Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada

Suzanne L. Stewart PhD


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Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada

By Suzanne L. Stewart, PhD, Department of Adult Education & Counselling Psychology, Ontario Institute for Studies in Education, University of Toronto

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Objectives: This paper will present the findings from a qualitative study exploring the narratives of Indigenous counsellors in Native community.

Design: The study employed a qualitative design. Semi-structured narrative interviews were used and analyzed through a narrative methodology.

Methods: One Native community health agency participated and five individuals, who worked as counsellors with the agency's clients, were interviewed.

Results: Four metathemes: community, cultural identity, holistic approach, and interdependence were identified as the main results. Further, a model for mental health and healing was created by the overlapping nature of these metathemes in practice.

Conclusions: A health promoting counselling model for Indigenous clients could be based on cultural values and perspectives. However, employing these values and perspectives entails an understanding that a contemporary conception of Indigenous mental health contains two components: mental health as wellness, and mental health as a process of healing.

Indigenous mental health and counselling

Traditional and contemporary health includes mental health for Canadian Indigenous peoples. Indigenous cultural understandings of mental health and healing are distinctly different from understandings that have prevailed in most North American mental health provider settings, including counselling contexts. Counselling services in Canada and the United States are based almost exclusively on a Western paradigm of health that contrasts with an Indigenous worldview (Gone 2004). These differences in paradigmatic perspectives can form a barrier to effective health promoting services for Native peoples who seek mental health support from formally trained counsellors, including those who may be trained in cross-cultural or multicultural approaches. Further, Duran (2006) suggests that counselling Indigenous individuals from a non-Indigenous perspective (i.e., Western perspective) is a form of continued oppression and colonization, as it does not legitimize the Indigenous cultural view of mental health and healing. Health promotion within Indigenous communities, in the current context of decolonization, could instead accept an Indigenous view of health that was not judged or valued by non-Indigenous views. "A postcolonial paradigm would accept knowledge from differing cosmologies as valid in their own right, without their having to adhere to a separate cultural body for legitimacy" (Duran & Duran 1995, p. 6).

Counsellors and other health professionals in Canada have been faced with a dearth of information relating to culturally appropriate methods of assessment and counselling with Indigenous youth and adults. Evidence exists to substantiate that Indigenous conceptualizations of mental health differ from dominant North American society's notions of mental health (Vicary & Bishop 2005; Waldram 2004). The extent of these differences in psychologies indicates that mental health promotion efforts, such as counselling and therapy, should be reconsidered in order to incorporate Indigenous conceptions of mental health and healing in order to be culturally appropriate (Duran & Duran 1995; Trimble & Thurman 2002).

Additionally, despite disproportionately high rates of mental health problems in Native communities as compared to the rest of Canada, mental health services are under-used by Native peoples. Research suggests that this is partly because most services are based on non-Indigenous conceptions of health and healing (Government of Canada 1991; Health Canada 2003; King 1999; Waldram 2004). Trimble and Thurman (2002) state that counselling has not been successful for many people from non-dominant cultures, especially Indigenous peoples, because counsellors are not educated about Indigenous philosophies and worldviews; a counsellor may be using a Western-based counselling approach that does not value the client's worldview. A study by Blue (1977) found that Native clients do not utilize or value counselling
services that are not adapted to a First Nations helping model. McCormick's (1996) study found that some British Columbia Aboriginals described a successful counselling approach as one that was culturally-based in local tradition, included Native rules of behaviour such as respect, non-interference, and input of Elders. Thus mental health workers such as counsellors should be educated in terms of cultural notions of Indigenous mental health if they wish to meet Native clients' needs.

The current study

The current study was part of the researcher's doctoral programme, and sought to extend an understanding of health promotion in terms of Indigenous cultural conceptions of mental health and healing. There are two main reasons for study: 1) there is a lack of empirical data in counselling psychology related to an Indigenous paradigm of mental health and healing, and 2) despite a mental health crisis in many Native communities, there is an under-use of mental health services by Indigenous peoples.

The aim of this study was to address a gap in the literature on Indigenous perspectives of mental health promotion. The research question was: How do Native counsellors understand the intersection of traditional Indigenous cultural conceptions of mental health and contemporary counselling practice?

Methods

Conceptual framework

The study employed an overarching conceptual framework of Indigenous ways of knowing and social constructivism. Indigenous ways of knowing involves grounding the research in a community-based model that respects cultural history, knowledge, and protocol (Smith 1999). Social constructivism was also employed as a framework because it is an approach that values the context in cultural construction of knowledge, language, and communication (Rogoff 1990).

