DEBWE: RESPONDING TO SOCIAL INJURIES

by

Karina Czyzewski,
BA, The University of Alberta, 2008
MA, The University of Toronto, 2010

A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SOCIAL WORK

in

The Faculty of Graduate and Postdoctoral Studies

THE UNIVERSITY OF BRITISH COLUMBIA
(Vancouver)

December, 2014

Abstract

Informed by narrative inquiry and storywork, this qualitative research analyzes the extent to which non-Indigenous frontline workers are engaging with and responding to colonial history. The research aimed to gather and reflect on stories non-Indigenous service providers tell about their practice with Indigenous substance users. Within such stories, do practitioners speak of their role, if any, with regard to historically-determined inequities? Do they engage in hopeful exchanges? Five non-Indigenous practitioners working with Indigenous service users with substance use issues participated in the research. The analysis of the five in-depth interviews was informed by the author's own mental health and addictions education and practice training, relevant Indigenous and mainstream research, literature, teachings and stories. This thesis contributes to understanding the role of practitioners in response to problematic substance use and social injuries in Canada. Findings suggests that while some social workers are keenly aware of colonial history, ongoing colonial violence and their relevance to work with Indigenous service users, they struggle with how to operationalize that knowledge. In terms of implications for social work, findings highlight ways in which the work of participants is 'responsive to history,' responsive to colonial complicity, and suggest considerations and concerns that require further attention. The study contributes to a fuller understanding of the constituents of decolonizing practice—history, cultural humility, etc.—as viewed by non-Indigenous practitioners.

Preface

The research is original. No publications have been produced as of yet. Content from the author's conference paper entitled "Indigenous Self-Determination and the Settler Social Worker" (UBC, 2013) was woven into the chapter *Engaging the Self*.

Approval for research involving human subjects was obtained from the University of British Columbia's Behavioural Ethics Research Board (BREB), ID H13-03149. As required for research conducted in Nunavut, a second ethics approval was obtained from the Nunavut Research Institute (NRI). BREB agreed that there were minimal risks associated with the research. Reflecting critically on practice is something that is normally expected of direct care workers engaged in any form of social service work. There was no element of coercion in the recruitment as I was not in a position of power with respect to the subjects of the research and they had nothing to gain (or to lose) from participating or deciding not to participate in the interviews.

Table of Contents

List of Figures

Acknowledgements

I am visitor here on unceded, traditional Musqueam and Coast Salish territory. Ottawa, where I come from, is on unceded Algonquin territory, where Anishnaabemowin (Ojibwe) is the first language. Debwe, as I learned from Waasaanese, Elder Alex Jacobs, is Ojibwe for truth. This title was inspired by the question: what should our role be as health care providers in responding to social suffering (Browne, A., Smye, V., Rodney, P, Tang, S., Mussell, B. & O'Neil, J., 2011)? It is also a product of the way I have come to understand problematic substance use as a public health issue, as responses to the injuries and dislocation (Alexander, 2008) from interlocking oppressions. The injuries of colonialism are a focus in this thesis. Social healing for social injuries is a topic that is covered, albeit inadequately in my opinion, in the trauma literature.

I am non-Indigenous, of Slavic descent, and franco-ontarienne. I am a dissident, silly, cisgendered woman. I regard myself as a spiritual person. I would like to honour the Anishnaabe teachings from my homes of Ottawa and Toronto, and the work that inspired this project. The Anishnaabe Seven Sacred of Grandfather Teachings (identified with capitals) resonate with my own beliefs and values, and figure in this thesis. I would like to thank Stephanie Bryson, Natalie Clark, Christopher Fletcher, Pilar Riaño-Alcalá and Annette Browne in guiding me toward Honesty. I am immensely grateful to my kwe Ms. D. B. McLeod for consulting with me on the interviews. I thank her, Nadia and Millie-Anna Aaruaq (as seen in the Figure 4), and fellow comrade Deno Hurst for Humility and Truth. I thank Frank Tester for Courage. I thank my family and my partner for Love. Je remercie tous ceux et celles qui m'ont guidé jusqu'ici, ainsi que les participants, pour leur Sagesse et Respect. I would like to thank the UBC School of Social Work Community Research Fund for financially supporting my research.

Encounters with the Dominant Culture of Healthcare

Brian Sinclair, a First Nations man and double-amputee, died in a Winnipeg hospital waiting room from preventable causes because he was assumed to be intoxicated. It appears that he was labelled undeserving because of practitioners' "biases and attitudes" and consequently never received the care he needed for his bladder infection (CTV Winnipeg, 2014). This tragedy is an example of how service providers are connected to the inequitable health outcomes that exist between Indigenous[1] peoples and the overall Canadian population. When we take seriously the injustices that have happened—both historically and ongoing as suggested by this case scenario—we see the necessity for more responsive and equitable health care. However, indigenous health policy and legislation remains fragmented, which makes policy changes directed toward more equitable health outcome challenging (NCCAH, 2011).

Non-Indigenous direct care workers have an important role to play in advocating for policies and practices that are responsive to clients. This is significant because of social service workers' historical role as agents of the State and their power over the well-being of First Peoples in Canada. The objective of this thesis is to explore the extent to which non-Indigenous practitioners working with Indigenous service users who present with substance concerns are considering, in their everyday practice, a history of colonialism. It also focuses on the ongoing manifestation of unequal relationships through policy and practice.

[1] 'Indigenous' is used to represent a heterogeneous group of peoples in Canada, the First Peoples of these lands: First Nations, Inuit and Métis. The author acknowledges the debates over appropriate terminology and lack of consent on what term is most appropriate. The use of Indigenous within this text is a reflection of academic literature, the UN Declaration on the rights of Indigenous peoples, and conversations with those closest to the author. When possible, more culturally-specific terminology is employed.

This thesis describes a qualitative research project in which five non-Indigenous, practitioners working with Indigenous substance users participated in semi-structured interviews. Trauma is understood in thesis as a psychological, emotional, physical and spiritual dimension of oppression (Wineman, 2003). As noted in the literature review that follows, there is a strong relationship between colonialism and problematic substance use as a historical trauma response. The goal of this research is to highlight the ways in which practitioners are conceptualizing and engaging with historical and intergenerational trauma in direct care practice. The research questions underpinning the study were: What stories do non-Indigenous practitioners tell about their addictions[2] practice with Indigenous service users? Within such stories, do practitioners speak of their role, if any, with regard to historically-determined inequities? Do they speak of "creative possibility," and "a place of imagined well-being" beyond colonialism and addictions? (Lee & Sum, 2011, 163).

Social justice work with Indigenous peoples has to take seriously the reality of health inequalities. These are not only important to understand as statistical facts, but also as frameworks that require that we get in touch with the colonial origins and continuing realities of these inequalities (Adelson, 2005). This area of inquiry is important because of social workers' historic and ongoing roles as agents of the Canadian State and our complicity in negatively impacting Indigenous well-being (Lavallée & Poole, 2010; Sinclair, 2004). It is hoped that the study will contribute to a fuller understanding of the constituents of decolonizing practice – history, cultural humility, etc.– as viewed by non-Indigenous practitioners.

[2] The use of the term 'addiction' reflects its widespread use the research participants, and more broadly by service users and within substance use-relevant services. That said, the author wishes to recognize shifts in language and used 'problematic substance use' when appropriate.

The concept of trauma has received increasing attention over the past two decades within the mental health and addictions field (Bracken, 2003). As evidenced by the large number of groups, training workshops, resources and professional discourse, trauma-informed practice[3] (TIP) has become noticeably popular in direct care work and addictions services. Historical trauma refers to the cumulative, cultural, emotional and psychological wounding across generations that results from a people's collective traumatic experiences (Wesley-Esquimaux & Smolewski, 2004; Philips, 2003). Despite acknowledgement of 'historical trauma' in recent mental health and addictions reports, it is unclear how this translates to practice for non-Indigenous practitioners. For example, the BC Provincial Mental Health and Substance Use Planning Council's *Trauma-Informed Practice Guide* (2013), the National Advisory Council's *First Do No Harm: Responding to Canada's Prescription Drug Crisis* (2013) and the Canadian Centre of Substance Abuse's *Project Hope* (Dell & Clarke, 2009), identify the importance of contextualizing (given historic, socio-economic, and environmental considerations) Indigenous substance misuse and recognizing Indigenous experiences of more complex forms of trauma (BC Provincial Mental Health and Substance Use Planning Council, 2013; Ulan et al., 2013; Dell & Clarke, 2009). Social workers and health care professionals increasingly understand that ahistorical, culturally unresponsive ways of relating to service users undermine the effectiveness of services delivered (Chung & Bemak, 2002).

[3]The Substance Abuse and Mental Health Services Administration's (SAMHSA) understanding of *trauma-informed practice* is a reflection of six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice, cultural, historical, and gender issues (Retrieved September 12, 2014 from http://www.samhsa.gov/nctic/trauma-interventions).

A socio-cultural understanding of addiction maintains that substance abuse is a product of our unjust society (Csiernik, 2011; Alexander, 2008). Harm reduction[4] in relation to this understanding includes interacting with people in just ways. Relevant to this thesis, Tuck and Yang (2012) point to Jacob's (2009) "Settler harm reduction models" that seek to reduce the harms of white supremacy on everyone. As Indigenous social worker Dr. Maria Yellow Horse Brave Heart (2003) states: "Trauma exposure increases with lower socioeconomic status and shorter life expectancy" and "Oppression and racism exacerbate PTSD" (10). Van Wormer and Davis in *Addictions Treatment* (2013) identify the interlocking oppressions of colonialism, racism and classism that intersect to stereotype, stigmatize, decontextualize and over-represent substance misuse among Indigenous peoples. Canadian statistics indicate that Indigenous peoples have higher rates of narcotics-related ER visits (CCSA, 2013). As well, 25% of First Nations and Inuit report a personal problem with alcohol (PHAC, 2006) and more than double the daily smoking rate of the overall population (FNIGC, 2012). The knowledge of this context and the conscientiousness with which practitioners working with Indigenous clients incorporate this knowledge in their practice is therefore important for preventing trauma re-enactment and replicating colonizing social relations.

Brave Heart (2011; 2003) is known for her work on historical trauma and its connection to substance abuse, which she defines as 'historical trauma response.' Historical trauma refers to the cumulative, cultural, emotional and psychological wounding across generations that results

[4]"Harm reduction refers to policies, programs and projects that aim to reduce the health, social and economic harms associated with drug use. Harm reduction does not exclude abstinence as a goal for individuals, but rather provides people with more pragmatic choices, such as limiting their substance intake. Harm reduction helps to engage people and motivate them to make contact with treatment and healthcare providers if and when they are ready. Examples of harm reduction include needle distribution, substitution therapy (such as methadone maintenance), outreach, crack-pipe distribution, user empowerment projects, safer drug-use sites, heroin prescription and social justice projects" (Retrieved December 10 from CATIE, www.catie.ca).

from a people's collective traumatic experiences. This is a concept increasingly accepted in mainstream mental health and addictions literature (BC Provincial Mental Health and Substance Abuse Planning Council, 2013; Klinic CHC, 2013; Ulan et al., 2013; Van Wormer & Davis, 2013). Bombay and her colleagues' (2009) research with survivors of residential schools and 'survivors of survivors' has also shown a strong relationship between massive, cumulative, collective trauma experiences and substance abuse. Indigenous anthropologist Dr. Cynthia Wesley-Esquimaux (2004), as well as Indigenous social worker Dr. Peter Menzies (2010), have also made links between cumulative and collective forms of trauma and violence, to present substance misuse.

Wesley-Esquimaux and Smolewski (2004) further explain the impacts of historical trauma on Indigenous health disparities with the general Canadian population. These health disparities are related to the aforementioned collective forms of trauma that have been articulated as historical trauma, "soul wounding," intergenerational trauma and "social suffering" (Browne, Smye, Rodney, Tang, Mussell, & O'Neil, 2011; Wesley-Esquimaux & Smolewski, 2004; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). Leaders in the field of population health like Bywaters (2009) have identified the necessity of looking at health over the life course and incorporating a historical perspective toward the goal of tackling health inequities. Furthermore, if substance use issues are progressively framed as social and public health issues then 'treating' them could also be a matter of responding to 'social suffering.' Browne and colleagues (2011) questioned the role of primary care practitioners in responding to social suffering in a Vancouver Emergency Room. The team looked at incidents and perceptions of stigma toward poor and Indigenous service users and how classism and racism were being enacted by health service providers and thus affecting service delivery. As Browne et al. indicate (2005), Indigenous

experiences with State systems –including those with social workers in child protection– can condition what Indigenous service users expect when they encounter the mainstream "culture of healthcare" (32). This raises questions regarding the historical role of mental health and addictions service delivery by social workers in responding to pain or in exacerbating it. It also raises questions about the role of history in relationship to the mental health and addiction realities faced by Indigenous peoples.

Theoretical Considerations and Positionality

Theory.

Colonialism is a public health issue. Colonialism is the direct act of imperialism (Coulthard, 2007). Imperialism is present in the need for economic expansion and the subjugation of others; imperialism is an idea or spirit of predatory individualism and exploitation (Smith, 2012). Decolonization operates on multiple levels. It is about reconnecting with Indigenous ways of understanding, creating different relationships, and actively struggling in everyday practices of resurgence and resistance to disrupt colonial boundaries (Corntassel, 2012). Social work has been complicit historically with colonial policies (Jennissen & Lundy, 2011). Social workers have a duty to not reproduce injustices. Knowledge of colonial relations may inform how some practitioners communicate with service users. Without this knowledge, communication may not be responsive to intergenerational and historical trauma and risks re-creating unequal power relationships. Ahistoricism in the delivery of services can decontextualize as well as exacerbate the conditions and negative stereotypes experienced by clients. If, as I have argued elsewhere (Czyzewski, 2011), we understand colonialism to be a social determinant of health, then addressing it in health settings necessitates historical and intergenerational trauma-informed

approaches. Indigenous clients are often stigmatized by non-Indigenous health practitioners (Browne, Smye, Rodney, Tang, Mussell, & O'Neil, 2011).

In examining the stories that non-Indigenous practitioners tell about their work with Indigenous service users, we can better understand how best to go about eradicating this stigma. What stories do we, as non-Indigenous practitioners tell about our role in responding to history? What counter-stories might we consider?

Practice.

In talking about practice, I consider the ways in service providers working with substance users engage with historic and current relations of power. The research explores the extent to which knowledge and understanding – in particular a theoretical understanding of colonial history and relations – informs practice. This work also helps identify ways in which non-Indigenous practitioners may decolonize their practice by further engaging with colonial history and hopeful futures through self-reflexive exercises and other experiential learning. I examine the ways in which practitioners are employing 'cultural competency' rhetoric or are located on a continuum that leads to meaningful, informed, cross-cultural practice that provides hope and facilitates transformation for both parties.

Shifting our social work colonial imaginary may require questioning if we can truly know the other's experiences. Empathic responses are embodied in the language we use; in the terms we employ that are historically-informed and reflexive of current power relations. Listening with responsibility and reciprocity includes paying attention to the lived experiences and identity particularities of service users. Dichotomous terms like non/Indigenous may help us feel comfortable or suggest we recognized difference. However, identities are far more complex and

contextual than simplifying binaries imply. The binary of non/Indigenous is used in this text with awkwardness, as more-or-less categories and by informed convenience. Similarly, references to white or whiteness, should not be taken as binaries with Black or Indigeneity. While whiteness does convey privilege and defines, in part, how I am seen, it does not grasp the complexity of one's identity, status and stories. These terms are therefore used with appropriate skepticism and awareness, keeping in mind identities and realities are storied, and not fully captured in essentializing labels.

My goal is to clarify the roles we can play as non-Indigenous social workers within a politically-charged health field. McKenzie and Morisette (2003) describe our "collective moral obligation" to act.

> The model of overcoming oppression discussed here depends on the reclamation of culture and the celebration of differences within a context that promotes such an approach. Thus, it does not depend on Aboriginal people alone; it must also be supported by non-Aboriginal people, including social workers, who become allies, advocates, and facilitators of such a process (263).

Self within research.

"Sharing what one has learned is an important Indigenous tradition. This type of sharing can take the form of a story of personal life experience and is done with a compassionate mind and love for others" (Archibald, 2008, 2). Since my time at a mental health and addictions teaching hospital, I have had an interest in the use of narrative in addictions education and therapy. Indigenous storytelling is a widely used practice in Indigenous recovery from substance dependence (Menzies et al., 2011; d'Hondt, 2010; Fiske, 2008; Mehl-Madrona, 2005). Indigenous storytelling in substance use healing contexts and narrative therapy question

dominant western or meta-narratives and help re-story through counter-narratives. My research is grounded in my anthropology and Indigenous health training, my previous work experiences in anti-racism[5] popular education, navigating addictions education as a white person liaising between Indigenous peoples and a mainstream organization, and my non-formal education through social activism. This work is also grounded in personal and family experiences with intergenerational trauma, substance abuse, anxiety, 'pathological grief' and depression, in addition to many a challenging conversation with non-Indigenous peoples.

Organization of the thesis.

Before considering the data, I present the reader with a review of the literature, and then a review of my methods. I identified five themes: Identifying obstacles, Consulting the cultural, Learning and sharing stories, Engaging the self, and Doing the political. These themes comprise the major sections of the thesis. Rather than present a typical Findings chapter, in which text is broken into units of meaning, presented, and analyzed in the Discussion chapter, I chose to preserve the narratives that emerged in the research process by presenting large sections of text and discussing each theme in turn.

In *Identifying obstacles* I focus on what subjects noted about the history of racism in Canada, the presence of paternalism, and something a participant identified as 'the helping narrative.'. In *Consulting the cultural* the text deals with essentialism and generalizations about culture, and the role of cultural consultants (to be explained in the chapter). *Learning and sharing stories* is a

[5] Anti-racism is both a concept and a practice of revolutionary politics that seeks to confront, eradicate and/or ameliorate racism. Anti-racists are not merely the opposite of racists because racism in institutional and even the staunchest anti-racist can have internalized racism (Dryburgh, 2004). An active and consistent process of change to eliminate individual, institutional and systemic racism as well as the oppression and injustice racism causes (Community and Race Relations Committee of Peterborough, n. d.). However, anti-racism is not necessarily feminist, nor decolonized (Lawrence & Dua, 2005).

theme that includes the importance of un/learning stories, sharing stories and resources, and re-storying. *Engaging the self* is a theme focusing on the importance of hearing and thinking critically, how we subsequently respond in practice, and the importance of self-awareness. Finally, *Doing the political* is a theme that concerns negotiating power in one-to-one settings, participating in community and enacting resistance. Where relevant and appropriate, I will provide visuals of some of the metaphors described by the interviewees that illustrate a theme and subtheme. These visuals will appear throughout the chapters and are labelled as **Figures 1 to 5**.

In each case, the theme is grounded in the narrative presented by the participants of the research. And the discussion that follows elaborates upon and interprets the insights, ideas and concerns presented by the people who were interviewed, drawing upon the theoretical ideas and literature that inform the thesis. The thesis is framed in this way so as to summarize the ideas, as well as to introduce more relevant literature to address the rich content specific to each theme. Literature is woven into the discussion and elsewhere in the thesis "in an attempt to create a seamless link between the theory and the practice embodied in the [narrative] inquiry" (Clandinin & Connelly, 2000, 41). Following the theme chapters, there is then a conclusion that brings together these theme-specific discussions.

