western, mainstream psychotherapy session
- **Not** be receiving psychotherapy at present
- Be comfortable communicating in English

Up to eight (8) eligible participants will be selected on a first-come first-served basis.

If you are interested in more information regarding the study or would like to share your voice by participating in this study, please contact Kate Higgison (a Master's student in Counselling Psychology at University of Ottawa).

The study has been approved by the uOttawa Research Ethics Board on (Pending approval Date TBD, 2022) and is supervised by University of Ottawa faculty member Cristelle Audet, PhD.

Appendix D:

Detailed study description for participants

Kwe Kwe, Waciye, Hello, Bonjour,

My name is Kate and I want to thank you for considering participating in this research study for my master's degree. The study you are thinking about joining is an idea that has come out of my current education in psychotherapy. I am genuinely interested in hearing what you have to say about your experiences and perspectives of psychotherapy.

I have chosen to use a storytelling (narrative) research approach to place you and your personal story at the core of this research. In essence, your story is *the* research. My intention is to collaborate *with* you to provide you with a safe and open space in which your voice and story are listened to and respected.

Your participation in this study would involve getting together with me (either in person or online) for approximately 60-90 minutes. I will have some general questions to help guide you. For example, I may ask you about your first therapy session, what you thought about your psychotherapist, and if you had any preconceived notions about psychotherapy before accessing it. You will not have to give details about the issues that brought you to therapy, or issues discussed in therapy. I may also ask about whether/how you see Indigenous ways of healing as relevant to your psychotherapy. However, my intention is to let you guide our discussion so that you feel comfortable to share with me what you feel like sharing. The whole point of this research is to hear *your* story told in *your* way.

After our discussion, which would be recorded, I will transcribe our conversation. After transcription, you will have the opportunity to review the transcript and to let me know (within two weeks of receiving it) whether there is anything you would like to change or add. After receiving your feedback, I will proceed to my next step, in which I will (a) re-organize what you shared with me into a "story" describing your therapy experience from start to finish and (b) create a final narrative that represents my understanding of your and other participants' experience. If you would like, I would be happy to share my understanding of your story with you and you could similarly provide me with your feedback within two weeks. Furthermore,

please keep in mind that you may request to withdraw from this study at any time, with no consequence to you.

It is my hope that speaking with me and sharing your story would be a pleasant experience for you. I do sincerely thank you for considering my study and should you decide to tell me your story, I cannot wait to hear all about it.

Warmly,

Kate

Appendix E:

Letter to Professional Contact

Dear [Name],

I am a graduate student of the Counselling Psychology program at the University of Ottawa. I am currently completing my master's thesis supervised by Dr. Cristelle Audet. This study focuses on the stories and experiences of Indigenous Peoples who have had psychotherapy in the past. I hope to gain a better understanding of their perspectives and experiences of psychotherapy. This knowledge may help inform the psychotherapy and mental health field about what some Indigenous peoples find helpful and unhelpful when seeking and engaging in psychotherapy.

Individuals who self-identify as (a) Indigenous b) have tried Western psychotherapy and c) are not currently seeing a therapist are invited to participate in this study. They must be at least 18 years of age. Participation in this study comprises an in-person or a virtual interview that would be audio-recorded and last approximately 1 to 1.5 hours long.

I would greatly appreciate your assistance in the recruitment process by sharing information regarding this study to any Indigenous person who may be interested. You will find enclosed with this letter a recruitment poster that could be circulated in your network either digitally via your email distribution list or by posting in wait areas on your premises. I am also open to meeting to discuss the study further with you should that be helpful and making any adjustments to the recruitment process that may be more suitable to your agency and the community it serves.

If you require additional information or have any questions, please do not hesitate to contact me by telephone or text. You may also reach Dr. Cristelle Audet at Cristelle.Audet@uottawa.ca Thank you for your time and assistance.

Sincerely,

Kate Higgison, MA (candidate) at the University of Ottawa

Appendix F:

List of services provided to each participant

Ottawa Distress Centre (24h) 613-238-3311

- Canadian Mental Health Association Ottawa (CMHA) for First Nations, Inuit and Metis supports https://ottawa.cmha.ca/about-cmha/for-clients/first-nations-inuit-and-metis-supports/ Their Hope for Wellness 24/7 hotline number is 1-855-242-3310

- First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310
  Service is available in Cree, Ojibway, Inuktitut, English, and French.

Appendix G:

Ethics Approval

24/11/2022

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	S-11-22-8480
Titre du projet / Project Title	A narrative inquiry into Indigenous clients' perspectives and experiences of Western psychotherapy
Type de projet / Project Type	Thèse de maîtrise / Master's thesis
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	24/11/2022
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	23/11/2023

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Katherine (Kate) HIGGISON	Faculté d'éducation / Faculty of Education	Chercheur Principal / Principal Investigator
Cristelle AUDET	Faculté d'éducation / Faculty of Education	Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

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