Narrative inquiry

An underlying premise of narrative inquiry is the belief that individuals make sense of their world most effectively by telling stories (Clandinin & Connelly 1999, 1994; Riessman 1990). Narrative analysis, within the qualitative paradigm, involves the examination of participant stories identified in interview data (Mishler 1979 1990 1996).

Indigenous peoples usually describe themselves as having an oral-based story telling tradition (Medicine-Eagle 1989), thus a narrative approach is deemed culturally appropriate because it uses stories to elicit information. Another reason for using a narrative approach for this research question was the conception of narrative inquiry as a "relational methodology" when used in an Indigenous context, where epistemological implications of Native ways of knowing for academic interest, demonstrate how Indigenous epistemology can influence knowledge and practice in research (Barton 2004, p. 519). Barton (2004) also suggests that through the interpretive activities of both researchers and participants, the process of co-constructing and co-participating stories is inherent in a narrative inquiry, and this reveals a circular, or continual, understanding of experience.

Participants

Participants were five self-identified Native (First Nations or Metis) individuals who worked in a counselling or support capacity with Native clients at an Indigenous social service agency. Participants had been formally trained in Western approaches to professional helping, and had been employed for several years as a counsellor. This purposive sample included a wide representation of mental health workers, with training from any of the following disciplines: social work, counselling, psychology, or child and youth care.

Procedure

Data collection and analysis was organized into six phases.

Phase 1: Preliminary Phase. In this phase the researcher began a book of field notes, and a second book entitled "field journal", which contained the researcher's personal reflections and insights on the research process. Both books were methods of recording the researcher's own processes and experiences throughout this research until completion, and offered tools for generating awareness, insights, and understandings. At this stage, informal contacts and consultations took place with two First Nations Band offices, and the Native community agency involved, regarding this project.

Phase 2: In-depth interview #1. First individual interviews were conducted over approximately an hour. The questions were: 1. I would like to hear your story or stories of how you have come to be a helper. 2. I am particularly interested in how you understand mental health and healing for Indigenous clients. 3. Has this understanding changed from past to present, and how do you see it into the future? 4. How, in your past, present, and future experiences, does culture inform your story of mental health and healing and your story of counselling practice?

Phase 3: Preliminary analysis. Preliminary analysis for each participant's data comprised a general qualitative process of transcription, chunking, mapping, coding, theme identification, and lastly,
integration. The analysis carried out is described in a series of seven steps: 1. Transcribing the interview into a verbatim transcript; 2. Reading and rereading the transcript; 3. Chunking the transcript into thematic statements; 4. Assigning a descriptive code to each thematic statement that reflected the meaning of that theme; 5. Constructing an initial story map (according to a narrative analysis) by putting the code labels onto a map within the map's structural elements of content and time orientation; 6. Refining of the map through additional readings of each transcript and the descriptive codes; and 7. Identifying an initial overarching core message and other initial themes that appeared salient by a holistic examination of the story map.

From the story maps, overarching, or metathemes, that appeared repeatedly throughout individual interviews, across all participant interviews, and individual or unique themes, were identified.

**Phase 4: In-depth individual interview #2.** Preliminary results were presented in a second interview with each participant, in which participants further reflected on the research question and gave feedback about the initial story map, core messages, and themes that were created and identified through the preliminary analysis process. The second interview included the following questions: 1. From your narratives in your interview I have constructed a story map...how does this map illustrate your views? 2. What is missing from your story map? What would you like to add? 3. Do you have anything else to say about your story map? The researcher continued to take field notes and personal journal notes.

**Phase 4: Final analysis and writing.** In this phase the core messages and themes and individual story maps were refined into final results for each participant. This was done by listening to the second audio-taped interview, reviewing field and journal notes written during that interview, and making changes to the story map and themes as per participant responses. These steps culminated in the co-creation, from the analysis process and the feedback of the participant, of the final story map and themes for each participant. The analysis process and results were reviewed by the researcher's doctoral supervisor and committee members to strengthen soundness of the study.

**Phase 5: Final results and dissemination.** Participants were given a summary of the study results. A community newsletter based on the study was distributed within the Native agency and to other Native organizations (including band offices) in the local, provincial, and national arenas.