In the conclusion, I focus on the implications of my findings for social work, addictions practice, responding to historical trauma responses and Indigenous/non-Indigenous relationships. This research contributes to demystifying how direct care workers can decolonize their practice, as well as how they can engage in hopeful exchanges. The research aims to contribute to critical pedagogy and wise practices in social work (Wesley-Esquimaux & Snowball, 2010). I wish to better understand and further my critical and responsive practice. I also wish to better understand

how history affects my relationships with Indigenous service users. Recognizing our profession's relationship with the State and our history with Indigenous peoples in Canada are foundational to realizing social justice in social work practice. As part of this effort I reflect on Wesley-Esquimaux and Snowball's (2010) adaptation of wise practices and the Seven sacred teachings model for violence, problematic substance use and mental health work with Indigenous peoples. The teachings are Honesty, Humility, Truth, Courage, Love, Wisdom and Respect. This model helps guide my final thoughts and some implications of my research for social work practice, research and pedagogy.

Finally I consider the implications of my research for future research. This engagement with history in individual practice could expand understanding of how colonial history and colonial relations can improve practice. Additional analysis and future research on this topic could help identify ways in which non-Indigenous practitioners may further engage with decolonization and imaging hopeful futures through critical and alternative forms of pedagogy. If direct care workers are not receiving up-to-date and progressive training on flexible, wise and responsive practices in the field of mental health and addictions, then forthcoming research could also address policy concerns as to why this gap pedagogy, as well as cultural training needs are not being met. My results suggest that more research is needed that questions the concept of 'cultural competency' as used in health care policy and practices. Research is needed to describe and better understand movement toward transformation of Indigenous/non-Indigenous relationships in healthcare settings.

Literature Review

Historical awareness is critical to effective service provision. For example, when history is ignored in cross-cultural social work, it allows “the systems of oppression that initially motivated the call for cultural competence to disappear into the background” (Sakamoto, 2007, 108). Waldram (2004) highlights how trauma experiences are embedded in community, in culture, and in history. Other research stresses the need to be knowledgeable about culture, history and trauma when working with Indigenous mental health service users (Hill et al., 2010; Chung & Bemak, 2002). Chung and Bemak advance the argument that understanding culture and history is essential to developing empathic and therapeutic relationships. According to Duran (2006), non-Indigenous providers have to make a serious analysis of their own settler history and be reflective about it when working with Indigenous service users. As Haig (2012) and Duran et al. (2008) note, non-Indigenous peoples need to recognize that in addition to being colonizers, they have been colonized as well. Haig (2012), Guerin (2010), and Indigenous authors such as Alfred (2005) have noted that knowing a critical history of Canada, becoming familiar with our relationship to colonialism, is basic to decolonizing relationships.

Canada’s relationship to colonialism includes an understanding of race as a social construct (Tuck & Yang, 2012). Foucault (1997) traces back the theory of races to the 18th century with the emergence of European nationalist movements and policies of colonization. However, this understanding is ambiguous because the concept of "race" is constantly being re-created by the social body. Exclusion and segregation are normalized in a society of race struggle. The discourse of race war was reworked at the end of the 19th century into one of racism and state racism, "for the purposes of social conservatism…and colonial domination" (65). In the 19th

century, "evolutionism" became a means of rewriting a political discourse in biological terms; an actual way to think about the relations between Settlers and Indians, and thus racism first develops with colonial genocide (257).

Structural violence is understood here as colonialism and racism manifested in many forms, including systematically by the peoples and policies of the dominant social order. Social suffering (Kleinman, Das, & Locke, 1997) is one result of this structural violence, of collective experiences of cumulative trauma, and of dislocation. The production of this suffering stems from and is amplified by disconnection rooted in social and historical situations and conditioned by cultural circumstances (Wilkinson, n.d.). The concept of social suffering broadens the biomedical conceptualization of pain. Consequently, attention is brought to the ways in which both perceptions of substance abuse and its treatment are mediated by cultural conditions and social forces (Wilkinson, n.d.; Kleinman, Das, & Locke, 1997). These include how substance abuse is individualized, is seen as a problem *within* Indigenous bodies, and is *treated* by the dominant culture. As Farmer states, “Oppression is a result of many conditions, not the least of which reside in consciousness” (2004, 307). This is significant for government-funded social work in line with the paternalistic State or social workers wherever they are employed as agents of regulation and control vis-à-vis the Indigenous ‘Other.’. Holistic perspectives see the collective, cultural and historical experiences of trauma as social suffering or what Duran identified as 'soul wounding' (Duran et al., 1998).

We are still under the same regime, the “ideological, legal, ethical, and political successor” that put colonial policies in place; there has never been any drastic change or upheaval of government (Chrisjohn & Wasacase, 2009, 219). The primary recommendation that arose from the 1996 Royal Commission on Aboriginal Peoples (RCAP) was an appeal to change the nature

of our relationships (Mussell, 2008, 336). It is likely that a similar conclusion will be the outcome of the Truth and Reconciliation Commission's (TRC) report. Considering the government has never acted upon the RCAP report and has obstructed the TRC process,[6] the much-needed revising and decolonizing of relationships at a broader, political level, is a crucial foundation to our individual work (Alfred, 2005).

Some Indigenous scholars argue that non-Indigenous social workers in therapeutic relationships –by uncritically applying Western models with Indigenous clients– run the risk of continuing colonial relationships (Wesley-Esquimaux & Snowball, 2010; Hodge et al., 2009). As Hart (2003) points out, the similarities between missionary activity and social workers with a social mission needs careful and critical examination so that Indigenous-based helping philosophies, theories, approaches and practices can be advocated. Brave Heart's (2003) work suggests that what is needed is not only trauma-informed practice – which is more and more demanded in the field of addictions – but also historical trauma-informed practice. Although this is understood in Indigenous frameworks of understanding and doing in healing work, there is far less written about how and if non-Indigenous practitioners can engage in such practice.

Leaders in the fields of Indigenous substance abuse, decolonization and Indigenous education suggest we need to be reflexive and act differently than the usual dominant ways, in order to be responsive to what we have learned (NNAPF, 2011; Guerin, 2010; Archibald, 2008). Duran et al. (2008) express the importance of understanding Western-educated counsellors as products of the dominant economic, political, social moment and the colonial history that preceded it. The authors believe we must deconstruct our respective cultural histories and allow 'soul healing' to

[6] The federal government has been through legal procedures with the TRC because of their withholding of pertinent files and archives. Other than the original 'apology' in 2008, the federal government has been absent in the TRC process.

become our central metaphor (Duran et al., 2008, 293). Duran (2006) defines a soul wound as "intergenerational trauma or historical trauma" (7). It is these forms of trauma that require healing. Duran et al. (2008) call for 'multicultural social justice counselling' that utilizes a liberation discourse within the profession, as well as with clients as a move toward halting the "generations of suffering" (292). Similar principles and concepts are relevant to working with Indigenous communities. Yellow Bird, Coates & Gray (2013) state some steps and considerations we can take as practitioners: "Decolonizing social work requires that the profession acknowledge its complicity and ceases its participation in colonizing projects, openly condemns the past and continuing effects of colonialism…and seeks to remove the often subtle vestiges of colonization from theory and practice" (6-7).

In accordance with Boler's explanation of "testimonial reading" (1997), shifting the colonial imaginary may require questioning if we can truly know the Other's experiences, because empathy implies full identification with the Other's suffering. Testimonial reading inspires an empathic response that motivates action: a 'historicized ethic' engaged across genres, that radically shifts our self-reflective understanding of power relations" (256). This is not unlike the type of "close reading" that Charon (cited in Riessman, 2008) encourages in her theorizing of the narrative inquirer's relationship with the interviewee. According to Dori Laub (2013), the testimonial process allows for the traumatic experience to be "known, remembered, transmitted and forgotten" (187). The witness, companion, listener steps into unclaimed experience with the truth-teller. S/he patiently waits to receive the testimony, and is present for the "homecoming" to their truth (188). Laub (in Carruth, 1995) encourages all of us to take responsibility for genocidal events, massive events where no witnesses to the truth are really available. Concepts of Indigenous witnessing ask us to record the stories and truth-telling of intergenerational,

cumulative and historic traumas we hear in our hearts and minds, to remember and validate these truths by carrying and sharing these messages (Koptie, 2009). The notions of responsibility and motivation to action that theoretically come with these kinds of reading and listening link to the previously mentioned interest in clarifying our roles as practitioners in responding to health inequities and historical trauma. How this 'reading' is operationalized, how to embody a 'historicized ethic' and a decolonized practice emerge from interviews with practitioners and are framed within this paper as *responding to history*.

A small and growing literature exists on how to decolonize social justice work (Sajnani et al. 201?), social work (Yellow Bird, Coates & Gray, 2013; Haig, 2012) and Indigenous health work (Guerin, 2010). A search of the literature found no publications dealing with how to decolonize addictions work; nor were there publications dealing with how social workers could take up the historical trauma-informed practice, ownership of history and anti-racist/stigma work. Within a field flooded with trauma discourse, there is little engagement in the mainstream with how trauma can be congruent with the colonial imaginary. A survey of the literature suggests that research has not been done to show how providers working with substance users are taking up processes of decolonization, or how they may consider their practice as a site of political manifestation and interaction. Consequently, the questions put to participants were intended to explore the extent to which they were or were not incorporating colonialism into their practice. Given that colonialism is implicated in the trauma responses experienced by Indigenous peoples, doing so is important for both practical and ethical reasons.

Methodology

Research Design

The design used in conducting this research qualitative was informed by narrative inquiry. In narrative inquiry, when working with the material, texts are treated as a whole to reveal the experiences, learnings, teachings and insights of the service providers with whom I interacted. The design was also guided by Indigenous Storywork principles and narrative therapy questions.

In reviewing the literature I developed a series of key words relevant to the thesis topic. I then used these key words to search the following databases: Social Work Abstracts, Social Services Abstracts, AnthroSource, Anthropology Plus, and Google Scholar. I then read the abstracts to ascertain the relevance and importance of the article to my thesis topic.

Sampling Strategy and Rationale

The practitioners interviewed were selected using a snowball method. I approached current and former social service colleagues to pass on a recruitment email and consent form to anyone they knew who may be interested in the research. In-depth interviews with five direct care workers from Vancouver, Edmonton and Nunavut were undertaken for this research project. Narrative inquiry encourages speaking from a personal frame of reference, so I used a French mnemonic familiar to me to easily identity the participants in the texts. These people were:

Participant â – The only mental health worker in an Inuit community, retirement age, Euro-Canadian, female, able bodied. Decades of experience in a mainstream mental health institution in Manitoba.

Participant ê – A former harm reduction outreach colleague, early thirties, self-identified as from Hong Kong but 'Westernized,' female, able-bodied, heterosexual, university-educated. Has worked with drug users in the Downtown Eastside of Vancouver for over 5 years.

Participant î – An at-risk youth case worker, self-identified from Columbia, male, able-bodied, university-educated. Has worked with entirely First Nations youth in Edmonton for over 7 years.

Participant ô – A youth alcohol and drug counsellor, self-identified Black man, early forties, able-bodied, heterosexual, university-educated. Has worked with youth with problematic substance use issues for 14 years in Vancouver.

Participant û – An individual and family counsellor on reserve in British Columbia, Euro-Canadian, later thirties/early forties, female, able-bodied, university-educated.

It was important to me in identifying participants that I would be working with that they include people who represented a diversity of non-Indigenous practitioners. I am a white non-Indigenous woman who worked with participants who are white, as well as racialized. While some intersecting identity categories contribute to a deeper analysis or understanding of service users' realities, I attempted to make no essentialist assumptions in focusing on the content of the interviews in my analysis.

Data Collection Methods

An interview guide was designed with semi-structured and open-ended questions informed by the projects and concepts mentioned above. The questions were open enough to allow the participants to describe their approach, reflections, understanding of addiction, their knowledge and reaction to colonialism, and the place of trauma in their work. To encourage a range of

reflection on practice, participants were also asked to recall a particular time when they felt like they had done great work with an Indigenous client and a time when things could have gone better. The interviewee could stop the interview at any time and their anonymity was assured.

Interviewees consented to an audio-recorded interview ranging from 1 to 2 hours. These recordings and their transcriptions were stored on a password-protected computer. Three of the participants were interviewed by phone. The remaining two participants were interviewed in Vancouver. Interviews were conducted between March 1st and April 9th, 2014.

Data Analytic Methods

I coded and developed connecting strategies, explained below, in line with a narrative analysis to identify themes (Maxwell, 2013). My first attempt at this did not comfortably reflect the material in the interviews and I tried again. The act of dividing up the material into themes seemed counter-intuitive to the idea of holism in the narrative method: "Narrative study relies on (and sometimes has to excavate) extended accounts that are preserved and treated analytically as units rather than fragmented into thematic categories as is customary in other forms of qualitative analysis, such as grounded theory" (Riessman, 2008, 12). I dealt with the dilemma of trying to make the data seemingly more manageable, with the desire to treat the interview texts as wholes, in two ways. When I took the different codes and tried to connect them, I was informed by these constructions and messages, as well as the four directions of narrative inquiry (inward, outward, backward and forward) in an effort to find meaning and social significance in the participants' narratives (Clandinin & Connelly, 2000). What arose were five themes that emerged in each of the interviews. Additionally, every theme reflects a phrase or message that emanated from each

of the respective interviews (i.e. one participant explained the importance of "*cultural consultants*" in order to understand and respond to culture).

The other way in which I attempted to address the analysis of the interviews as integral narratives, was through consulting Ms. D. B. McLeod, Anishnaabekwe, Indigenous social service worker, community organizer and my former colleague in Toronto. I wanted to acknowledge the fact that I am a non-Indigenous person treating topics such as anti-colonial perspectives, decolonization, historical trauma and Indigenous cultures by working with an Indigenous consultant. Ms. D. B. McLeod acted as this consultant and colleague. We both acknowledged that we were speaking across territories, that we could not speak for everyone, that we wished to avoid generalizations, and that we were ignorant of some of the specifics or perspectives brought up in the interviews.

I provided Ms. D. B. McLeod with the complete set of transcripts of the interviews. I asked her to read the set of transcripts and to make notes. We held a research conversation on the five interviews for a total 3 hours, partly in Toronto and partly on the phone. These conversations focused on general reactions and feelings related to each interview, but also to specific stories and uses of language. One of the things I asked her was to reflect on how she would feel working with the service provider who we were discussing at the time. I asked her to pay attention to anything that indicated decolonized ways of working with service users. The outcome of these research conversations –which I confirmed with Ms. D. B. McLeod– aligned with the themes I found had emerged from the interviews, and helped me reconceptualize those that needed correcting. Ms. D. B. McLeod made very real how the things we understand, misunderstand and subsequently say can have serious impacts. I provided honoraria to Ms. D. B. McLeod for her time and effort.

I approached the five interview texts again. I went through each interview and distributed parts of each text into the five themes. I then went through each thematic section and coded the longer parts of text or single quotes. I then grouped these codes into relevant subthemes so I that could more readily create a fluent findings text for each theme.

I also drew on Indigenous authors as much as I could and worked at having an Indigenous thesis committee member. In terms of data analysis, I engaged with 3 of Stó:lō scholar Archibald's (2008) Storywork principles of reciprocity, responsibility and interrelatedness to approach the material on learning and sharing stories. I utilized Maori scholar Linda Tuhiwai Smith's (2012) *Decolonizing Methodologies* and 8 of the Indigenous projects described therein – and below – to help with the identification of themes and subthemes. I also worked with the Anishnaabe mental health and addictions framework put forward by Wesley-Esquimaux and Snowball (2010) to help conceptualize my final thoughts on the research.

Lastly, I chose to include a visual component to the thesis. Clandinin & Connelly (2000) describe the use of metaphors in narrative analysis, and how they "may be helpful in the creation of narrative form" (164). I drew out metaphors from research participants as a way to more profoundly understand their feelings and experiences. Indigenous educator Jo-ann Archibald shares in *Indigenous Storywork* (2008) that by coming to know a story and the feelings within it through visualization: "You're making them work" by encouraging research participants, as well as myself, to get into the story (Archibald, 2008, 134). I would like to make visual the metaphors that appear in our conversations, and share my results in a creative way, complemented by a kind of visual pedagogy to engage readers. I took relevant metaphors contained in the transcripts and created visual representations of these metaphors using pictures or material found on line, or by drawing a representation of what was said. Images and photographs are ways to order our lives,

are infused with memories that help us construct stories (Clandinin & Connelly, 2000). They appear in the Table of Contents as the List of Figures, and are found throughout the text.

Reflexivity

My interest in 'story' and 'narrative' in problematic substance use work started with my time working at a mental health and addictions teaching hospital. In the context of a First Nations resource development project, I interviewed 8 Indigenous Elders and community members about their quit journey stories on commercial tobacco use. I learned alongside a First Nations social worker from Sudbury Ontario who used drama and popular education in therapy. Through his teaching and consultation I learned the process of storyweaving as he developed it from the original model designed by female Mohawk performers and scriptwriters in New York.

I have been exposed to storytelling and narrative therapy as modalities. There are indications that narrative therapy stems from Indigenous beginnings with the Just Therapy team on Maori territory (Waldegrave & Tamasese, 2014; Pilar-Hernández, 2013; Madigan, 2011). Grounded in Foucauldian ideas on discourse analysis, monitoring and surveillance; anthropological notions of ethnography and thick description; and concepts of anti-individualism and externalization, narrative therapy advocates the power of hopeful counter-narratives toward individual well-being (Madigan, 2011). This is uncoincidentally similar to the power and place of counter-narratives in Indigenous storytelling as a modality for healing collective trauma. The difference being that Just Therapy and Indigenous storytelling explicitly name colonial violence; emphasize intergenerationality; and stress the place of spirituality, the use of metaphoric language, and an approach that genuinely reflects the importance of the collective through group and community healing practices. In addition, I was exposed to dialogue on Indigenous storywork (Archibald,

2008) that re-emphasized the power of stories to educate the heart, mind, body and spirit, and stories as mediums for collective resilience, resistance and meaning-making.

A theoretical rationale for the research is found in the concepts of 'story' and 'narrative'. Narrative research is a study of stories as told by people about themselves and about others as part of their everyday conversations (Polkinghorne, 2007). The terms 'story' and 'narrative' surfaced in the anthropological texts I was drawn to, and in Linda Tuhiwai Smith's *Decolonizing Methodologies* (2012). For Arctic Anthropologist Julie Cruikshank, writing in 'Negotiating with Narrative' (1997), a guiding theme was the idea of storytelling as "communication-based social action." I found this to be a powerful and relevant frame for this research because: 1) social work is based first in communication skills; 2) the way we communicate verbally and non-verbally across race, class, gender, ability, sexual orientation, etc. has the capacity to individually empower or oppress; and 3) social action is one response to structural oppression, so our communication can reflect personal engagement to social justice and broader social movements.

In *Decolonizing Methodologies* (2012), Maori author Linda Tuhiwai Smith identifies Indigenous research themes or 'projects' that can help guide methodology, as well as direct researchers to embark on research programmes that are strategic in their purpose and commitment to social justice. 'Projects' such as *storytelling, remembering, intervening, reading, envisioning, reframing, restoring* and *sharing* have informed this research process and guided the research 'story.' *Storytelling* may allow the storyteller (interviewee) to exert some control over the research, emphasize their truth, and usually contains humour, gossip and creativity (146). Whether the research is decolonizing also depends on the design of the research and the experience and commitment of the researcher. *Remembering* speaks to connecting people's responses to a painful past, in particular problematic substance use as a trauma response.

Intervening speaks to working for structural and cultural change. *Reading* is about a critical rereading of Western history from an anti-colonial perspective. *Envisioning* encourages Indigenous and non-Indigenous to imagine different and hopeful futures. *Reframing* is central to this research considering the way Indigenous 'social problems' may be framed by conventional wisdom. These racist and ahistorical ways of viewing Indigenous peoples, and the practical concerns that arise in equitable health care delivery, are the outcome of "colonization and lack of collective self-determination" (154). Tuhiwai Smith notes that *restoring* encourages us to look at models of healing that may use "public shaming as a way of provoking individual accountability and collective problem-solving" (156). Lastly, *sharing* speaks to the importance of knowledge being of collective benefit, and the act of sharing being a form of resistance (162).

The projects noted above are strategic and part of a research programme that is "relentless in its pursuit of social justice" (143). I kept these projects in mind as I listen, read, interpreted and tried to formulate the research findings. Some of these projects overlap with key concepts in narrative inquiry: memory, fact and fiction, interpretation, story, history, context, image and metaphor. They also resonated with concepts within the theory, literature and topic for this research (Clandinin & Connelly, 2000, 42). Advocating for the primacy of narratives in everyday health care practices, medical anthropologist Cheryl Mattingly states "…cultures provide resources for action because they allow us to invent plausible narrative scenarios and help us to place our own actions and those of others within possible histories" (2010, 49). Researchers using narrative approaches then ask questions about the cultural resources a story draws upon or takes for granted, what is not spoken, and moments, incidents or exceptions that stand out (Riessman, 2008; Clandinin & Connelly, 2000). This perspective aligns with the anti-colonial perspective I wanted to bring to this research with its focus on questioning dominant narratives,

nationalist myth-making, and individual practices of inequity. Riessman (2008) astutely points out: “Narratives do political work” (8), which echoes social work’s broader goal of social justice, but also equally directs us toward everyday practices of hope (Mattingly, 2010).

I do not mean to suggest stories, narrative, storywork are all interconnected, or one in the same – they are not. Also informed by narrative inquiry (Clandinin & Connelly, 2000) and Storywork, Secwepemc scholar Georgina Martin (2014) notes in her PhD dissertation that the phenomenon we witness is ‘story,’ whereas the inquiry is ‘narrative.’ She suggests stories and narrative inquiry as appropriate for Indigenous research and for respecting how Indigenous lives are affected by trauma. She identifies that sharing stories is partly about personal transformation. As non-Indigenous researcher who engaged with non-Indigenous service providers about colonialism, I tried to respond to my positionality through self-reflection, and a blend of methodological principles that were respectful, not appropriating. Narrative inquiry supports personal inquiry and positionality. It is “less rule derived and mechanical” (68), which supports a less conventional thesis format.

“Narrative inquiry and indigenous storywork come together because they are both relational and reflexive” (75). Like Martin, I paid attention to stories about interactions, continuity and situation (Clandinin & Connelly, 2000, 50). I also wish to acknowledge that I tried to respect the participants’ stories as best I could, but recognize “I cannot totally embody their voices” (Martin, 2014, 82). Indigenous storywork has reverence as one of its principles. Although I made significant effort to address heart and spirit as part of this research puzzle, I did not engage in reverence to the same extent as Martin. This aspect and others – such as attention to Indigenous protocols and nation-specific stories – did not seem appropriate for myself as a non-Indigenous researcher-learner discussing with non-Indigenous practitioners. Since my research interest has

to do with colonialism in Canada, the telling of this story, the presence of this story in people's consciousness, and the continuation of the colonial story and its impacts on our relationships, concepts within narrative inquiry, storywork and storytelling for intergenerational trauma, felt relevant to this project.

My collaboration with Ms. D. B. McLeod in responding to the interviews was part of an effort on my part to address my own positionality with respect to the topic. My concerns in handling the research conversations included attention to the importance of recognizing an Indigenous perspective and interpretation of the language used by participants, and the possibility of an emotional response to the material based on what it represented for an Indigenous service worker, coming from a different cultural and historical experience than my own. I struggled with decolonizing my methodologies and this presented itself to me as one way of addressing these concerns. Another dimension included particular attention paid to Indigenous methods and concepts enumerated by Indigenous authors. These included attention to the metaphoric language used by some of my participants and suggested visual representations that break with the dominance of written means for conveying ideas within dominant Euro-centric culture.

In conducting the interviews, I attempted to establish a good rapport with the participants. I employed and responded to humorous things participants said. In conducting the interviews, I practiced reflective and reflexive listening. Reflective in the re-rendering of what was said and encouraging insight into details that may have been missed. Reflexive in the questioning of my values, attitudes and beliefs, awareness of my limits, my role in relation to others, and the "thinking from within experiences" (Bolton, 2010, 14). The result was that research conversations were open and genuine. Some of the questions I asked were clearly uncomfortable for some of the participants. However, participants did not hide their discomfort, in fact it was

evident from the content of the transcripts. This suggests that subjects were both forthcoming and candid in the ways in which they responded.

Limitations

Given that I interviewed 5 participants, there are clearly limits to the extent to which the results of this study can be generalized. I made several attempts to locate someone who worked with Metis service users and was unable to do so. My analysis is clearly a function of my own positionality, as well as my knowledge and experience, both of which I have spoken to in my introduction and at various places throughout the thesis.

Theme 1 – Identifying Obstacles

In the theme, *Identifying Obstacles* I focus on what participants in this research said about colonialism as a determinant of health in Canada, the presence of paternalism in language and direct care practice, and something identified by participants as 'the helping narrative.' Obstacles are those things that get in the way of being alive well, that get in the way of therapeutic relationships, and that interfere with transformative ways of healing from substance abuse. A summary and discussion of the findings, in relation to relevant literature, follows.

Naming violence and the context

The context of my thesis is the socio-cultural dimensions of problematic substance use and cross-cultural therapeutic relationships. I maintain that contextualizing, in social work practice, means applying a social determinant of health perspective (SDoH) to the concerns service users present. The development of a SDoH perspective involves understanding the social, political, emotional, spiritual, physical and economic realities of service users. In mainstream social work we often conduct 'bio-psycho-social assessments.' We hear many stories through this process. Some are about aggressive human interactions, spiritual discrimination, physical segregation, and political violence. Talking about violence and oppression makes these stories present and their impacts real.

All of the participants interviewed attested to only learning about colonialism – and the existence of colonial violence – in adulthood, largely in university. One Euro-Canadian female counselor described being misinformed by her provincial education system:

> …and that was up in the Sea-to-Sky area, um, and I went up there because I, I did want to work with Indigenous populations, because I'm from Ontario and I moved to B.C., uh, I guess, oh jeez, almost fourteen years ago, and um, and it was this huge revelation to me

> that Indigenous populations still existed. Because in Ontario, in school, you're basically taught that they all died off. (Participant û)

Some direct care workers identified a lack of knowledge among colleagues: "Um, well I would have to say some people definitely don't have that kind of knowledge and background about it" (Participant ê). Another described what he saw in his decade and a half of work with substance users, largely with First Nations youth, as a lack of knowledge on residential schools.

> For example, half of, more than half of Canadian young people don't, don't know what residential schools are. I think that speaks to, to a bigger problem in terms of how exclusionary, racist our school system is, in terms of marginalizing, and subjugating the other, to the margins. (Participant î)

One White, older female participant shared her concern about someone not having knowledge about the residential schooling system. "Um it would be an injustice to attempt to work with the Inuit without knowing the history of the residential schools" (Participant â). However, the same participant, when asked how she spoke about residential schools with service users, said she did not talk about it much.

Only two of five participants indicated that they were familiar with practices and/or policies beyond those dealing with residential schools. One participant insisted that those of us who are non-Indigenous do not really know the impacts of colonial legislation, in particular the *Indian Act*.

> So much damage done by the, by this law. Try to culturize First Nations children into Canadian culture and just, we don't understand how much damage, and that there's a straight direct correlation with drugs and alcohol for them. (Participant î)

Ms. D. B. McLeod, who was consulted with regard to the content of interviews with participants, identified some participant's descriptions of colonialism as simplifying or "glossing over." For example, in the following quote, the respondent describes how trauma and violence from one service user's day school experience impacted their comfort level when alone with a doctor.

> Um one woman that I worked with intensely…was never comfortable to go in to see the doctor on her own, because of her experiences in colonization times, in a sense. She didn't actually attend residential school, but she was a part of day school, where she was sexually abused and gone through all of those things. (Participant ê)

One participant described what he understood about colonialism and its impacts in relation to problematic substance use and his largely Indigenous caseload.

> And I think that speaks to the exclusionary nature of the system that we currently live in, which is about, you know, accumulation of dispossession, and I think that's problematic because it creates, um, victims. (Participant ô)

All the participants spoke of "damage," "exclusion," or "trauma" in the lives of Indigenous service users with substance misuse. Trauma was identified in work done with youth in care and transitioning out of care, with women in the downtown eastside, in mental health work in an Inuit community, and in counselling work on reserve. Trauma took up significant space in people's work with largely Indigenous caseloads and in their work with substance users. For one participant, it was "the big one" (Participant î). It was considered by one participant to be so significant that alongside needing to "know the culture," she mentioned that one needs to know "the trauma" (Participant â). These were her two most important pieces of advice to workers. Participants also hinted at complex forms of trauma, such as [like] intergenerational trauma.

> So even with um, like uh, elderly, not elderly woman but she was in her fifties or whatever, um I've met with, you know I met their daughters and their grandkids and stuff, and you see that, you know, and I think it has a lot to do with, because she never dealt with her issues, that it gets passed on to the daughters and so on and then they're all living in chaos as well right? So you see all the young pregnancy, um the, using at a young age, all of that. It's, definitely you see that cycle happening. (Participant ê)

> And most of these victims, in the case of First Nations people, you know, um, a lot of the people who, um, I see in my profession, is people who are dealing with inter-generational trauma, as a result of residential schools, as a result of the Indian act, as a result of the, of the ongoing uh, exclusionary policies of the different levels of government. (Participant ô)

Two participants used the constructs historical trauma and historical impacts, and both in reference to relationships. One used the term while talking about the people who comprise his entirely First Nations caseload, 75 to 80% of whom present with Fetal Alcohol Syndrome and addictions issues. This participant (î) questioned aloud if historical trauma was a barrier for First Nations youth connecting with foster families. The other participant (û) used the construction in reference to the inappropriate labels used by outsiders visiting the community. She suggested they were inappropriate because they were ignorant of historical context.

Addictions-specific beliefs

Participants identified beliefs that linked colonial policy to present day over-representation of Indigenous service users with problematic substance use concerns. While participants all identified a relationship between trauma and addictions, some participants maintained this was a causal one. This relationship is described in conjunction with Canadian SDoH: early childhood development, social safety network, gender, social exclusion, unemployment, education, housing, and 'Aboriginal status' (Mikkonen & Raphael, 2010).[7] One Euro-Canadian, older female participant described the relationship through her story, prompted by a question about an exemplary time when things went well.

> And uh, the, coming up to this event was very, very difficult. Um, I, he just about didn't make it, like uh his behaviors uh, he just about suicided before the event, and um my concern was how to get him there, how to keep him safe until he testified. And um, the, that's where those, the stories come in. Like he was one of, a fellow that I did a suicide risk assessment on, I actually put him in cells for his own safety, he needed that, for his own safety, and you know talking about residential schools and the impact and his addictions, his addiction is to marijuana, um, everything all rolled in. Like he is a product of residential schools, and he has an addiction issue now and he's chronically

[7] The author has been critical of these categories, such as the use of 'Aboriginal Status' in *Colonialism as a Social Determinant of Health* (Czyzewski, 2011).

> suicidal and it's just a miracle that he's still walking today. And just when I think you know like it can't get any fucking worse is all I can think, you know, and I'm sitting across from him and uh, like I can't let him out of cells, and there's really no where to, for him to go except through, you know, the Selkirk mental health center and that's not the place for him either you know but it's safety, so you sit across from each other and you know my question to him was, uh you know, after we talked for a while was, you know I don't see how I've helped at all, like how can you even suggest that there, cause he tried to suggest that I was helpful, and uh his response to that was that uh, before he crawled and now he's able to stand. (Participant â)

Participants drew connections, in the case of some people, between trauma and addictions.

> Like some people, the reason why they're in addictions is because something happened to them when they were eleven. So if you don't deal with that repressed depression in a sense, or that repressed issue, you're never really gonna move forward because that was something that happened that caused them to be the way they are today, right? So, it's almost like when you're working with somebody you need to make sure you deal with all the issues that they have dealt with in order to make it whole, right? (Participant ê)

While participants acknowledged links between trauma and addictions, one participant also noted the possibility of a different response to trauma or hardship:

> …obviously you let them say how [colonialism] has uh, impacted them. And some of them haven't. Some of them actually have told me that because of that, it actually made them stronger. (Participant ê)

Others described substance abuse as a good way of coping with the pain of dehumanization and complex trauma. Another described this as a way of "taking back power" as illustrated by the following quote.

> And it makes so much sense in an Indigenous community because of the, the disruption of parenting through the residential schools and all the deaths and the breakups of communities um, so yeah, I, I understand it as that, and also as a um, a bit of a way to take back power because, you know, if, you know I'm not allowed to speak my language, not allowed to follow my traditions, etcetera, etcetera, but I'm allowed to drink. It's, it's something that, you know, anything that people will, can have control over, kinda like a rebellious teenager [laughter]. (Participant û)

Another participant described addiction not as the 'taking of power', but a manifestation of power over.

> I think to work with marginalized population, be it people of colour or First Nations people, you have to first understand the root causes of why people find themselves in the position they find themselves in. Because if you are marginalized then you want to, you know, you use substances to cope, because you, you are not seen as a full human being…it's difficult to recover from that because it's constant and it's ongoing, and it's difficult to kind of rise up from that. (Participant ô)

While only one of the five participants indicated a long history of practice (14 years) in addictions work, all participants described stances toward substance use within a harm reduction spectrum – from advocating that crack is a safer option over smoking crystal meth, to abstaining from use of alcohol only. Three of the participants stated that the current approach to problematic substance use was not working. Four of the five shared that they would not tell a service user to stop using. The fifth participant described how she would not try to tell a youth to stop smoking pot, but that she would promote abstinence from alcohol as a necessary stance due to drinking's relevance to suicide attempts in Nunavut.

> So, so there's, those are some differences that you have with regards to this person that's sitting across from me that's male, young, and uh, has a drinking problem. Would it be a problem in other cultures? Maybe not, but it's a problem when it could result in his death. And so therefore my approach to alcohol is perhaps different, mine is, would be abstinence. More, I would more encourage abstinence than reduction in, than harm reduction because you don't have the leeway here of the person relapsing. You know, like they're going through the process I'm gonna try, I'm gonna try, I'm gonna try to be like a normal, you know drink like everybody else, safe etcetera etcetera, well we can't, the risk is just too high to take that stance, so my particular stance would be to oh um, you know, you gotta give this up, you gotta really consider given this up altogether type of deal. We don't get there a lot of times but that would be where the goal would be somewhat different than it would be elsewhere. (Participant â)

The speaker equates harm reduction with controlled substance use. The quote also suggests that questions can be raised about the usefulness of the abstinence approach advocated by the direct care worker.

Choice, self-determination and paternalism

Participants did touch on abstinence and harm reduction in their responses but were not explicitly asked their position. In *Addiction Treatment: A strengths perspective* (2013), Van Wormer and Davis acknowledge the important space of choice in addictions work. Australian Aboriginals and Torres Strait Islanders' web-site, *Creative Spirits,* defines self-determination as a transfer of decision-making power (Creative Spirits, 2014). In an attempt to clarify her approach to addictions work, one Euro-Canadian, older female focused on choice.

> … usually what I would think, what I believe is that it's choice, so it's a choice um, just I've taken, I have a different stance now and that is to eliminate the choice, the choice is made that I'm not gonna drink so therefore every time that the alcohol goes around, that these young guys go to, you know these nineteen year old goes to a party and there's alcohol there, he's not thinking in his mind 'am I gonna drink tonight or not.' It is gonna be in his mind is that that choice is already made. There doesn't need to be any questions going around in his little brain um, that choice will have already been made and therefore he can be, therefore he can be safe from getting intoxicated and possibly killing himself. (Participant â)

The concept of choice, more specifically freedom of choice, was also brought up by three other participants. These participants expressed their sentiments with regard to workers who suggest to service users they should not use. They described these scenarios as paternalistic, offensive and an act of power. For example:

> So I'm not one of those that will come to a youth and say 'Aw man that was bad, you cannot do that anymore…don't you see it's hurting you? Don't you see your life is going downhill?' I don't give a lecture about that, they're gonna say: 'Fuck you!' (Participant î)

The following metaphor appears to deal with the manipulation and exploitation of Indigenous destinies.

> [E]verybody just pretends. Even if the king is, is you know, killing half the population, or there's slaves in the arena, we just all pretend it's all good. I don't want to do that, right? I don't want to say that, the Emperor's wearing clothes, the Emperor has no clothes. Right? And I don't want to be, I don't want to, to, to be sitting somewhere eating grapes, you know, you know, while somebody fan me. I want, I want the, the, the people to understand that there is **slaves in the arena beneath my eyes (see Figure 1)**. I think that's important for us to be able to make this profession what it was meant to be. (Participant ô)

The manipulation of choice through decision-making was invoked when participants described workers' ways of being that came off as "being a parent" (Participant ê) or lecturing. According to Merriam-Webster, *paternalism* is an attitude or action that "protects people and gives them what they need but does not give them any responsibility or freedom of choice" (2014). When enacting responsibility by deciding for others, the case can be made that we are trying to determine the service user's destiny. Self-determination is a considerable topic in Indigenous activism, academia and healing literature, and a voiced response to the paternal State. In my interviews, as ideas about the helping professions, harm reduction, and Indigenous healing intersected, 'choice' became a loaded topic.