**Results**

Four metathemes were identified, under which many aspects of counselling related to Indigenous mental health fall: community, cultural identity, holistic

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**FIGURE 1: Model of Indigenous Mental Health and Healing**

![Diagram of Indigenous Mental Health and Healing](image)
approach, and interdependence. Tesch (1987) uses the term “metatheme” to represent the totality of the phenomenon being researched (p.231). The reflexive process involved in the generation of the metathemes led to the emergence of the idea of overlapping circles seemed to best represent the four overarching metathemes in the data.

Figure 1 contains a schematic representation of the four metathemes in a non-linear format, which is termed a Model of Indigenous Mental Health and Healing. This model is designed to represent the circularity of these metathemes occurring in a non-hierarchical flow, to describe how Indigenous mental health and healing is conceived by the participants in a cultural context.

Metatheme: Community

Participants spoke clearly about community as a necessary and specific component of mental health and healing for Indigenous peoples within the counselling process; it is part of the foundation of what clients need to establish and maintain mental health. Community was referred to by participants not solely or specifically as clients’ ancestral or traditional community but as any community of other Native peoples to which they might belong. Thus community more generally refers to social/collective grouping with others, any others, with whom some link to Indigenous culture exists. Native society has traditionally been of a collective orientation, and the participants echoed this orientation as a key aspect of Indigenous mental health in the ways they talked about the importance of community. All participants shared stories about mental health and healing that were linked in some way to community, either in terms of community wellness linked to individual health and healing, or of the presence of community linked to mental health and healing in clients’ lives. Participant A said, “What I have really come to understand [in my work as a helper] is that the individual’s healing must be done in the circle of community” (A-6). Participant C echoed this comment with her statement, “I think that one of the contributing factors to mental health is... thinking more along the lines of community, healthy community” (C-5).

Participants spoke about the need to rebuild and heal at the community level from colonization, and specifically discussed how this was linked to mental health and healing for the individual clients with whom they work. And while this need for community healing is not a descriptor of mental health as wellness, it was talked about in terms of part of the journey to mental health as wellness or healing. Participants’ experiences suggest that without community as part of an individual’s healing process, healing cannot occur for the clients they have worked with. Community, in the counselling practice of these participants is not merely foundational to maintaining mental health and healing, but is a necessity that must be in place. It must be an active part of an individual client’s life in order for them to begin a healing journey and to stay within a place of wellness. In this study, community is part of the holistic balance of an individual’s life. Participants made clear that each community has major commonalities in definitions of mental health, yet also different understandings of how to promote mental health. These differences are grounded in local Indigenous ways of knowing and being. Participant C discussed this need to respect differences between and among Native communities in her experience of delivering mental health services, these differences impacted how clients practiced mental health and healing within their Native cultural context:

I think it [mental health and healing] will be different for every person that will come through the door, and I think that’s one of things that we have to learn to treat peoples as individuals. Even if we have two people from the same community we have to learn to treat them as individuals. For example, say we have two people from my community, they are both people from ______ territory, one is from ______ and one is from ______, their language and Nations are the same but their approaches to mental health might be very different, not hugely different but enough different that I think that that difference needs to be respected. (C-12)

Metatheme: Cultural Identity

Cultural identity was something that participants experienced as explicit and necessary to mental health and healing promotion in their own personal lives as helpers and in their work with clients. 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. Participant A explained this by saying:

The reality is that if you don’t have some iota or some speck [of understanding] of yourself as a person on the planet that has value and connectedness to who you are [culturally], it is very hard to change behaviour, build on behaviour, change thinking, build on different skills or abilities that will change your day-to-day experiences. (A-25)

Thus cultural identity gives Native peoples the strength and wherewithal to consider healing possibilities through personal self-growth, connections with family, community, and Indigenous cultures. Participant B explained how gaining cultural identity impacts mental health, in terms of self-esteem and the ability to cope with life:

We [Native peoples] have quite a rich history of culture, which is something that you can explore and research and be proud of, so you can know who you are, have an identity. Having an identity is huge for everyone; it helps people go through life and be healthy if they understand who they are. (B-19)

Participants said that traditional cultural practices,
such as learning and speaking Native language, engaging in spiritual acts like dance and ceremony, are some ways Native identity can be actively incorporated into clients' lives within their counselling practice. Participant B said, "I think that culture is a tool we [counsellors] can use to help people become who they want to be with an identity, a sense of purpose, an understanding of what it's like to be Aboriginal and proud of that." (B-30).

Participants clearly spoke about this need to incorporate cultural practices into Western counselling as a way of strengthening cultural identity and thus promoting health and healing. Participants also said that this was something that they wished to do more of yet this required the support of the mainstream health care system. As Participant D explained, "I would like to see more [Native] cultural practices of mental health and healing be more accepted and incorporated into the mainstream, and not have the mainstream model of health so pushed and in your face in the helping fields" (D-12).