Participants were particularly vocal and animated when it came to what service providers were doing that was unhelpful by trying to make choices for clients. For example:

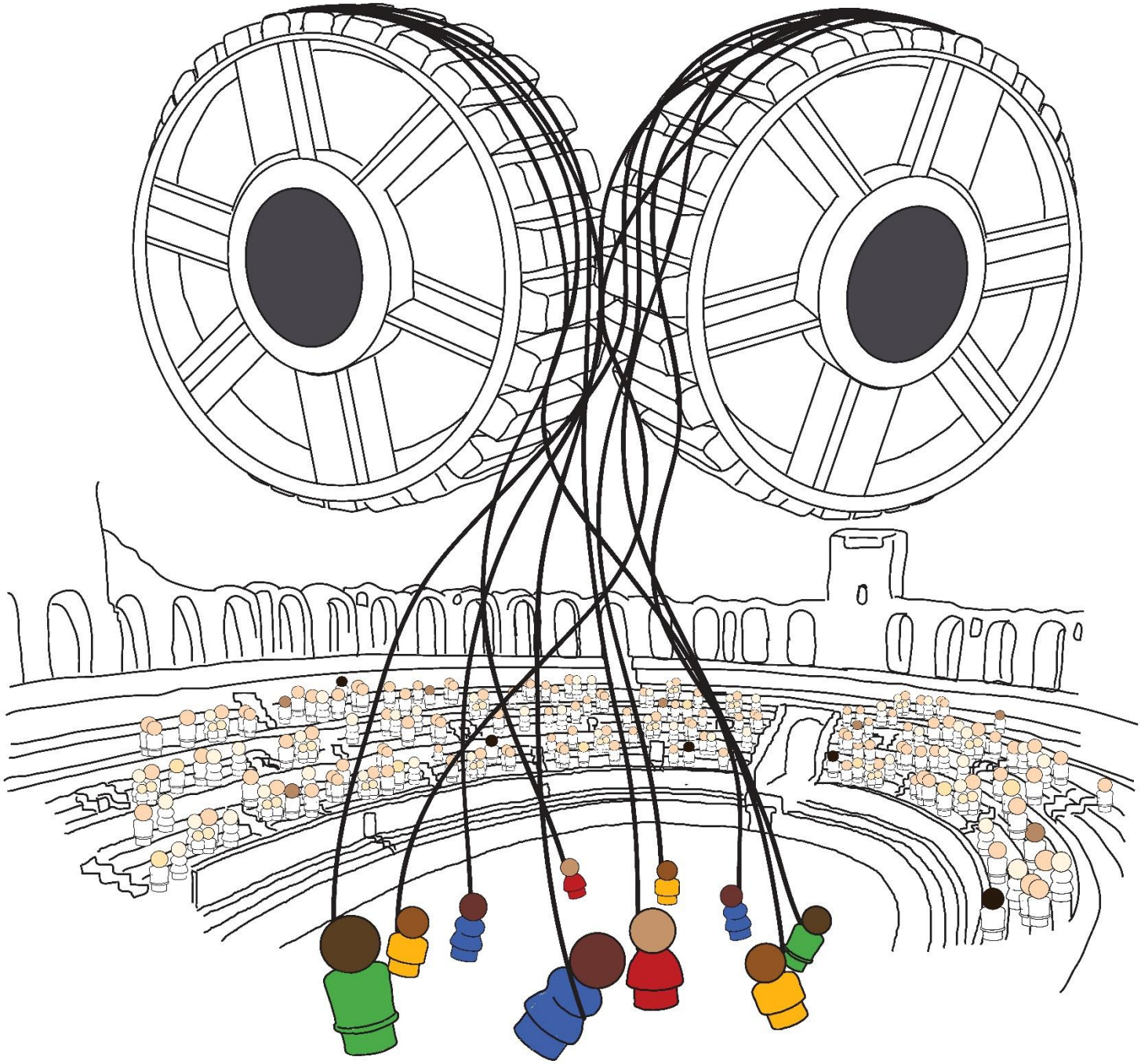

Figure 1. **"Slaves in the arena beneath my eyes."**

> Well, what I, I do, I, I do believe in people and it's all about people and relationships and, if you wanna help somebody you kinda just come and throw them the goals. Sign in and, and then: 'Make better choices, if not you're screwed, and we will screw you.' (Participant î)

Self-determination, 'freedom of choice' and social work's reputation with Indigenous peoples also emerged, as seen in the following.

> But often women, even when they answer that they come up with their own ways of how to solve their problem and sometimes, women don't want you to solve their problems, they want you to be there to be their support. And I think a lot of social workers, or whatever are thinking, "Okay because I'm a social worker I have to go in there and solve her life problems," but that's not what it is. It's about supporting them into doctors' appointment, referring them the right way to whatever they're asking for, you know, and being open to that, you know, giving them options. And I think a lot of the wo…like, especially Indigenous women, they've never had a lot of freedom of choice. Due to residential schools and all that kind of stuff. They were always forced to a certain direction. (Participant ê)

What ultimately stood out was a criticism of the way we practice direct care work and non-Indigenous, mainstream approaches to clinical work with marginalized people who use substances.

Complicity

Four of five participants either alluded to or explicitly indicated that there were workers – 'part of the system' – that operated in ways that were 'task-oriented,' racist or biased as illustrated by the following quote, where "that kind of approach" is a reference to these ways of operating.

> …that's how it was so much easier for me doing my front line thing was … I've never had that kind of approach where I'm forcing it on people or disciplining people. Like, it's always been very non-bias, and very, just educating. (Participant ê)

Four out of five participants indicated that knowledge about the history of Indigenous/Settler relations in Canada was significant to guarding against operating in ways that were racist, biased

or colonial. Part of this guarding against included learning about settler colonialism and complicity. Two participants acknowledged social work's complicity in colonial policy, education and practice. Here is an example:

> By looking at the way we are socialized, and questioning, and understand we live in a racist settler society, and we need to use a practice to deconstruct that racist, settler approach, to the helping profession, and all profession implicit, explicit, you know um, uh, complicit, complicity, in subjugating Aboriginal people and people of colour. (Participant ô)

Broader Barriers

These insights point to systemic and structural barriers to doing good work. All participants indicated lack of space, lack of services available in community, unwieldy caseloads that made follow-up impossible. Bureaucracy and time pressure were barriers, as illustrated by the following quote.

> …I found myself in kind of a liaison role and, um, uh, you know reporting, uh, preferences and desires of the Squamish and Tsleil-Waututh Nations, and, and just being met with a lot of 'Oh, you know, we can't do that, we can't change that, that's, that's policy from higher up' um, and just not, uh, not able to do what the Nations wanted me to do, um, and just getting tired of having to tell them that, because then it looked like I was the one that, you know, didn't wanna do what they wanted me to do. So, yeah, and um, yeah, I've never been a big fan of bureaucracy and stuff so. (Participant û)

Another participant noted that it is difficult to respond effectively when social service users are stretched. Another suggested that it becomes even more difficult to respond appropriately if the work of social service providers is based on unquestioned historic power dynamics or a failure to take a critical look at the approaches being used. At times, participants could not explain the benefit of certain strategies or how they determined if they were helpful or effective.

> It has, I don't suppose it really has any bearing on uh, you know I don't go into their relationships and I don't take them apart, I just need to be aware of, of what they are, we don't discuss them it's just I need to be uh what do you call, um, it's part of an

> information gathering process that I do, I don't really use it for anything except for my own benefit, we don't counsel on it. (Participant â)

The same participant also shared that she had lost a client because she had called his family to 'gather information' without his permission.

> Researcher: …. Can you think of a time when you felt like work with an Inuit client could have gone better?
>
> Participant â: Yes, the uh, I generally don't uh, an area that was very touchy, that I will not ever repeat again and um it would be around confidentiality. The client viewed that uh my talking to the family was um a violation of his, his confidentiality like what went on between me and him.

For another participant, stories like these raised serious questions about how some people practice direct care work with substance users.

> And you hear service providers say: "You know what, I could count on, on, on my finger how many people I've helped." Well after ten years if you can count on your finger how many people you've helped there's some problems in that, that approach is not working. And we're not willing to question that approach. (Participant ô)

Participants pointed to larger barriers that impacted their work as non-Indigenous practitioners working with Indigenous clients who present with substance use issues. One participant criticized how his provincial government responded to problematic substance use, and that a mental health-based public health response was needed:

> …And I don't think the health system is really addressing the mental health aspect of addiction, as much as they should. They just offer services for a very short period of time, which in my opinion is not, not even close to really tackle the addiction. They are just offering from the health perspective, from a physical perspective, they're, they're just tackling, "Oh you feel better, because you haven't used in the last few days, few weeks" And then just, you know show some stability, but if they haven't made significant attempts to address the mental health part of it, then (incomprehensible) gonna go back into it. (Participant î)

This position critiques the narrative of understanding problematic substance use as individual failure instead of framing substance abuse as a response to trauma, dislocation or systemic

oppression. In this respect, the participant is pointing to the way in which 'addiction' is understood and 'treated' in the mainstream, and the lack of political will to re-define and fund alternative ways of operating. Not only are there financial and political barriers, but the way in which both social work managers and service providers conceptualize and work with people may also be problematic, as the following quote indicates.

> I think it's important to be able to constantly critique yourself, because it puts you in a different position around how effective you can be in terms of, not only growing as a person, but looking at ways to transform the prevailing narrative around the bio-psycho-social model that is currently, um, in hegemonic positions within addictions. (Participant ô)

The 'helping narrative'

The theme that ran through this research was the concept of narrative. One person's response is worth noting due to the explicit use of the word 'narrative.'

> …And as, if you, if you bring that anti-colonial, anti-racist approach to your work, you're excluded, because the, most of the counselors represent the dominant narrative, and does not want to change, because it's is inherently upsetting for them to think that they are part of the problem…….People in, in the helping profession like to think they're helping. They don't want to see that the people that they're helping as having an, um, a mandate to control their own destiny, they want to see it as a way to, for them to be able to control what is, what is uh, what the helping narrative is doing. (Participant ô)

This quote makes it clear that it is uncomfortable for people in this field, including social workers, to acknowledge that they have a role to play in the marginalization of Indigenous peoples.

All participants narrated some of what drew them to working within positions where they had largely Indigenous caseloads. Three expressed a desire to 'help people,' one was fascinated by cross-cultural work, and one was motivated by politics.

> …I retired a while ago, and uh, a few years ago, and it, and that I feel like I've been, throughout my life, been taking, taking, taking and now I'm at a place where I have something that I can give, and so that's what my purpose is up here, is that uh, that I feel like I need to give back and [community] has chosen me so I moved here and I'm staying here for a couple of years, which is what it's going to take in order to make any difference. So yea I'm here to give back, and uh, so I haven't been inspired really by anybody I see myself as a forerunner, and somebody that if I get the opportunity can make a difference perhaps in the addictions field. (Participant â)

> Kinda threw all the stigmas out the door, because that's what you've been always taught, right, with all these stupid stigmas. And then with that course and that whole tour of the downtown east side really changed my life. Like it really made me want to help people and really, you know in the line of work of helping people. (Participant ê)

> And so when I came, when I came out here and I found out, you know, the whole history and what was going on here, I was just amazed and um, and really fascinated and, and uh, I love cross cultural types of work so I wanted to, to get my feet wet in that. (Participant û)

These quotes also provide an understanding of workers' stances on 'helping,' and the extent to which they are critical of their 'helping narrative.' They help to clarify how workers frame their role in relation to service users. Some of them also demonstrate how the 'helping narrative' can reinforce paternal ways of being, as well as how it can create victims, manage otherness, and exoticize people.

Discussion

The theme in this chapter, *Identifying Obstacles,* was to highlight the barriers or inappropriate ways of being and understanding that participants identified in their direct care work. This chapter explored how practitioners working with Indigenous peoples who use substances understand and talk about colonialism. Colonial ways of being were linked to impacts on Indigenous health and substance use. Participants acknowledged the significant place of trauma in their work. They also recognized that without knowledge of Canada's colonial history, some

of the ways social service providers respond are inappropriate. Some participants spoke to ongoing forms of colonialism and racism, and "being a parent" (Participant ê) in their line of work. Every participant identified political, economic, social barriers to health. Some participants linked the historic role of social workers in 'creating' Indigenous 'cases,' or the over-representation of Indigenous service users. Lastly, I looked at some examples of stories we tell ourselves about how we came to this line of work. What follows is a discussion of the literature in relation to key findings presented above.

This theme explored knowledge about, and what can be argued to be the misuse of a concept like historical trauma and substance abuse, as a response. The information presented above exposes the messiness and challenges of mental health and addictions work, across race, class and culture. Quotes from participants raise questions about how we, as non-Indigenous service providers, name colonial injustice in our practice. At the same time, the question is raised about how, in doing this, we guard against marginalizing or generalizing Indigenous peoples. Getting in touch with Indigenous perspectives, along with knowledge acquisition and awareness training, are first steps as Guerin (2010) identifies in *A Framework for Decolonizing Interventions.* Within mental health and addictions work, these steps are also relevant to how we talk about trauma and substance abuse. Trauma can be a loaded space with Indigenous service users. Several authors address the construction of 'historic trauma.' As mentioned previously, these include Brave Heart (2003), Wesley-Esquimaux (2004 & 2007), Waldram (2004), Fletcher & Denham (2008), Bombay (2009), and a number of authors whose work is found in a volume of *Transcultural Psychiatry* (2014) dealing with trauma. A critical analysis of the construction of the concept and how it is presented in this literature is generally missing from mainstream accounts on historical trauma.

Differentiating between historic or historical trauma and historical trauma response (HTR) is important. Through ethnography, anthropologist Aaron Denham (2008) introduces the Si John family from the Coeur d'Alene reservation in Idaho. The family members share stories of their survival at boarding schools, hangings, land theft and assassinations. Although the family endured brutal colonial policies, their historical trauma response (HTR) is one of resilience. Family narratives of historical trauma, but also of survival and responses to injustice, "function as a vector," or what Denham (2008) identifies as "a significant carrier of cultural and family identity." He also notes that: "Embedded within the trauma narratives were numerous strategies for resilience" (392).

Denham offers a critical eye on the concept 'historical trauma' by questioning its use as a blanket statement for things such as the health disparities between non-Indigenous and Indigenous peoples. He points to the use of the term 'historical trauma' in often decontextualized ways, divorced from larger social and political factors. The reality for Indigenous peoples, particularly in Canada, includes daily reminders of colonialism through discrimination, identity bureaucracy (i.e. Status/non-Status & 'proving'), displacement and institutionalization. The Si John family describes to Denham the use of storytelling to transmit collective memories of survival and strength that are situated within a larger sociocultural and historical context. The stories use metaphoric language in narratives of trauma to ground family identity, to teach, to learn strategies of resistance and to offer protective strength.

Waldram (2004) talks about the history of substance abuse labels on Indigenous peoples in North American, and how health care practitioners and researchers played important roles in perpetuating the idea of the drunk, traumatized, abusive, and offending 'Indian.' Waldram (2004) and Denham (2008) stress that we cannot assume all Indigenous peoples are 'traumatized' and

dysfunctional. In fact, some peoples' historical trauma response contributes to the re-telling of survival, the sharing of resistance and pride in their collective identity. Maxwell (2014) notes that historical trauma discourse can simultaneously operate parallel to Indigenous healing movements and as counter-narrative, as well as in conjunction with "colonial professional" or "psychiatric discourses" and colonial concept socialization (426). She questions how service providers understand the inheritance of trauma, its impacts, and the framing of recovery as requiring "personal, often professionally-mediated transformation, rather than broader changes in the social and political order" (409). In other words, the use of historical trauma in popular addictions discourse can facilitate the remembering certain histories, while marginalizing others and obscuring ongoing injustices (Maxwell, 2014).

Participants' attempts to vocalize their understanding of colonialism's impacts on people's lives were difficult articulations. They were difficult in terms of the impossibility of reducing centuries of injustice to a phrase or two. They were difficult because these were articulations that Ms. D. B. McLeod, the research consultant, found simplifying or 'glossing over,' demonstrating a lack of knowledge of the complexity of colonial, racist and capitalist forces in impacting people's lives. When practitioners restrict their knowledge of colonialism to the residential schools, they confuse complexity and attribute causality to "residential school attendance as the ultimate and uniquely damaging experience of colonization" (Waldram, 2004, 229). According to Maxwell, "the concept of trauma shifted the focus to individualized experiences of abuse and subsequent psychopathology" (2014, 417). Bracken (2002), a psychiatrist writing from a medical anthropology lens, also sees trauma discourse as largely pathologizing; it is a socio-cultural construct that can be used to support the power and role of science and technology, by urging

intervention. He reiterates the ways we perceive, understand, recognize and heal from trauma are mediated by our social, cultural and historical contexts.

Bracken describes the current obsession with trauma, the growing 'trauma industry' as a reflection of a search for meaning in our mainstream North American culture. A number of anthropologists further contribute their understanding to the prevalence of trauma discourse. For example, medical anthropologists Fassin and Rechtman (2007) highlight the space of trauma discourse and the moral economy of victimhood in *The Empire of Trauma*. They suggest that trauma can be used as a "resource to support a right" or "to testify to the reality of persecution" given that this social construction has social and political power (10). Proving a degree of trauma can create "assets that could be used to leverage the state" (Petryna, 2002, 31). Waldram (2004) suggests that Indigenous peoples may not necessarily see trauma as a pathological condition, as some scholars have proposed; it can still be seen as a particular position that attests to the seriousness of history as memory and "as a metaphor for their historical relationship with the European settler society" (236).

Hernández-Wolfe stresses the limits to how mainstream helping narratives take up historical trauma, as they often stem from Eurocentric, Imperialist[8] philosophies: "These professions are embedded in systems of thought and practice that maintain ethnocentric foundations in regard to science, research, health, and models of practice…[they] impose highly biased constructs of health and healing under the guise of a standard and universal diagnostic system" (2013, 62). Some Indigenous scholars believe that non-Indigenous social workers in therapeutic

[8] Imperialism as defined by Linda Tuhiwai Smith (2012): "…colonialism is but one expression of imperialism. Imperialism tends to be used in at least four different ways when describing the form of European imperialism which 'started' in the fifteenth century: (1) imperialism as economic expansion; (2) imperialism as the subjugation of 'others'; (3) imperialism as an idea or spirit with many forms of realization; and (4) imperialism as a discursive field of knowledge" (22).

relationships – by uncritically applying Western models and narratives with Indigenous clients – run the risk of continued colonial relationships (Wesley-Esquimaux & Snowball, 2010; Hodge et al., 2009). For example, as a non-Indigenous white female social worker, my social position is one of being a descendant beneficiary of settlers who control professional discourse far more than Indigenous peoples. As part of the dominant demographic of practitioners, we carry considerable privilege. Family therapist, Hernández-Wolfe, asks that we address our social positioning, our privilege, and the legacies of colonization that we stand upon as we respond to stories of trauma and resistance. She notes the pervasiveness and the necessity of naming the impact of social exclusion or racism on health.

Echoing one particularly articulate participant, Stoler notes that racialized others in colonial settings are "equated with children," and those with power and privilege are provided with "moral justification for imperial policies of tutelage, discipline and specific paternalistic and maternalistic strategies of custodial control" (1995, 150). As evidenced from the above participant's treatment of choice, imperialism and paternal ways of being, among other things, can look like the restriction of choice on the service user's self-determination. Monture-Okanee and Turpel (1992, cited in Cannon and Sunseri, 2011), understand self-determination to be necessary: "Peoples must determine their own destiny" (278). Van Wormer and Davis (2013) identify "choice as the hallmark of a harm reduction model" (26). Increasingly in social work and in Indigenous politics, the concepts of choice and self-determination are central to the relational ethic. When we act in paternal ways through a spirit of tutelage and discipline, and through subjugating discourse, this is a reflection of our own values, assumptions and how we see our roles as agents of wellness. Are we open to collaboration and relinquishing power?

Alfred (2005) notes that we all need to be critical of the "politics of pity" and presenting Indigenous peoples as victims (144). What can be called 'made me want to help' positions can be positivistic or deterministic in their suggestion of cause and effect on the service provider; there is no presence of personal choice in this expression, nor is it representative of a level of social analysis that reflects building community or social bonds. The results presented indicate that some practitioners – in particular the people of colour I interviewed – are cognizant of what historical trauma can look like, their own racial stereotypes, their professional power, and the importance of self-determination. Fewer practitioners were able to provide a thorough context for, or speak to, the complexity of experiences of trauma, or to provide a critical look at 'helping.' This raises the questions: What stories do we tell ourselves about the work we do, how we got there and why we do it? Does the story we tell ourselves contribute to framing people as exotic others, victims of history and ongoing racism, and infants in need of our care? Or are we following a narrative that questions 'helping' and a narrative of empowerment where we are 'helping people help themselves'? Are service providers still trying to be 'White Knights?' Do we still try to 'fix,' 'solve,' 'save' and 'rescue'?

Decolonization questions Occidentalism, racism, a totalitarian and unilateral globalizing, imperialist ideology and the capitalist economy in the therapeutic setting (Hernández-Wolfe, 2013). In caring roles and positions of power, we may be inclined to be a parent. These paternal tendencies justify State power by the subjugation of economic and social 'others.' By taking an 'I know what's best' attitude toward Indigenous peoples, we interfere with individual agency and Indigenous self-determination. Cultural hegemony[9] has been reproduced in a considerable

[9] Cultural hegemony (Gramsci, 1971) refers to the idea that a society that may seem culturally diverse can be dominated by one social group, which manipulates beliefs, explanations, values, and practices, representing them as

volume of mental health and addictions discourse which blames culture and skin colour for health inequities and constructs Indigenous service users as infantile, in need of surveillance and discipline. For example, he term 'Aboriginal status,' used in social determinants of health discourse, can be problematic if used unsophisticatedly. It can appear as part a list of risk factors, implying because someone has Indigenous heritage, he or she is at risk: that is, Indigenous culture is the problem. As direct service providers, social workers have a role to play in openly condemning past and ongoing colonialism (Yellow Bird, Coates & Gray, 2013). Acknowledging social work's complicity in colonial projects requires understanding this story, becoming actively engaged in linking service user concerns to structures of oppression, and being attentive to colonial forms of practice. A way to start addressing obstacles to responsive practice is to pay attention to conversations with culture and cultural consultants, as discussed in the following chapter.

societal norms. The theory states that the ideas of the ruling class come to be viewed universal ideologies that benefit everyone, although they really only benefit the ruling class.

Theme 2 - Consulting the Cultural

This theme, *Consulting the Cultural,* covers what my colleague Ms. D. B. McLeod found most problematic with the interviews: the presence and prevalence of generalizations. Generalizations can also be understood as *essentialism* if they suppress temporality (history). R.D. Grillo (2003) defines *cultural essentialism* as "a system of belief grounded in a conception of human beings as 'cultural' subjects, i.e. bearers of *a* culture, located within a boundaried world, which defines them and differentiates them from others" (158). Essentialism assumes an unchanging, elemental nature unaffected by the products of human agency, ultimately the denial of the relevance of agency, and ignoring of internal variation (Salzman, 2009). This section explores, through conversations with participants, the generalizations we utter and the essentialisms we attribute to peoples. The findings go from statements *about* culture, to a conversation *with* culture and cultural consultants.

Generalizations

Pan-Indianism.

Pan-Indianism, in the context of this text, is about language that represents Indigenous peoples as a homogeneous group, as static and unmodern cultural beings. The following participant warns of generalizing First Nations cultures.

> So, I don't think it's monolithic, I think there's trai… there's change and transformations in terms of different parts of, uh, First Nations culture and I think it's problematic when you, when you kind of put everybody in the same basket, you lose the richness of what's really going on and the transformational change, the paradigm shift in terms of child protection, in terms of child welfare, in terms of addictions, in terms of, you know um, restorative justice, in terms of all of those pieces that I think is, is important for a counsellor to understand if you're going to provide effective um, treatment and support for First Nations people. If you don't see it, then you're losing so many pieces. You

> actually, is providing counselling, addictions support, all of those things **with blinders on (see Figure 2)**. (Participant ô)

The participant above criticizes framing Indigenous Peoples as all the same, as akin to working with 'blinders on'**.** Some participants spoke about one Indigenous population –such as First Nations – as representing or synonymous with 'Indigenous'. Language was often used in a way such that all Indigenous peoples within the geopolitical boundaries of Canada were grouped into one homogenous culture:

> Because there's uh, as I say historical impact, that the two cultures have through many, many centuries, right? A couple centuries. (Participant î)

> Like, when I'm saying Aboriginal culture, is that offending you, you know, and, because sometimes you're going with what you learned, but it's actually offensive. Because actually from what I learned through school, or other people, is that the term Aboriginal is actually not good. (Participant ê)

The quote from Participant ê suggests that she knows the term 'Aboriginal' is not appropriate for everyone.

Terminology and terms used with regard to Indigenous peoples are highly contentious. People, however, have some very strong feelings and opinions, as Ms. D. B. McLeod, noted. One participant shared – in line with popular thought and practice when navigating identities– that the best way was to ask.

> Participant ê: I was like 'What is the most correct term that you would say? Is it Indigenous, or is it Aboriginal, or is it First Nations?' Because some, different people take it differently.
>
> Researcher: Absolutely.
>
> Participant ê: As I've heard.
>
> Researcher: Yes.

Figure 2. **"With blinders on."**

> Participant ê: Right? Some people find Aboriginal very offensive. And they wanna be called First Nations. Some people think Native is very offensive…
>
> Researcher: Offensive.
>
> Participant ê: …but they like the term Indian…
>
> Researcher: Indian, yeah exactly.
>
> Participant ê: …you know what I mean? So, it's almost hard to know whether or not you are being offensive or politically correct, so often when in doubt, ask.
>
> Researcher: Right.
>
> Participant ê: And I have, and they actually have told me themselves. They're like: 'Well, I don't find any of those terms, you know, da da da.'

None of the participants used Indigenous terms of self-reference or nation-specific terminology in reference to the people they work with. Participants never identified 'First Nations, Métis and Inuit'; they used *Indigenous*, *Aboriginal*, *First Nations* or *Inuit* exclusively.

'They'.

Alongside pan-Indianism, 'they' is a term that can group heterogeneous peoples together, label people with outsider misunderstandings and can also be a form of 'othering.'

> And um, whereas it, it you know we gather information all the time, I do it differently up here, if I need to gather information it is very, very discreet and you know they're private people, is what it is and you need to respect that. That is uh, that's something that's needed up here, you need to respect their privacy. (Participant â)
>
> …but a lot of them have mentioned that they don't like Caucasian people working with them because they feel that they, those were the colonizers. (Participant ê)
>
> They've always had risk behaviours, and where uh, safety was uh, the most important goal to work on and how to pry them away from those risk. (Participant ê)

'They,' as presented here, suggests that all Indigenous peoples exhibit, embody and identify with things like prejudice toward white peoples or being 'private.' Paired with 'always' or 'never,', 'they' can create a certain unchanging representation of peoples. One participant, working on a

reserve that borders a major Canadian city, shared how generalizations in the form of 'they' suppress historical context.

> Participant û: I took a lot of trainings there with [name] who works in Chilliwack for Stó:lō nation, and she does, um, week long intensives on, uh, colonization and historical trauma. So I got that right at the very beginning which is really invaluable.
>
> Researcher: Mm. And tell me, tell me how it's invaluable for the work that you do.
>
> Participant û: Um [pause], it's, it's, I think it's um, given, it's given me a, a different, different perspective, like um, just a more contextual perspective, it always, it amazes me how often non-Indigenous people come into Indigenous communities and don't know about the, that you know, the reasons for some of these behaviours um, are very complex and that they go back and back and back, and um, that it's not, you know, there's, there's labels that will, that will come up that are just, you know, just don't belong in the context of historical trauma, like um, well I don't know about labels, but kinda generalizations um, you know 'they don't know how to parent their kids, they're um, they're not there', anything that starts with 'they always' or 'they never,' or 'they' really…

Some participants talked about the similarities between their culture and the culture of an Indigenous service user or users. They described how helpful this was for connecting with each other.

Culture is good for you – for everybody.

Some of the assumptions underlying the 'disordered' categories' Waldram critiques in *Revenge of the Windigo* (2004), like the 'traumatized Aboriginal,' are often a product of racial stereotypes, racial Othering, essentialism and a continuing colonial mentality. For example, the following quote suggests that foster relationships failed because the youth were 'traumatized.' "Or it could be just because they're First Nations, and they have so much historical trauma, they have a hard time connecting, making a connection, with the care givers" (Participant î). Similarly, the participant below made trauma equally important as culture. "… Hmm, no just whoever comes into this field needs to know about the culture and the trauma" (Participant â).

Participants presented different ideas as to how to heal historical trauma or problematic substance use, some grounded in locally-based prevention and healing models, and others that are perhaps 'one size fit all' solutions.

> Well, the best therapies I think here for anyone, or certainly the most healthy for mental health-wise here in Nunavut is the Inuit's connection to the land, and often what I, from my interventions are, you know get out there and experience it and that's important, that's one of the values here that's important, is to get out on the land. (Participant â)

Three participants indicated that not only is it important to not assume Indigenous peoples are part of one monolithic culture, but that, subsequent to this reasoning, there can be no monolithic response. One participant indicated that although culture can be healing –"and uh, um, culture as medicine, or no, culture as intervention" (Participant û) – culture as a prescribed strategy is not.

> I try to remember to ask um, to get to know them for, for everybody and that is just a really open question about what role culture and spirituality plays in your life because, um (pause) yeah, it, it's different for everybody and I just can't assume. (Participant ê)

Consulting

In what follows race, culture and cultural consultants are noted as elements of consulting. The data includes conversations from participants about their cultural identities, how participants discuss and understand race and culture in their work with service users, as well the importance of consulting Indigenous peoples.

Race and culture.

Three of the five participants provided identifiers additional to age and position – the three were 'naturalized' and racialized Canadians. Upon reading over the interviews again, the question of 'how do you identify' or' 'define yourself' was only posed to these three. This provided a teaching moment for the researcher. All three participants did speak of their home

countries, beliefs, or 'immigrant' status elsewhere in the interviews without a prompt from the researcher. All three also spoke of the culture they were in or had been socialized to by referring to 'Canadianess,' the 'dominant culture,', and 'Westernized' respectively.

In the following narrative, the participant took it upon herself to ask her clients about race and culture, based on my short description of the research and request for an interview.

> Researcher: Um so, it sounds like you would've appreciated some learning and training when you first started the position that wasn't really available. Are you still questioning how to work with Inuit with addictions?
>
> Participant â: Oh no, I'm pretty solid, I'm okay.
>
> Researcher: You're okay. Okay, um and…
>
> Participant â: I worked out, actually like I was asking my clients when you know race was coming up…
>
> Researcher: Yeah, you were saying that.
>
> Participant â: …well yea, and they don't have an issue, there's no cultural issue that they're seeing back and forth between the two of us, we get you know the connections happening is basically what they're saying and uh, they are uh, look at me like I've got three eyes when I suggest anything that might be racial. [laughter]
>
> Researcher: Oh, interesting.
>
> Participant â: They don't see it in me at all, so…
>
> Researcher: Okay.
>
> Participant â: …and that's just the way I am.

This narrative uses cultural/racial or culture/race interchangeably. It was also treated interchangeably by one other participant. The term *racial* is treated above, and by the participant below, as an act or a stand-alone adjective.

> That, you know 'That was history we should just all move forward, you know don't just heavily rely on the welfare system, da da da da da.' And so, yeah, like it's almost like, don't get racist in a sense, right? And, so that's what I find is cultural sensitivity, is that

> by understanding culture but not to be racial when you're coming out and saying anything. And to be just really careful about your language, because anything that you say as can be offensive, is not very culturally sensitive right? Yeah, so I think that's, you know, like what I see as cultural sensitivity and. And just having the cultural awareness and about the history is already being culturally sensitive to people, right? Where did they come from? What kinda history, you know, what kind of impacted their life, right? (Participant ê)

Two other participants did not use the term at all, and the final participant used *racial* in its true sense as an adjective that modifies a noun. Additionally, he was the only participant who used the terms *racist* and *racism* consistently throughout the interview.

> I think we need to look at addictions and the racist attitudes that we have about First Nations culture, um, as inherently problematic, because I think subconsciously as counsellors, we keep reverting back to those same kind of, illogical racist assumptions of First Nations culture. We may have good ongoing relationships with First Nations clients, but we cannot get away from this dominant racist discourse around what First Nations culture represents. (Participant ô)

He was also critical of the use of 'race' and 'culture.'

> We use all of these smokescreens, we look all of these therapeutic approaches, but what I think we need to do is, especially with, with uh, with First na…, with people of colour and First Nations people, we need to question, for example why have we transformed (pause) why do we transform our racist attitudes from the individual to the culture, you know? I, for example as a Black person, frequently hear 'You know what? It's, it's, I have no problem with, uh, with Black people, but I have problems with Black culture because Black, for example, rap music is inherently misogynistic, um, sexist,' all of these things. I think it's important to, to, to amalgamate both and see the inherently, the inherent problems in terms of conceptualizing culture and individual differently. I think we need to make a bigger effort in terms of looking at those challenges that we face as, as um, as uh, as counselors in terms of, you know, building relationships, and the correlation between how we see culture, because I think it's an integral part of the, the kind of work that we do. If we can't transform those stereotypical images of how we see culture, then we can't really treat the individual. (Participant ô)

What most participants said suggests a lack of distinction between race and culture. Racism was mentioned by two participants, one in a complex way.

Cultural consultants.

Having conversations with culture places the social worker as a bearer of culture, and as a student to another culture. 'Cultural consultants' can transmit culture, help students to understand wisdom from lived experience and their relationship to culture. Cultural consultants pass on "heart knowledge" in the context of relationships and deep feelings of connection (Archibald, 2008, 47). Consultants – generally known as friends – correct us, provide feedback, teach language and un-teach; they invite moments of spirit and relationship-building, community and resistance.

When culture is not fully accounted for or is invisible to the bearer of dominant culture, we may take for granted that the way our culture conceptualizes or dictates knowledge is universal. An example of this kind of thinking is how 'mental health' is conceptualized by dominant North American biomedicine discourse and health culture. Participant â stated she had been there for over half a year. When asked if she sees service users more than once she replied: "Appointment keeping is not a strong point, in [Inuit community], no" (Participant â). Her gauge for success with Inuit clients was when things did not go bad. She defines the significance of 'mental health' in the following narrative.

> Researcher: Right um, what about, it was interesting because (name) when she had recommended I talk to you, she had mentioned something about how, because your position I, I think you said community mental health worker or something that it sounded like, there was quite a bit of stigma because of the use of the word mental health, and that, that might stop people from going to see you? Do you think there's truth to that; can you speak to that at all?
>
> Participant â: Um, no I really can't. I am somebody that promotes mental health so I use that word. I use it all the time, you know there has been, the nurses themselves have at one point said that they were going to, when they referred somebody to me they were just going to refer them saying that I was a nurse that is good to talk to and I request that I be addressed as a mental health nurse. Um I, it is my position to take the stigma away. Um,

> when somebody refuses to see me in the building because they are afraid that they might get associated with mental health, I basically say, I give them some statistics, that you know, that not everybody that comes to me is, quote, crazy.
>
> Researcher: Mm hmm.
>
> Participant â: You don't say that, I don't even say that word.
>
> Researcher: No, I understand.
>
> Participant â: To tell you the truth. But, but yeah and I think it helps, by wearing mental health on my sleeve I think it helps decrease the stigma, so is it present? Probably. Is it changing? Yep.

Here the participant was advocating for mental health and expressing 'stigma' as the only barrier to people being open about mental health. Tutelage and promotion of mental health are portrayed as necessary. Another participant described approaching health and mental health with Indigenous peoples from a holistic perspective.

> …um, and kind of what, what constitutes, uh, healing is, is really, is kind of more like a whole bunch of pieces of a puzzle, and in an Indigenous framework, and in a non-Indigenous framework it's really more like a, you know, how-to manual [laughter]…step by step and, and using mostly, using mostly mind um, and I find Indigenous work is a lot more contextual. (Participant û)

Everyone who participated commented on the space of culture in their work and on its importance. Four out of five were engaged in taking courses or learning about and with First Peoples across this land. Cultural consultants can unpack with us what healing looks and feels like, or why understanding culture is so important to relationship-building.

> Participant û: Yeah, yeah, absolutely, um, and if, I just thought of a good narrative [therapy] term [laughter]…
>
> Researcher: Okay.
>
> Participant û: …that I, that I learned, um, which is uh, cultural consultants...
>
> Researcher: Right.

> Participant û: …which, and I have two main ones and they have been absolutely invaluable, and it is really, it's really impossible to work in Indigenous communities without those. And there's, there's always a few, I mean, the, not everybody can be a cultural consultant, but there's always some that have done enough of their own healing that if you ask them a really ignorant question they won't get triggered and they'll be patient and gracious and, and just kind of explain stuff to an outsider, um, and those have been, yeah like I said, really invaluable.

Cultural consultants can also play the role of cultural health brokers and providers.

> And, she's also First Nations, and she's elder, you know so in a sense she was able to, you know give smudges and you know, very cultural kind of comfort for her. (Participant ê)

Examples of building social bonds and close relationships with cultural consultants, Indigenous friends, Inuit, Métis and First Nations Elders came out of every participant's narrative. Every participant shared that they asked questions about culture to service users, and acknowledged the potential place of culture for health. One participant described how non-Indigenous practitioners need to mindful of appropriation with the intention of being 'helpful.'

> Participant û: And also just realizing that I'm not, uh, you know, I'm not an Aboriginal healer, I'm not a cultural, cultural healer um, it's, it's not part of my tradition, and there's lots of people from non, non-Indigenous um, populations that kind of do know more about that and, you know, are into the, the longhouse and the sweat lodges, and, and drumming and, and that kind of healing, and, and I totally support all that but, I guess I used to think that I should try to offer that to clients, and I just, I just, I'm not there so it's not, it's not really fair for me to, to do that.
>
> Researcher: Hmm.
>
> Participant û: Um, but, you know, there's so many resources on reserves for people that do wanna do that.

To be able to converse with culture through consulting, to build friendships, to know referrals or resources, as one participant (î) said earlier, you "better participate" in community.

> Researcher: Um, so if you could offer three recommendations for non-Indigenous workers in this field um, that may improve their practice with Indigenous clients what would they be?
>
> Participant û: Um, go to, uh, ceremonies and community events whenever they're open to non-Indigenous people.
>
> Researcher: Mm hmm.
>
> Participant û: Um, (pause) yeah, uh, (pause) um, don't be, don't be afraid [laughter], don't be afraid to be non-Indigenous because everybody knows, everybody knows you are anyway so they don't, they don't expect, they don't expect non-Indigenous people to be native.

Discussion

> Does the contemporary celebration of the social constructionist view of race, deter us from investigating possible psychological and cognitive mappings of minds that make us susceptible to seeing human kinds in essentialist terms (Stoler, 1995, 198)?

Participants described Indigenous peoples and used language that was at times generalizing and not locally-specific or representative of cultural variation. Participants at times made assumptions based on culture or skin-colour. The use of 'Aboriginal culture' obscures cultural specificity and suggests a belief in one pan-Indian culture. 'They' can be used as a rhetorical device that makes a claim about someone, which may provide authority and credibility to the speaker. 'They' is also a generalization that dulls the richness of Indigenous diversity. It can disappear the individual agency and cultural diversity of the people labeled 'they.' Additionally, 'they' can re-create a power dynamic wherein service users are seen as 'they'/ 'them' – Indigenous peoples, bearers of *a* culture – and the speaker, the non-Indigenous service provider is 'us' – a representative of the dominant culture and direct care workers in positions of power. This is heard through the insistence that Indigenous peoples are "very, very different," often followed by a list of reasons why that is, that comes dangerously close to racism.

However, some participants also indicated how important it is to ask about preferences for certain identifiers or approaches. There are many First Peoples that use cultural, linguistic, or nation-specific identity signifiers like *Anishnaabekwe*, like Ojibwe woman Ms. D. B. McLeod, or *Onkwehonwe*, 'original people' a Mohawk term used by Taiaiake Alfred (2005). Using identity signifiers speaks to the person's original territory, their cultural specificity, collective identity, and complexity of being. Lastly, we explored how 'culture' is not a monolithic thing, or how getting in touch with it is not the desired remedy for everyone. But for those that do want more culture in their lives, participants shared that we need to be knowledgeable enough to appreciate and understand. They suggested that we need to be immersed enough to be able to exchange with consultants in the community, or be cultural brokers and make appropriate referrals.