Holistic Approach

Participants proposed that a holistic approach to mental health and healing not be regarded as an alternative to mainstream mental health service, but become a legitimate and unquestioned part of that service to the broader community of peoples seeking mental health services and offering mental health promotion. Participants maintained that a fundamental notion of a holistic approach to mental health was central to their practice of counselling. Examples included having food in their counselling sessions, integrating ceremony or prayer into their practice, including Elders or traditional healers in the process, and taking clients into nature or into their social community. In an Indigenous counselling relationship, practicing from a holistic approach means including more than only the "mental" as the focus of counselling.

Participant B said, "To be in balance clients need to be spiritual and balanced with the other components of the self, to be balanced from a holistic point of view" (B-9). Counsellors would make use of all four aspects of the self in order to address whatever problem or issue arose in a session in order to address health and healing from a holistic approach. Attention to the physical might mean getting enough exercise, sleep, and healthy food. It might also mean seeking attention from a medical doctor for diabetes. It might also mean practicing safe sex. Attending to the emotional aspect of the self can involve talking about feelings, writing about them or, or using art to express feelings and experiences.

Participants said that spirituality was a neglected aspect of the holistic approach of contemporary counselling practice. Participant A explained "Spirituality has been the missing piece in counselling, in helping, and that's been a big problem" (A-31). The holistic approach to health was viewed as integral not only to maintaining mental health but to promoting healing. Participant B said, "Spirituality has been in Aboriginal culture for 12,000 years, has been a big part of life for Aboriginal peoples... that's something that I believe and I advocate for in [counselling] work...spirituality is a big component of what clients need to heal..." (A-15)

Metatheme: Interdependence

Interdependence was described as being directly linked to mental health and healing by all participants as they recounted stories of their counselling experiences. Participants clearly explained that relying on each other was an integral aspect of living within their worlds. This interdependence occurred in all of their relationships, including with clients, with co-workers, within family, within community, and from community to community. Interdependence within the therapeutic alliance was also discussed by the counsellors as a very important aspect to healing for their clients. The relationship between clients and participants in their roles as professional helpers were often identified in the interviews as key to finding and maintaining mental health in the context of the challenges clients were facing on their healing journeys.

Relationships predicated on interdependence, such as the therapeutic alliance, were seen as one of the necessary components of establishing, maintaining, and promoting mental health in an Indigenous context. Participant C explained this in her story about how First Nations culture successfully meet the helping and healing need of their clients, in which the key to that success rested on community members' actions and intentions that reflect the notion of interdependence,

I think that because the First Nations peoples come from interdependence in their culture, they have so much offer the mainstream society—it's not about making the most money and it's not about being at the top of the ladder. It (being healthy) is about, if you are successful you always give a hand to the person beside you, and it is that sharing, that source of interdependence, that has to happen [for health and healing to be present]. (C-17)

According to participants, mental health and healing promotion requires interdependence in the lives of clients, and there are elements counsellors can use to make this core concept part of the helping process. Participants explained that in addition to forming the connection with clients within the counselling process, assisting clients make connections with family members, other helpers in the agency, Elders in the community, programmes in the community, and other people within the Native community who were not family members or part of the client's
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pre-existing social connections, could be beneficial to the healing process for clients. Participants also said that they needed more support from the mainstream health care system to act in ways that would connect clients with strength-based resources such as interdependent relationships. Participant D said, "I am hopeful that the mainstream [mental health system] and the funding will shift away from the illness/mainstream model and to incorporating cultural views and holistic view of mental health and healing that are about interdependence."(D-18)

Discussion

The model Indigenous Mental Health and Healing reflects a counselling practice that is grounded in an Indigenous paradigm and guides the practice of counselling. Each of the four metathemes will be carried out in practice differently in each counselling relationship depending on the specific Native culture in which they are used and the cultural resources available to each client and counsellor. These metathemes are designed to reflect the within and between group cultural differences of Indigenous peoples. For example, ceremony in a Nuu-Chah-Nulth community might be attending a potlatch, whereas in a Plains community it could be attending a round dance or sun dance. Sharing food in counselling will also be different in each community depending on which foods are traditional for each peoples and the availability of traditional foods. Elders will also play a different role in helping and healing in each community. None of these metathemes are more or less important to mental health and healing promotion, but what is important is that at least one or more are present as elements in the counselling relationship in order to actively incorporate aspects of the four metathemes in the process.

As discussed earlier in this paper, Indigenous mental health promotion is viewed by government service policy from the perspective of a mental health crisis, in terms of what mental health problems exist for Native peoples. This model for Indigenous healing and counselling does not follow a health crisis perspective, but rather follows the view that Native mental health is concerned with moving forward from problems through a circular process of healing. Mussell (2005) writes that part of a Native worldview is the notion of holistic health, which marks how Natives view themselves in a forward thinking manner.

Holistic health is the vision most First Nations peoples articulate as they reflect upon their future. At the personal level this means each member enjoys health and wellness in body, mind, heart, and spirit. Within the family context, this means mutual support of each other...From a community perspective it means leadership committed to whole health, empowerment, sensitivity to interrelatedness of past, present, and future possibilities, and connected between cultures. (p. 26)

The emergent Indigenous Mental Health and Healing model is consistent with Mussell's work on an Indigenous worldview by identifying community, cultural identity, holistic approach, and interdependence as necessary core factors to mental health and healing and by suggesting that these concepts work interdependently to form a basis to mental health and healing processes within counselling. What may be most important about this model is that it is predicated on a relationship among metathemes that is strong and overlapping, one that strengthens each metatheme without detracting from its importance as a single factor.

Duran (2006) suggests counselling that employs a "hybrid approach", which involves "two or more ways of knowing and this can be a harmonious process" (p.14), is one way to view successful Indigenous counselling practices today. The model is intended to complement aspects of Western counselling with Indigenous concepts and elements in order to successfully promote mental health for Native peoples in current contexts, which requires negotiations between Western and traditional Native worlds.

The results of the current study offer an empirical claim for the importance of a cultural approach to the practice and philosophy of health promoting counselling. An approach that includes elements of community, cultural identity, the holistic approach to counselling, and interdependence could accommodate the within-group identity differences both across and within Indigenous communities. It has been documented, by the participants in the current study and the relevant literature, that individuals and communities differ in terms of their understandings of mental health and how to promote it, yet it has also been pointed out that certain commonalities in terms of worldview, such as the holistic approach, tie peoples together. For example, balance, in an Indigenous holistic approach, is unique and different in each context; however achieving balance remains an important aspect to promoting health. Sue and Sue (1991) have suggested that Western society could benefit from non-Western approaches to mental health. Counselling that includes the metathemes discussed in this paper could benefit many clients throughout society, Indigenous and non-Indigenous.

The results from this study also suggest that Indigenous mental health possesses two dimensions, one that views mental health as wellness or health promotion, and one that views mental health as healing. The view of mental health as wellness or health promotion comes from a view of a person in positive balance that is grounded in the holistic approach. An Indigenous cultural approach to health is based on a view that mental health occurs when there is balance between the four parts of the self,
(spiritual, emotional, physical, and mental) (Mussell et al. 1993). When equal attention is not paid by the individual or community to the needs of the whole person, i.e., the four parts of self, then imbalance occurs. Thus balance is equated with wellness or health promotion — not health deficits.

Conclusion

The study suggests that a cultural approach to mental health and counselling is helpful in meeting the healing needs of Indigenous clients. Indigenous mental health as an active, forward moving process of healing is rooted in the colonial experience. The current study has shown that within the scope of the experiences of these participants, healing from colonialism is a major mental health issue for Native clients today.

Mental health promotion programmes could be developed from these results that reflect the two dimensions of mental health as wellness or health promotion and healing. These programmes would be grounded in an Indigenous paradigm of health and wellness that came from the inclusion of the four metathemes of community, cultural identity, holistic approach, and interdependence into all aspects of the helping relationship. These programmes would be different to many currently existing programmes currently being used in Native contexts that do not take into account the integral aspects of health promotion within mental health and healing.

If non-Native institutions such as universities and settler governments are to support Native peoples in recovering from colonization, reexamining and modifying the paradigm of mental health to include Indigenous cultural conceptions is one place to enact meaningful change and support healing promotion. Further, the adoption of an Indigenous paradigm in the greater health care system could help many non-Natives in Canadian society, many of whose mental health needs also go unmet.

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Address for Correspondence

Suzanne L. Stewart
Department of Adult Education & Counselling Psychology
Ontario Institute for Studies in Education,
University of Toronto
252 Bloor Street West,
Toronto,
Ontario M5S 1V6,
Canada

cell #: 416-828-4715
office tel. #: 416-978-0723
fax #: 416-926-4749
E-mail: slstewart@oise.utoronto.ca