More culturally-specific models of care may not frame health in such a dualistic way, or share categories like 'mental health.' This promoting of mental health could also be seen as proclaiming a health conceptualization aligned with biomedicine's Cartesian dualism, and possibly a form of cognitive assimilation (Battiste, 1986). Instead people may use words like im/balance, or a description such as 'being alive well,' like the James Bay Cree (Adelson, 2000). Biomedicine, and specifically psychiatry's model of healing requires information gathering, sleuthing, tutelage, fixing, homework or battling, and repair. Social work scholars criticize the dominant managerial and therapeutic agendas that distance the profession from its original political activism to a depoliticized professionalization. Grounded in Eurocentric and biomedical ideas, clinical social work is not innocent of imperial knowledge creation. If a provider is not guarding against the colonial, "pathologizing discourses of the mental health and social services professions," the outcome may be that social, political, economic and historical issues get

medicalized into individualized problematic substance use 'cases' (Maxwell, 2014, 408). This in turn emphasizes the push for "professionally mediated transformation, rather than broader changes in the social and political order" (409).

The presence and prevalence of generalizations, assumptions and misunderstandings in the work of non-Indigenous practitioners working with Indigenous services users can stem from what Mattingly (2010) calls 'narrative mind-reading.' The question of race is often deeply connected to such mind-reading. She describes how "culturally ready-made narratives" provide ways for clinicians to read or misread the minds of the perceived other (120). She points to how our health care cultural traditions – in combination with Canadian colonial myths – "give us preconceptions upon which our understandings of others and of our situations are based," and that we therefore bring prejudgement and prejudice to any exchange (121). The clinical narratives of healing as sleuthing, battle or repair – more so than the alternative of healing as transformation – allow for power to foster and facilitate the creation of certain health truth claims that contribute to pre-understandings and anticipatory stories.

Pan-Indianisms appearing in problematic substance use and harm reduction work, or seeing Indigenous peoples in a narrow, colonial way, distances non-Indigenous practitioners and distances understanding of the service user's connection to self, community and land (Alfred, 2005). Prescribed responses or generalizations can essentialize Indigenous service users' complex lived realities, and reduce them to a checklist of stereotypes. As explored in the previous themed section, although several authors argue for the importance, presence and impacts of historical trauma, not all peoples who experience trauma exhibit the same response. Participants who suggested that Indigenous peoples "have so much historical trauma," or that the knowledge of culture as important as the knowledge of trauma, in essence conveyed the idea that

trauma is an essential element of Indigenous cultures. The participant may be operating with a stereotype in labeling all Indigenous peoples as 'traumatized', or equating a monolithic 'Aboriginal culture' to trauma or addiction.

Motivated by fascination or consumptive value, non-Indigenous practitioners need to mindful of appropriation with the intention of being 'helpful.' Prescribed or rote techniques and the concept of 'cultural competency' can allow the service provider to disengage from their privilege and power in the therapeutic relationship and from historically unequal Indigenous/non-Indigenous relations. Citing Freire, Anzaldúa, and hooks, Hernández-Wolfe (2013) describes such distance-making as *otherizing*, or: "the acts of naming, categorizing, and classifying as acts of power used to demarcate the center from the periphery, the normal from the abnormal, the same from the different, and self from other" (54). The use of generalizations and conflating race with culture encourages us to question whether we are using 'culture' in a way that Stoler describes as *bricolage* – in ways that modify and encrust a new take of an older discourse on race (61). Yan notes that using race and culture interchangeably is common, however, it minimizes the "racial tension of cross-cultural social work practice" in a "racialized organizational context" (2008, 319).

Waldram (2004) points to the use of 'culture' in unsophisticated ways that often essentializes the "Aboriginal/Non-Aboriginal Dichotomy" (256). This dichotomy pertains to the use of values that are specific to each group. It essentializes both groups by reinforcing that all Indigenous peoples have the same 'core values' and are *cultural* people. It suggests 'Non-Aboriginal' are all white, and all subscribe to what are ultimately capitalist and neoliberal values of individualism, accumulation, competition and a future-orientation. Both of these two homogenous groups are inaccurate, notes Waldram, because they do not account for individual variation. By engaging in

such dichotomizing, he questions if colonization created a uniforming effect on cultures, a psychic unifying of peoples and "cultural convergence" (259). When we do not consult – that is, have a conversation with our cultures – culture remains invisible to the person who claims he or she does not have it. It may mean that we believe the ways of being, knowing and understanding we take for granted are universal, and that the tools and communication we use is culturally 'neutral.' When we do not consult with culture we mistake it for race, we treat it superficially, and we think it will not require navigating.

There are risks to the use of generalizations within our writing and dialogue. Essentialism in our direct care discourse may reinforce clinical authority, supress socio-historical contexts and re-package deeply held race-based stereotypes as 'cultural competence.' Cree/social worker/author Hart (2002) notes: "The Amer-Eurocentric view of and system for understanding reality ignores the diversity of Aboriginal peoples and our own views and systems," or equally oppressive, renders Indigenous peoples invisible (29). One counter-deterrent to such generalizations is a fostering of commonalities to engender hope – greatly facilitated by building relationships with Indigenous friends or cultural consultants. Cultural consultants can gently point out our cultural impositions, or how obscuring and impactful language can be. Cultural consultants see resistance and resiliency in Indigenous peoples. They provide feedback on unlearning deficient thinking, viewing Indigenous peoples as simply Canadians, as many of us have been socialized to do. Hart believes this deficit-viewing of Indigenous peoples contributes to Indigenous expressions of internalized colonization, highlighting the power of discourse and an imperial world view on well-being (27). Learning and sharing stories, the subject of the following chapter, is essential to consulting cultures and guarding against essentialism.

Theme 3 – Learning and Sharing Stories

Learning and Sharing Stories is a theme framed by principles shared within Indigenous storywork and storytelling. The chapter is divided into three sub-themes inspired by Jo-ann Archibald's *Indigenous Storywork* (2008): reciprocity, responsibility and interrelatedness. I found these themes all present and best captured in the following quote from Archibald.

> Jeannette Armstrong, of the Okanagan Nation, spoke about a way of listening as preparation for taking responsibility for the effect on others of one's words/thoughts when shared publicly: one of the central instructions to my people is to practise quietness, to listen, and speak only if you know the full meaning of what you say. It is said that you cannot call your words back once they are uttered, and you are responsible for all which results from your words (27).

The first sub-theme is about reciprocity; giving what you receive, or what is known as 'commonality'. Commonality refers to discovering what two people have in common, in this case, through the mutual sharing of stories. The second sub-theme is about responsibility: being open to learning and listening to life stories, as well as passing on knowledge. The third sub-theme is about respecting interrelatedness; storytelling and counter-telling in group and community. This section explores the importance of sharing stories and resources, un/learning stories and re-storying.

Reciprocity

Lectures.

Merriam-Webster defines 'lecture' as the following: "a talk or speech given to a group of people to teach them about a particular subject; a talk that criticizes someone's behavior in an angry or serious way" (2014). Participants highlighted the use of lecturing by both service users

and service providers. THE lecture may be given by an Indigenous person – in the example provided below, a First Nations youth – to a Non-Indigenous person, more generally white peoples, to teach about colonialism. The talk, on the other hand, is commonly given by non-Indigenous peoples to Indigenous substance users wherein they criticize the service user's behaviour.

The first story by a male caseworker in Edmonton illustrates the context and description of THE lecture. The second story by a service provider from 'the South' working up North illustrates 'talking to' or serious talk.

> Researcher: Well, are all your co-workers, like Euro, white, Canadian folk? Or are they also people of colour? Do they work the same way as you anyways? What do you think?
>
> Participant î: Hmm. (silence) You know what? That's a very interesting conversation to have.
>
> Researcher: Mm hmm.
>
> Participant î: I haven't. Um, I have, I have heard stories of workers really coming to work with a family, with a youth or with whoever, and just because they're white, and very Canadian, they find a lot of struggle at the beginning. But, they have, they have to work hard on, on letting the First Nations clients to see them past that. Some of them get stuck into that. They get stuck and they can't really have a really meaningful connection with the client just because they can't get past that – or they can. They have a really difficult time making the client to see you a different way. For me somehow it's easy, I don't know what it is. But, I think it's because I'm not here, I'm not from here, so…
>
> Researcher: Right.
>
> Participant î: …I think that helps. But for them – I have heard cases though – it's very difficult, it's…and they bring this, you know, quite often the client just bring all this past grudges and all this stuff against white people, and how much damage we have made on their lives and their history and…and all this stuff. It kinda – you know what I mean?
>
> Researcher: Yeah.
>
> Participant î: When you're trying to work with a First Nation client (pause) you see that. You heard, you hear that stuff. Stories, right? You hear when they're really hurting and

all the damage that has been done through centuries, right? (Pause) But I, I think I have to say that I don't hear it as often as they will.

Researcher: Interesting.

Participant î: Right? Do, do you know what I mean?

Researcher: Yeah, yeah, yeah, yeah.

Participant î: Yeah? Okay. I think it – I think they hear more often – and they get (pause) tired, more tired of hearing the same story again. 'Cause I hear them complaining more about it. I'm not sure because, I don't know, I don't hear as much. 'Cause I'm not as white. Or um, maybe my, I don't know maybe, maybe it's just me. Maybe it's just me and my individual character and personality, maybe doesn't create an environment for them to give me the lecture.

Researcher: Right.

Participant: When I say the lecture it's, **THE lecture (see Figure 3)**.

Researcher: Yeah, that's a really good way of putting it actually.

The second story is from a participant whose dialogue with service users, shared elsewhere, includes "you gotta give this up*"* talks.

So when this person is, so this suicide risk assessment is done on him he's free to go, and that's when I put my paper down and I sit back and we talk. And, uh the person on the other side generally gets uh, some sort of uh story. 'Cause I've got quite a few. I've got a long history with um, ah personal history with my own addictions. And um, I am able to somehow connect, and by the time that we're finished that this conversation that could take, I don't know sometimes it takes twenty minutes, sometimes that's around the ballpark figure, about twenty minutes. But whatever occurs in that, between me and that person, and it's talking about what needs to be talked about, and when they are – when it's over and done with – they have an opportunity to come back in to see mental health at the office as a follow up. And they have uh, an outlook that maybe they, you know, they uh, may make a difference in their life one way or the other. Maybe it won't but uh, there's something that's planted in that time that they're there. So that's the difference in practicing up here than practicing elsewhere, is that up here you gotta go the extra step, you have to go – you have to take it one step further. If you don't take it one step further then you're not being effective. (Participant â)

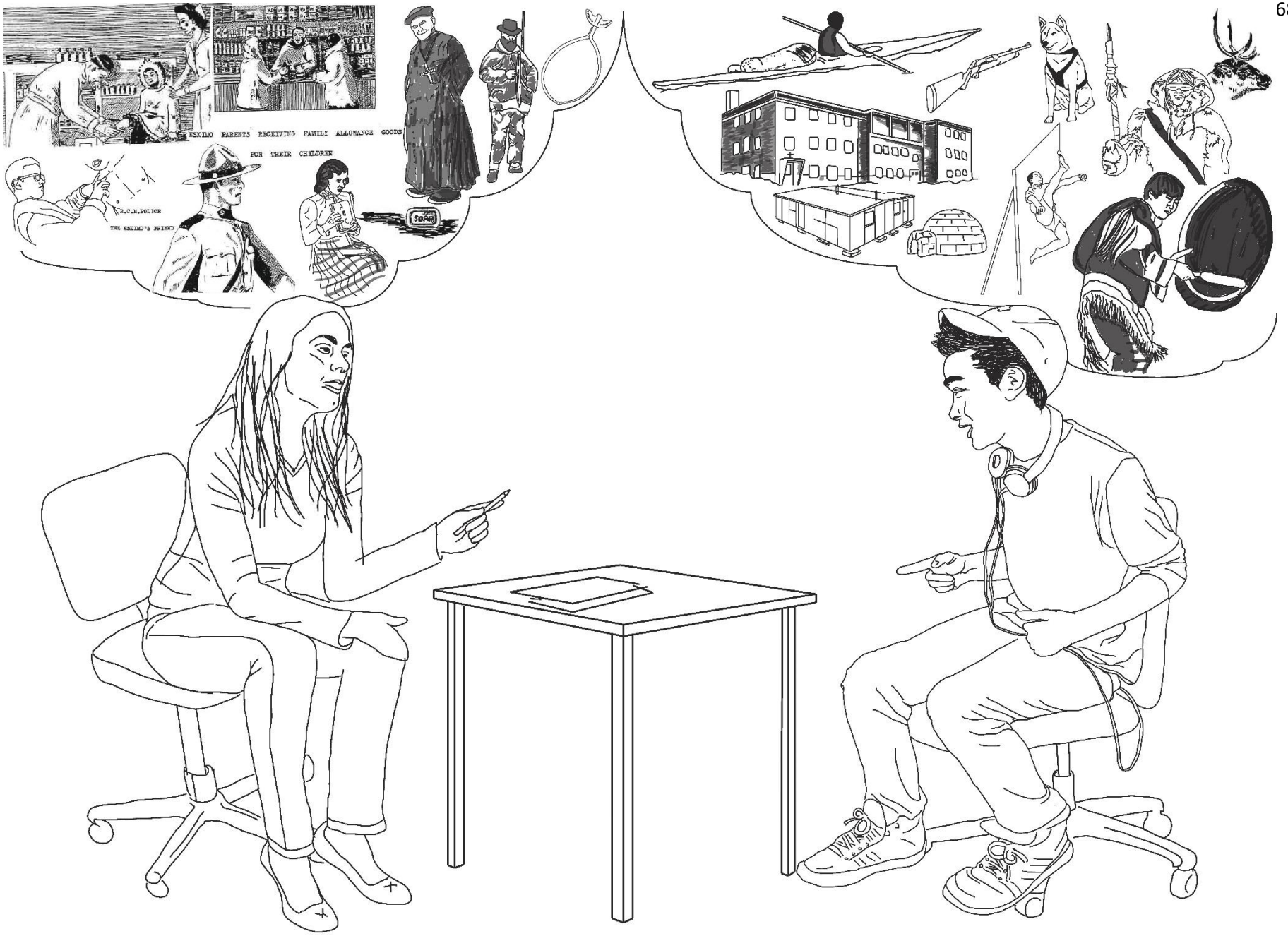

Figure 3. **"THE lecture."**

These kinds of stories or 'lectures' can take the form of directive, accusatory, or shaming dialogue.

Sharing stories or disclosures

All participants spoke about trying to build connection with service users through building trust and the establishment of commonality. Trust-building appeared related to a mutuality of sharing or the highlighting of related ground, as seen in the following quote.

> …I think as a new worker, first off when you first come across people they will never tell you their life stories 'cause they don't know who you are. In a sense they're assessing you. "Can I trust you?" "Who are you?" (Participant ê)

Commonality was established with service users in a number of interesting ways.

> But there's an automatic connect right there, right? Where it's like "Oh my god, I went to the same school, blah, blah, blah, blah, blah". So, it's not that I'm at their same level, because obviously we led different lives and everybody does, but I think, because I grew up in East Van they feel that at least I have some sort of an understanding of how, I guess, poverty in East Van. You know, like, because East Van has been known not as a very rich, you know… (Participant ê)

> And for example we, one of them, um he just – it was kind of immediate connection. As soon as he learned I was from Columbia…and because he's a dealer [laughter] he just thought 'Aw this is great!' (Participant î)

These examples represent small acts of disclosure for the benefit of building connection through commonality. Three participants also spoke about sharing their own difficult stories: stories of marginalization, of witnessing violence, or of their struggle with problematic substance use as a way to build relationship and encourage mutual sharing. In the following narrative, the participant builds connection through disclosure of her journey with substance use, and an attempt at establishing common values.

Researcher: Okay, okay and you talked a little bit about how you sometimes talk about your own struggles, and do you find that that disclosure is helpful with clients?

Participant â: Yes, it is um, very um, it is a powerful tool, yes.

Researcher: Okay, there's like a connection that's built right away because of that similarity or…?

Participant â: Yeah it uh, it will, what I do is I um, I take a value and tell a story and it, uh, is my story about whatever it is that we're talking about. It's usually a value based type of thing and it is – it builds a connection. Um, so it doesn't get to be so much about my struggles, it is uh, more about that it's difficult, that you know, there's somebody else in the same boat as you. Like you're not alone and that it is uh, it's tough but it's something that can be looked at. And then that connection just – it just happens. But it's not one where I tell my story. That's the A.A. way is the way to tell their story, and you know, what they were like and what they did and what they're like now. I don't do any of that, what, we take a value and look at it in uh, in a way that is sharing a part of my story. And it ends up that they share their own.

Researcher: Hmm so it sounds like there's some storytelling happening.

Participant â: Mm hmm.

Researcher: Um, and so some of, some of those values that you guys end up sharing can you share one, or an example of one.

Participant â: Hmm (silence) Well, um… one would be life, one would be life and death, uh what happens… it's essentially, it's not the other persons choice of when they live or when they die.

One can share stories or use disclosure for additional purposes. The participant below, in his narrative, uses disclosure to humanize himself and to let the service user know he knows what he is talking about.

Researcher: Would you say that um, disclosure is part of that connection, that conversation?

Participant î: Yes.

Researcher: Yes, okay.

> Participant î: Definitely, it's, they need to see that you're natural. That you are a human being; that has problems, and that um, has…no problem on having that open conversation about whatever. I don't come to them (sigh). I don't come to them and disclose how much alcohol I drink on the weekends. If any, right?
>
> Researcher: Right.
>
> Participant î: I don't come to them and say 'Oh yeah I have got drunk many times, and I have done this, I have done that' or I don't come to them and tell them if I smoke marijuana or not. Or what drugs I have used in my life.
>
> Researcher: Mm hmm.
>
> Participant î: I don't go that far, but I do say, well, I know what you feel when you're high. I know what you feel when you're drunk, and I know what you feel when you're hung over. I've been there.
>
> Researcher: Yeah.
>
> Participant î: I don't disclose that much, of how many years I have done it, but I do – depends on the conversation. I disclose a little piece here, and a little piece there, so they see that I'm, I know what I'm talking about.

The sharing of stories, as the participants explains, builds connection through commonality.

Responsibility

In Archibald's *Indigenous Storywork* (2008), passing on knowledge and stories the orator has asked the listener to remember invokes the principle of reciprocity. What is received must be passed on. The responsibility of passing on knowledge is crucial to the continuation of orality, stories and cultural teachings. In the context of this thesis, responsibility for non-Indigenous practitioners is a matter of exploring the learnings required for reducing harm with Indigenous peoples.

All participants explained how important it was to listen to service users, in terms of really being present, as well as listening as a form of witnessing service users' life stories. The

following quote reflects the importance of being open to listening and learning from service users.

> Um, most of the experiences, um, and knowledge I have around addictions came from doing. Um, John Turvey, uh, was one of those people who believed that, um, the intellectual understanding of addictions was important, but getting your hands dirty and getting to work with people one to one, or getting to work, um directly with clients was the best way of learning. And I learned, um, some of the best, um, ways to work with people, through listening, learning, collaborative relationships with uh, different communities, in a way that I think would have been difficult if I just had an intellectual understanding of addictions. (Participant ô)

The following story is an example of being open to learning and really listening, so as to be able to respond appropriately to service users. The participant evokes the phrase 'life stories' throughout the interview, as she describes her way of being, understanding and knowing in her harm reduction outreach in the Downtown Eastside.

> Participant ê: And I think it's very important to hear women's life stories, often.
>
> Researcher: Hmm.
>
> Participant ê: What kinda resulted to their lifestyle? A lot of the women I've come across, they didn't start right away at a young age. Some of them literally went through some sort of trauma, right? One woman that I came across, she used to do housecleaning and all that kind of stuff, like she had a full time job. And then there was some sort of breakdown with her family dynamics, and that's what resulted her in the lifestyle. Or there's some people who experience an injury and they were really self-medicating because the drugs that they were getting, like T3's – or whatever – just wasn't working.
>
> Researcher: Mm hmm.
>
> Participant ê: So they resulted into street drugs, and that's where their lifestyle went to. So I think, yeah, it's very important to hear people's life stories as well. About how did they get to where their getting. If you find out it's trauma or it's some sort of sexual abuse then the next thing as a worker you can offer them is counsel. Or grief and loss counseling. And that's when you start probing in a sense. Not to the extent where they're going to hate you.
>
> Researcher: Right.

> Participant ê: But in the extent of how can I help you better your life right now, right? Like, okay you went through sexual abuse at twelve. Then you ask, okay, have you gone through counseling? You know, do you think maybe counseling would be helpful for you? And then that's where the options come in – right? As a worker you should know, like where you can refer them to.

In this narrative, the participant demonstrates how listening carefully is about the responsibility to really hear and respond to the person's life story. The inquiry about what support might be needed, and offer of resources suggests the participant was listening, that she is empathic, that she is trying to be responsible with the difficult life story she has just been witness to.

Four out of five participants stressed the need to take initiative to learn about the history of relations between Settlers and Indigenous peoples and about colonialism through university courses, reading, newcomer education, film watching and dialogue. The following participant describes how this knowledge is important for not speaking in offensive, decontextualized or misinformed ways.

> Researcher: And did you say that you had learned a lot of that stuff in high school?
>
> Participant ê: Yeah.
>
> Researcher: Is that correct?
>
> Participant ê: Well high school too. And also in universities by taking, you know, Aboriginal, or Indigenous studies or anything to do with um, learning about First Nations culture and colonization and um, stuff like that – right? So I think it's about the courses that you choose as well.
>
> Researcher: Mm hmm.
>
> Participant ê: What you're learning right? So if you wanna learn about it then go take a course and, you know, at least you'll have the gist of the understanding. You'll never know truly how people's life experience would be even though you learned it through the books, but at least you have the gist of it, and so you're not going out there talking like a crazy person – right? Like, you know, like, just making things up or whatever – right?

Another participant describes this self-initiative to learn as an exposure; it is reading, but also learning from the people around him.

> I came to Canada as an immigrant um, I moved to Canada with my f…, to Montreal, uh with my family, and when I was quite young um, I knew that I didn't belong. Uh, because I was told um, in schools, and I was told by the nature of uh, Quebec society that I didn't belong in a French community and I knew that I didn't belong in an English community. So for me, I was always looking for meaning, and looking for a place to belong. And one of the things that I noticed along the way was um, there was also people, who was also in the margins too, and they were primarily First Nations people. So not only was I surrounded by people by, by, by, by people who were from, you know, my part of the world, you know, immigrant families um, who were excluded, but I also knew that um, First Nations people were also excluded. So I started exploring that, and in the process of exploring that I started to kind of do more readings um, and try to get a better understanding in terms of um, why that was so, and it just opened up my world to the challenges and the frustrations, and the problems that, not only my community was facing, but also the community, the community, the First Nations community was also facing. And I think by, by reading and talking, and, and exposing myself to as much, um, um opportunities to learn as possible, I ended up understanding, um much more than I think I would've if I just, um you know, depended on the, the dominant narrative around, uh, multiculturalism or um, you know, First Nations people within the historical context of Canada from the perspective of the dominant narrative. (Participant ô)

The following participant describes how he went to a sweat with two youth he worked with, that they 'coached' and taught him, and that they still have a connection years later because of this relationship-building.

> Participant î: So you see that, you see that is an impact that you can create with them…
>
> Researcher: Yes.
>
> Participant î: …and as long as I, I was honest and I was open-minded I said "Guys I never do a sweat in my life before, tell me about it".
>
> Researcher î: Mm hmm.
>
> Participant î: They felt important I guess.

Another participant describes entering into every relationship as a 'student' in part because of the limits to our understanding as a non-Indigenous person.

> I think one of the most important things in terms of understanding the, the transformational effect of saying you don't know, is that you end up in a position where, you can take the fact that you don't know and you can transform it and you can grow, and you can change. So it's really important about, it's really important to really be the student in any kind of relationship building with clients who are First Nations, with clients who are um, um, who are on the margins. I think it's important to understand the limits of your understanding, because of your positionality, be it because of race, be it because of class, be it because of socio-economic status, be it because of uh, socialization, be it because of, you know, the understanding of the dominant um, uh, narrative. (Participant ô)

Passing on information or resources was identified as essential to what direct care workers do. It speaks to the importance of sharing what knowledge they have acquired as a way of supporting service users. One participant also described correcting colleagues or outsiders, at times, as a way of passing on what she has learned about colonization and historical trauma, halting the flow, and therefore the impact, of misinformation.

> Participant û: …um, and there's a lot of that [generalizing] that goes on and it um, it doesn't, actually, it doesn't really surprise me anymore, I just try to, try to give it some context, but like I said I had a lot of, a lot of training um, in kind of, you know right from the beginning, right from first contact and all of, all of the effects, so um, yeah and, I think, oh that's, I think that's so vital for anybody um, starting to work in an Indigenous community. There's been people that've wanted to come work in this community asked about, you know, what do you know about First Nations communities, or, what have you learned, or, and people, people just don't know or they think they know because one of their kids had a First Nations friend or something like that [laughter]…
>
> Researcher: Yeah.
>
> Participant û: …and it's just um, yeah I think that knowledge is, is really important, and just not to, not to jump to the conclusions that, you know, things aren't always what they seem.

Interrelatedness

The process of learning can also be interconnected to processes of unlearning, and collaboratively coming up with new, respectful stories. Three participants spoke of having to unlearn certain knowledges, myths or ways of being they had been socialized to believe, as they were unhelpful to service users. The following participant shares how one needs to correct their own racial stereotypes and stigmas.

> Yeah, yeah, the racial stereotypes, and the stigmas that you learned, and to, yeah to not project that in a sense, right? And to actually correct it within yourself. Like I said, growing up as a kid I heard, you know many racial stuff, right? And to not base things on that, to really just observe and learn on your own, and like I said treat people like they are, right? Like learn their life stories and really not base things around race, or stereotypes and stuff, and just really take it from your own learning experience. (Participant ê)

Three participants identified spirituality – ceremony, prayer and meditation – as critical to Indigenous wellness and healing. The following participant explains how she had to address and unlearn the idea that spirituality, as understood within the mainstream bio-psycho-social paradigm, is not addressed in counselling. When asked to share surprises she encountered when working with clients, she said:

> Participant û: Um, probably what I just mentioned about um, just making it, having the real, the simplest, uh, interventions be the most effective and the most um, trust-building, that was a surprise. Um, and the spirituality, that was, that would, that's been more of a, of an unlearning um, because um, I actually went to a Christian University to get my Master's degree…
>
> Researcher: Oh.
>
> Participant û: …and even there we um, we didn't bring spirituality into the counselling really at all.
>
> Researcher: Hmm.
>
> Participant û: Um, and so, uh, it's just been, and I guess the surprise would be that um, I'm more uncomfortable about it than the client is.

She was also surprised she had to unlearn that substance misuse and abuse was really not about the substances per se.

> [T]here's never been a study to prove that Indigenous people are more prone to the effects of alcohol or anything like that um, and yet it has, you know, it's been there inter-generationally and um, and what, what he says is that um, you need something more than a substance to have an addiction. And the people that, there's, there's so much experimentation with substances and the vast majority of people that experiment don't go on to be addicted, so it's not the substance itself. (Participant û)

Re-storying is informed by remembering, testimony, storytelling and celebrating survival projects. Some questions encourage contextualizing and anti-individualizing substance abuse, and guarding against stories that erase interrelatedness. The same participant as above shares how she learned 'the language' to address the intergenerationality of the concerns service users share.

> Um, learning the language, uh, how to get at that, really simple questions like um, you know 'Is that all yours' um, 'do you share that with anybody in your family' um, you know, 'does this go back further than you, does this family…' and then so it, it keeps it personal to them but it also recognizes the inter-generational um, stuff. (Participant û)

Another participant spoke about how groups can be comforting in terms of decreasing isolation and learning from one another by re-storying collectively.

> So often I would have to refer, right? Grief and loss counseling. And often I would refer them to like women's groups and stuff like that, so I said at least you can be around women that have kind of gone through the same stuff that you have, and maybe there might be some ideas to help you cope with it, or whatever – right? So, yeah. (Participant ê)

Although all the participants acknowledged impacts, injustice, or trauma, four of the five directly named sexual abuse, but only two named a form of violence more than three times. Only one participant mentioned Indigenous resilience and resistance. He was also the only one to speak to the need to tell a different narrative alongside Indigenous peoples to counter the

dominant deficit-model one. The following quote is an example of the participant acknowledging violence and appreciating a diversity of truths from Indigenous cultures. He also speaks to the importance of not approaching service users from a place of deficit, and instead creating counter-narratives.

> And I think it's about not falling into the dominant narrative that First Nations people are all um, uh, First Nations people are um, First Nations culture do not have um, ongoing resiliency and ongoing strengths, but to look at the dynamics of First Nations culture, the, the dynamics in terms of not only what First Nations are doing in terms of different parts of Canada, but in terms of how First Nations people are rising up and using education um, to transform their society. And also using education as, as a foundation in which to build a counter narrative, a counter anti-racist, anti-colonial narrative. (Participant ô)

The examples and narratives provided reflect the interrelatedness of life stories and lived realities; of connecting individual stories to context and to collective stories of marginalization, but also those of survival.

Discussion

This chapter on *learning and sharing stories* was framed by the principles of reciprocity, responsibility and interrelatedness. When service providers give lectures or 'teaching talks' to service users, they enact a power dynamic. The section 'Lectures' suggests the speaker is teaching a passive, assumed to be unknowledgeable or unappreciative listener. These 'lectures' are one-sided in that they 'talk to' the service user with the resulting exchange being negative when the service user shows disinterest, shame or frustration. In the examples provided, there are possibilities for hopeful narratives[10], the common denominator between speakers being that the two stories provided suggest to the listener: "I want you to understand." Although, the speakers

[10] A hopeful narrative "[Assumes] a context to which there is unity and wholeness to be discovered or reaffirmed; and the relationship between a person of moral authority and another person creates the discourse; it is created anew in each generation…" (Carl Union, 1991 cited in Archibald, 2008)

wish the listener to see and appreciate a certain perspective, a more reciprocal relationship and conversation is required for understanding.

Alternatively, when they build commonality through disclosure or sharing stories, they act to relinquish power or breakdown the idea of the paternal or expert therapist. The commonality narratives indicate a level of shared understanding or knowledge from the participants. As "I've been there" suggests, sharing stories is also about shared space. The phrase is representative of psychological, spiritual or physical relatedness: of suggesting to another person that you have lived through equal or comparable experiences and struggles. Sharing stories is an exchange of personal stories, whereby power can at least momentarily be equalized through a process of relatedness.

Hernández-Wolfe, describes in *A Borderlands View on Latinos, Latin Americans, and Decolonization* (2013) approaches to family therapy that are critically reflexive and decolonizing. She shares what reciprocity can look like in a family therapy setting. Her work and review of the literature explores how our social locations afford and constrain privilege. The way we live our lives and the lives of those with whom we interact are "governed by reciprocity" (85). Hernández-Wolfe highlights therapeutic approaches that integrate reciprocity, like Just Therapy and Transformative Family Therapy. The latter does this by supporting family members to take responsibility for the way they use, abuse, and share power in personal and community relationships, as this is essential in healing. From this understanding, the awareness of power and the sharing of story and knowledge are both crucial to building healing relationships. How are service providers sharing stories and power with service users? How do they extend this reciprocity beyond the family to the community to build healing and well-being?

Reciprocity in the sharing of stories and the passing of knowledge is also a responsibility. Social workers 'disclose' when it is of benefit to service users and they are responsible for their words and the response that greets them. When they take initiative to learn context, to learn about and from people, they are receiving information, stories, approaches, ideas and analyses that are of benefit to service users. Gorman (1995) describes how "our experiences reflect the marginalization and subordination of 'caring' to professional 'doing'" (37). Sometimes our role is not provider of gifts, resources or unsolicited advice, but to simply 'be' and listen. Through quiet moments of being in silence with a service user, we give up control and space (37).

Participants shared the need to listen, but also to speak in thoughtful and responsible ways. Learning can be simultaneous with processes of unlearning, for example, with regard to colonialism in Canada, where much of what we know needs to be unlearned. This responsibility is also about reducing harm by being a listening ear; just 'being' is comforting, preventative, and non-judgemental of use. Reducing harm in the context of learning and passing it on is also about deliberately disrupting power dynamics by putting ourselves in student or learner positions, and encouraging others to do the same.

Fletcher and Denham (2008) identified several therapeutic themes and strategies from interviewing participants in Inuit 'healing circles' for an Aboriginal Healing Foundation-funded project in Nunavut. Of the characteristics that make up a good helper, *hard* listening – listening "with strength and firmness"– and understanding, were important, as well as the use of silence. Another characteristic was the use of personal experience (106). This use of disclosure is significant for building connection, understanding, and for modeling. It is also something that is often shied away from in mainstream literature and approaches. Sharing stories can be valuable for people and can encourage openness and diminish feelings of isolation, as long as

confidentiality is maintained. This sharing aligns well with Inuit values toward "innovation and situational adaptation – to make something useful when in a difficult situation" (111) and the avoidance of generalizations. In fact, several participants indicated that whether a person is the same age or from the same culture does not matter as much as having a similar experience or similar emotional reaction. Ultimately, people were looking for guidance in the proper ordering of their life experiences, how to live comfortably with others, being comfortable with their social and physical place and journey in the world.

Euro-Canadian culture may indeed have some things in common with a diversity of peoples, but there will undoubtedly be differences, and individual variation, like spiritual beliefs. Spirituality is not a stranger to some substance use healing practices. These include AA groups, many Indigenous services, the work of individual practitioners, such as one who might share Buddhist teachings. According to Fletcher and Denham's (2008) work with Inuit, spirituality is a significant binding factor and plays an important role in an effective helper and in effective healing. Faith also contributes to a non-hierarchical way of looking at Inuit counsellors. These counsellors will often describe their words, their help, as not being of their making and as being channeled through them from God. In this way, Inuit counsellors will not accept being seen as an 'expert', and they will acknowledge that anyone can do the work if they open themselves up to spirituality.

Spirituality may take up significant space in work with Indigenous service users, and certain approaches may find the presence of spirituality –or its explicitness in their practice– jarring. Hodge, Limb and Cross (2009) frame spirituality as essential to Indigenous wellness and healing. As social workers, regardless of shared beliefs, we play a role in facilitating – but not delivering – the place of spirituality in the healing journey. Lavallée (2010) notes: "Social work can

collaborate with Elders, traditional people, healers, and medicine men and women. Social workers can help establish protocols in their agencies to bring in these Indigenous people" (146).

There is interrelatedness between the stories we live and the stories that have been passed down to us. There is interconnectedness between historical trauma and current forms of violence toward Indigenous peoples. Concepts of Indigenous witnessing ask us to record the stories and truth-telling heard in our hearts and minds to remember and validate these truths by carrying and sharing these messages (Koptie, 2009). The notions of responsibility and motivation to action that theoretically come with witnessing and testimonial reading, are connected to practitioners' roles as practitioners in responding to history and social injuries. There is interconnectedness between stories told and the impacts they have on people's lives, as Mehl-Madrona (2005) notes: "A life is created through the enactment of the stories we tell ourselves, the stories we tell others, the stories that are told about us, and the cultural stories that constrain us all. Telling a story about ourselves results in our living out that story" (154).

Smith (2012) describes remembering as a people as, "the remembering of a painful past, re-membering in terms of connecting bodies with place and experience and, importantly, people's responses to that pain." (147) Re-storying is in part about connecting individual oral evidence of substance abuse and suffering to their contexts and to a diversity of truths; to collective stories of humour, creativity and "survivance" (146). Examples were given of how stories that make room for interrelatedness, like naming intergenerational challenges and structural barriers, can be told and believed. With regard to the participant who shared a re-storying practice – attending group – this practice countered dominant stories told about Indigenous health and healing.

There is interconnectedness between stories of privilege and marginalized suffering. Hernández-Wolfe (2013) shares that, "understanding this interconnectedness helps me place myself within this context to make informed decisions about how to give back, to be accountable, and to support those who struggle more than I do with marginalization" (62). The quotes used in this chapter help make it clear that some practitioners relate individual concerns to intergenerationality and social context by asking certain questions or encouraging collective approaches.

When stories are told correctly, storytelling provides context and explanation; when told incorrectly, this re-stories the colonizer's power, and helplessness toward change (d'Hondt, 2010). "Storytelling is a vital part of the healing process, with stories serving to connect to history, to inspire, to transform, and to provide knowledge about how to overcome difficulties" (Menzies et al., 2011). Indigenous storytelling methods for substance misuse and abuse, provide structure for naming experiences and feelings (Fiske, 2008). Storytelling provides multidimensionality – of trauma, and social and historical context – to the impacts of colonial violence. In groups or 'healing circles', facilitators (Elders and/or workers) will engage in role modelling through disclosure. They use metaphoric language and culturally appropriate content to help foster spiritual awareness, cultural identity formation or renewal, collective consciousness, self-reflection and a new sense of the responsible self, accountable to community. The focus is on orality, holism and spirituality as foundational, the collective and reclamation, revitalization and liberation. Storytelling as a therapeutic approach also makes explicit that our practices stem from cultural frames of reference: "the truths that practitioners, researchers, and educators traffic in, often ultimately turn out to be the implements – discourse styles, language

and tropes – that make up the culture's stories" (Saleebey, 1994, 352). Social work practice is steeped in cultural stories that can be learned and shared. How we practice is a story in itself.

Story as work educates the heart, the mind, the body and the spirit (Archibald, 2008). Stories, myths and narratives, notes Saleeybey (1994), "can be the instruments of empowerment – individual and collective" (354). Storytelling is in no small part about resistance and liberation from the unjust ways in which the "dominative truth" (358) in Canada recreates myths, maintains power and control, and further erases First Peoples. According to Duran (2006), asking simple questions like: 'Is this all yours?' or 'Where did you learn how to do this?' "allows the patient and community to embark on the process of formulating a counterhegemonic narrative to replace the colonial oppressing ideology" (26). Sharing, reading, listening and unlearning stories are all essential in addressing unequal power dynamics and doing effective work with Indigenous peoples. Moreover, telling different stories than the dominant ones play an essential role in healing.

Theme 4 – Engaging the Self

> The larger process of regeneration, as with the outwardly focused process of decolonization, also begins with the self.
> (Alfred & Corntassel, 2005 cited in Cannon & Sunseri, 2011, 143)

Engaging the self is a theme that brings together what participants shared regarding self-reflective practices and responses. This section explores the importance of self-awareness, the importance of hearing and thinking critically, and how we subsequently respond in practice. Yan and Wong (2005) suggest that interactions that are truly supportive require trust, creativity, flexibility and openness to the possibility that the relationship will be mutually transformative. Mattingly (2010) describes how hope and healing in clinical practice exist in moments of warmth, relaxed confessional storytelling, creativity, collaboration and play. These narrative moments with practitioners represent "healing as transformative journey" (35). *Engaging the self* is about the kinds of engagements and transformations of self that are needed to do this heartwork. The material in this section is organized by first focusing on where participants came from – where they started their journey of engaging the self. It then explores the concept of hearing critically and finally, considers participants' observations on checking ego and flexible approaches to practice.

Where you come from.

The following excerpt from one of the interviews addresses the importance of being cognizant of the fact that, one comes from a place different from that of the Indigenous service users with whom one is working, and the importance of relationship.

> Researcher: I think some people, you know, when I try to bring up this type of topic um, get really uncomfortable. So…
>
> Participant û: Hmm.

> Researcher: …um, and they'd prefer to not think about…
>
> Participant û: Yeah.
>
> Researcher: …um, these relationships.
>
> Participant û: Well that's okay, because I, I mean I think about these things every day. [laughter]
>
> Researcher: [laughter] Right.
>
> Participant û: You know, it's really, **it's really in your face** and I don't know how you could be a non-Indigenous person working in an Indigenous, uh, atmosphere and, and not think about it all the time **(see Figure 4)**.

The participant above invites us to think about her statement metaphorically. She is speaking to the nature of direct care work as being relational, and also to the reality that she is a white woman counsellor in a First Nations community. Three participants described themselves through immigrant and racialized statuses. Whiteness was not acknowledged by the two white participants, save the excerpt above. Where one grew up and was socialized were mentioned by four out of five participants. Two participants identified the likelihood that one will be asked by a service user where one is from, as seen in the following quote: "You know, and they'll ask, they will literally ask: 'Where'd you come from?', 'Did you grow up in East Van?', 'Did you, you know, were you from the West side?" (Participant ê)

Four out of five participants acknowledged the limits of their understanding because of their positionality. One participant indicated that accepting one's positionality is essential to doing this kind of direct care heartwork.

Figure 4. **"It's really in your face."**

> Researcher: Um, so I feel like you've already addressed this but maybe we can somehow summarize a little bit about what we've discussed over, or what you've discussed over the last two hours. Um, if you could offer three recommendations for non-Indigenous workers in this field um, that may help to improve their practice um, with uh, Indigenous clients, what would those be?
>
> Participant ô: That you're a settler, and that you need to get over this, this idea that you're not responsible for the predicament that First Nations community find themselves in, or you're not party to, uh, dispossessing Aboriginal people of their lands, that you are a part of the problem, and as soon as you get um, to understand that and deal with it, the better that it's gonna be for you. Um, that we are all part of the dominant narrative because that's how we were socialized and we need to um, counter that and find any way to kind of address that. Also that um, First Nations people are not a monolithic group, that there's diversity and we need to kind of go in as, as students and listen, and stay away from the idea that we're the expert and we need to know everything, and really listen and understand our own limitations, and question, question, question, and develop a really anti-oppressive, anti-racist approach to dealing with people of colour, and First Nations people. Um, also, is that more than three?
>
> Researcher: I don't…keep going.
>
> Participant ô: Um, I also think that we um, we need to understand, especially people of colour, that we are party to um, to this ongoing um, um, racist attitudes towards First Nations culture and First Nations people, and that we need to be um, active um, supporters of First Nations peoples treaty rights and rights in general.

Gorman (1995) notes that, "Social work is a profession historically associated with women" (39), and often white women, as one racialized male participant highlighted. Two participants noted that we needed to question ourselves because of these historic positions of power in relation to Indigenous service users and families. Three participants explicitly indicated the necessity of questioning due to the limits of our understanding, at the very least as non-Indigenous peoples working with Indigenous service users.

> Researcher: So are you still questioning how you work with Indigenous peoples with addictions?
>
> Participant î: (pause) Questioning?

Researcher: Yeah.

Participant î: (pause) Oh man if we stop questioning we're doomed.

One participant described the kind of work that a direct care worker is asked to do in terms of engaging in such processes of accepting and questioning the self and our limitations.

> Participant ê: You know when, I think that's very important, you know, like I've seen it in my line of work all these years that some people act a certain way. You know and they're just not connecting with women because they're almost pretending like, to be somebody they're not, you know. Or, or they're not open enough to changing into being, you know building relationships, and I think, yeah like you said earlier, like yeah, I come in there with this bubbly energy and I've heard that from a lot of women…
>
> Researcher: Yeah.
>
> Participant ê: …you know that they love my energy, they love the fact that I'm very easy to connect with. Like they feel that they can just sit down and talk to me, and yeah that's all about your characteristics, right? About how you present yourself to people.

The 'changing into being' stated above captures knowing where you are coming from, and being open to transformation.

Hearing critically.

In *The Risks of Empathy* (1997), Boler describes how 'testimony' is trauma's literary genre and that a 'testimonial reading' of a text inspires empathy from the reader, but also moves them to act in response to reading about suffering. She identifies a 'historicized ethic,' a motivation to action that speaks to the kind of reflexivity that acknowledges our complicity with historical relations of power and ongoing oppression. In the simplest sense, a 'historicized ethic' includes the basics of what, in the mainstream, might be called a 'Rogerian' approach to working with people: being non-judgemental, empathic and providing unconditional positive regard. It is in part an 'ethic of caring' in response to hearing stories of suffering, as well as an understanding of

unjust relations of power. Three participants spoke of the place of compassion and empathy in their listening and in response to the injustices they heard.

> I identify myself as an immigrant. Um, a settler, who now lives in the ancestral lands of the Musqueam people. I identify myself as a father, a revolutionary, somebody who's interested in social change. I identify myself as a listener, somebody who's empathetic, and somebody who believes that he needs to give back to his community. I also believe that um, I owe it to um, the people whose land I now currently reside on to advocate and support them in um, the respect of their rights um, and also to uh, to look at ways um, to support the aspirations and um, and needs of uh, of, of, of First Nations people. (Participant ô)

Sometimes these feelings go along with more difficult feelings, such as anger, disgust or shame – all feelings identified by participants.

> Participant î: I know a lot about it. But now we, I was able to learn more about more specific cases, or, or historical facts in the Canadian culture and the First Nations community. The sixties scoop, the residential schools, uh, yeah all that stuff.
>
> Researcher: Do you remember the impact that learning that information had on you?
>
> Participant î: (pause) Yeah, yeah just (pause) shame.
>
> Researcher: Mm.
>
> Participant î: Shame and compassion. A lot of empathy.

Two participants – ê and ô – spoke to the management of feelings and thoughts so as to be really present with service users. The same two participants also spoke to the act of witnessing. Being present and a witness speaks to an awareness of self in relation; to a consciousness of your physical being, what you are hearing, seeing, and the context. The following participant shares about being present and being a witness to Indigenous service users.

> And I think Aboriginal people are amazing at, at creating an alternative narrative around what I need to know as a settler, and I think it's all about understanding, it's about listening, it's about paying attention. It's about being present, it's about being in the moment, it's about understanding the rich diversity. It's about not giving in to, to simple

> stereotypes. It's about questioning, it's about, it's about understanding your own ignorance, it's about, it's about questioning, it's about fighting, it's about, it's about, it's, it's, it's a process of uh, it, it, it's a process where you go through as a person, almost like a catharsis, of not only your, your own social… socialization and your own, your own upbringing, but doing it in a context of a really supportive system where you can ask questions in a way that is non-judgmental, in a, in, in a way that is not about appropriating knowledge. But it's about understanding so that you can be, you can stand and witness, and you can stand and support. (Participant ô)

The 'ego in check'.

How we respond to the stories and things that service users share can be telling of how we view 'self' in relation to others. This sub-theme is in part a reflection on power between service provider and service user, and who usually holds power. Some of the ways in which practitioners responded to unequal power historically and presently was keeping their 'ego in check' through acts of humility, seeing service users through a strengths-based lens, and through flexibility.

Wesley-Esquimaux & Snowball note in their wise practices model that "the teachings of humility remind a person to be aware of what they know but also what they do not know" (2010, 400). All participants spoke about and demonstrated acts of humility in their responses to service users. Sometimes humility takes the form of self-effacing or self-denigrating language as seen in the following participant's self-description.

> You know they uh, they know what the, they've been through it before they know what the process is, they gotta come in the next day see some old bag from mental health, or whoever from mental health, yeah, and tell them that everything's okay, don't remember a thing and then they get to go home and that's the end of that. Um - I do things a bit differently in uh, in my practice. That is, at that point is where our conversation begins. (Participant â)

Participants spoke of knowing one's limits –as discussed earlier– and to not seeing oneself as an expert or coming off as too knowledgeable. The participant below demonstrates thoughtfulness

and humility in his approach to service users. He describes significant engagement of self in his response to service users, a kind of ongoing self-evaluation by keeping his "ego in check."

> And I think one of the things that I've learned along the way is to really look at my own way of, of, of, of upbringing, socialize, uh how I socialize, and critiquing that in a way that constantly challenges me to look beyond just my own ways of thinking, and look at the perspectives and understandings of the client that I'm serving. And I think that's instrumental in, not only in terms of transformational change within my practice, but also keeping me accountable and keeping my ego in check. (Participant ô)

Two participants shared how important it was to appreciate the limits to our knowledge or understanding by apologizing or saying 'I don't know.'

> I think it goes beyond what Paulette Regan said about, uh, you know, you know, the um, deconstructing, or transforming the settler within. I think it has to go beyond that. I think, it, it, it's okay to have an anti-racist, anti-colonial mentality, but I think it's really important to really question and fight against the prevailing assumptions that First Nations people are inherently um, um, inferior. And I think it's acceptance that First Nations people come from a strong um, enduring line of, of knowledge, of knowledge that is transformational, knowledge that is based on, on, on a very strong foundation, and understanding that within the context of your own um, um, your own limits in terms of understanding that. I think one of the most important things in terms of understanding the, the transformational effect of saying 'you don't know', is that you end up in a position where, you can take the fact that you don't know and you can transform it and you can grow, and you can change. So it's really important about, it's really important to really be the student in any kind of relationship building with clients who are First Nations, with clients who are um, um, who are on the margins, I think it's important to understand the limits of your understanding, because of your positionality, be it because of race, be it because of class, be it because of socio-economic status, be it because of, uh socialization, be it because of, you know, the understanding of the dominant um, uh, narrative. (Participant ô)

Another participant also echoes the narrative above by suggesting that a humble approach is interconnected to how you see people or service users.

> Participant ê: …yeah. But I think, I mean in terms of building connections with women, it's about you. It's your characteristics and about how, how you see people. I think a lot of people who go into this kind of field are not that open, in a sense. I would have to say some of them kind of go in there thinking they know everything or something. And, I've heard this from women where, you know, oh they're book smart and they don't, not street

> smart, or they act like they're so prestigious because they have a degree or whatever and I think it's very important not to act that way when you're working with women from the downtown east side especially…
>
> Researcher: Yeah.
>
> Participant ê: …because as I've heard this phrase many times, you've gotta recognize your privilege.

Three participants spoke about their own strengths. Three participants also spoke about seeing and hearing strengths from service users. Only one spoke about the importance of seeing and hearing strengths and resilience.

Flexibility

As noted above, the way in which service providers see and critically hear service users, the way they respond to service users' uniqueness of being in relation to their own, entails knowing who they are and their limits. It also entails simply being flexible. Four out of five participants covered the need to be flexible so as to be responsive to varying service users – because "every client is a mystery" (Participant û). They explored flexibility in three ways: in terms of boundaries, in terms of timing and in terms of approaches. A participant provided the following narrative in response to the request of a particular time when they thought things went really well with an Indigenous service user.

> Participant î: So they came in, I met them, and just because I'm a, really laid back and, I didn't … one of the things I noticed about the youth is they hate when people come to you and start giving you "You need to do this, you should do this, you must do this."
>
> Researcher: Right.
>
> Participant î: Right? Tell them what to do.
>
> Researcher: Mm hmm.

Participant î: I don't. I say 'Well what do you wanna do?', 'I don't wanna do anything.' 'Okay, fine.' 'I wanna do this.' 'Okay, let's do it.' Um, so I make, like for some reason I connected with them really quick, and um, they came often, quite often they would, these guys were on the streets and had the time, and they were often coming to me just to hang out.

Researcher: Okay.

Participant î: Just to hang out. Uh, a few times I kinda, they came, 'I've been up all night and I'm very tired', I'd say 'Okay, lay down here man look at this', like, uh, set up a little bed for them in my office…

Researcher: Oh.

Participant: [laughter] …and they were laying down there for, for a few hours right? And I remember workers passing by say 'What's this?' I say 'I don't know, he's just, just sleeping'.

Researcher: [laughter]

Participant î: And that was surprising for them. Someone was like 'Really? Whoa I never seen this before,' right?

Researcher: They'd never seen sleeping? [laughter]

Participant î: No, no [laughter] Somebody, opening their, my space, my office right?

Researcher: Yeah, right.

Participant î: For them to just come and feel comfortable enough to fall asleep. And me making it comfortable for them. The other worker will say, 'Well no man you can't stay here, or I gotta go, I gotta do things', or whatever, right?

Researcher: Right, right.

Participant î: And not letting them do that. I did it.

Researcher: You did it.

Participant î: And they loved it. And um, shortly after, there was um, there was a sweat…

This participant is questioning the status quo here – how many social workers would be comfortable with this narrative and this flexing of boundaries? The following talks about the time and work that go into collaborating with service users. This participant describes flexibility

with timing in her relationship with one service user. She slowly built trust with the woman by doing outreach with her weekly, until the woman approached her with the desire to stop using.

> And we worked hand in hand to helping her and assisting her and now she's out of town. She's been clean for, I don't know, a good year or so now, she's got her daughter back, she's out of town, she's doing great, like yeah, she went to, yeah treatment out on the island and she's reconnected back with her family. Like, you know what I mean? So it's like these kind of time and work. And I guess that's what it is as well, is that don't ever put a timing on things, you know, it's just, yeah. (Participant ê)

Four of five participants also described a flexibility of approaches in response to the diversity of peoples that they see – whatever is helpful for that service user. In response to my question regarding her approach to addictions work, the following participant really captured the responsiveness of a flexibility of approaches.

> And in terms of um, of treating it is, you know, whatever's helpful for that person. Whether it's AA, or whether it's cognitive, or whether it's just cultural and spiritual practices – it's, you know, it really, people get well by so many different means. (Participant û)

The flexibility participants alluded was not present with all participants and for the participants who displayed this, it required additional learning, media and exposure. However, participants really emphasized and illustrated the significance of flexibility in direct care work and how necessary flexibility is to responding to a diversity of peoples.

As one participant noted, *engaging the self* is an exploration into self-awareness, but also an openness to 'changing into being.' In demonstrating a historicized ethic of caring, participants expressed compassion and empathy toward service users that they identified came from an understanding of context. Their knowledge of context was not always explicit about ongoing forms of colonial violence. In knowing 'where we come from' and what we bring, hearing critically and humbly, and being flexible, participants are engaging with the possibility of transformation. They are hoping and supporting transformation with service users. "How do we

become transformational agents within the field of addictions, within the field of social work, within the fields of, of the helping profession" (Participant ô)? By questioning prescribed ways of interacting, they are questioning the status quo and moving toward transformation – a shared endeavour between service provider and service user. Participants showed moments of relinquishing power and expertise by expressing a learner status, ignorance, apologizing and talking about strengths instead of weaknesses. Most participants also spoke of ways to give up power and were responsive to meeting service users where they were at by letting them voice what was best for them, when and how.

Discussion

Cree social worker Michael Hart states that: "As my mother has directed me, I must always remember where I come from as I go forward in this field" (Hart, 2003, 308). Where you are from can be taken to mean from what nation, culture or community. Identifying where we come from is also accepting of who we are, and who we are not. "Early in Canada's colonial project, then, gender, social status, colonial concepts about indigeneity, and physical geography all intersected with one another to produce differently situated indigenous peoples" – from socially situated non-Indigenous peoples (de Leeuw & Greenwood, 2011). Our socio-economic situations, white or racialized statuses, Indigeneity, sex representation, sexual orientation, ability, all locate our lives within a web of knowledge and range of experiences. These are our realities – they straddle and struggle with power and privilege. They come with incredible strengths and they come with positionality 'blinders.'

Colour of skin may be part of the story of 'where one is from' and the reality one has lived, whether white or racialized, in a settler colonial context. I cannot deny my whiteness or heritage

of French settlers on my mother's side and Slavic immigrants on my father's side. Identifying as someone who settled on this land does not negate my family's struggles, displacement and tragedy; but the nomenclature does produce defensive reactions frequently. My positionality is limited by my socio-economic privilege and historically, my power in defining professional social work discourse. As Brown (2008) says: "the descendants and beneficiaries of the colonizers are among those controlling the professional discourse far more often than are the descendants of the colonized" (10). What is called upon here is identification of ongoing forms of unequal status and power, and exclusion in Canadian society. It is an acceptance and openness to being transformed by questioning this privilege and power, and finding creative ways to confront or redistribute it. Understanding who one is and what one brings to the shared context helps to develop a critical and responsive mindset (Pockett & Giles, 2008).

When present with a service user, difficult feelings may be the first reaction to complex and compounded life stories. Difficult feelings are understandable. In general, relations between Settler Canadians and First Peoples have not been mutually beneficial since long before Confederation. Feelings of anger, sadness, fear, shame, guilt and hopelessness are frequent visitors to conversations regarding the historic and ongoing unequal relations between non-Indigenous and Indigenous peoples. Shame and guilt, as expressed by the participants, are at least feelings, not simply denial. Those that deny can be known to do so rather aggressively or explosively, says Bishop (2002). She conceptualizes these kinds of individuals in *Becoming an Ally* as the 'backlashers'. The 'guilty,' she notes, are those who personalize the issue and become defensive and paralyzed. Equally unhelpful is personalizing and acting – like apologizing profusely, wanting to be noble and take on a 'heroic warrior' or savior social work role.

Service providers' difficult feelings, unless used for the purpose of sharing stories, are not always of benefit to the service user. Monture-Angus (1999) condemned token gestures and superficial attempts to address colonial genocide as overly focused on white anguish, and more a benefit to "massaging white guilt than in alleviating Indian pain" (26-7). Bishop's descriptions of the kinds of responses to "truth-telling" (Yee, 2011, 11) astutely captured my difficult anti-racist conversations and workshop experience: it can be "akin to tip-toeing through a mine field" (Bishop, 2002, 109). The 'learners' or 'allies,' were/are those in the room engaged in questioning, learning, and when invited, responding to what was heard.

The way we navigate power, privilege and transformation influences how we view people and relationships. Critically hearing requires one to listen, but to really listen by being present and being a witness to Indigenous service users' experiences and stories. Hart (2002) describes an Indigenous/Cree social work perspective, a 'being and being-in-becoming' orientation. From this place, relationships are conceptualized as "highly significant to each person's well-being and purpose, since people influence, and are influenced by, relationships…which lie between and within entities (people and things) instead of dominating the things within them" (47). Critically hearing Indigenous service users, according to participants' stories, was about the kinds of feeling responses from providers that are acknowledging of context and social suffering – compassion and empathy. By responding with care, we are showing empathy. By expressing empathy, we are giving positive regard, but also feeling. Wesley-Esquimaux and Snowball describe love – in a similar way and as basic as empathy – as a "learning to recognize and embrace the experience of feeling emotions, means learning to experience love and to find and foster positive regard for ourselves and each other" (402).

Service providers also identified difficult feelings that are sometimes simultaneous with, or that can obstruct compassion and empathy. Boler (1997) identifies some risks with empathy too. She suggests it is really a fear for oneself, where the other and their pain become secondary to the concern that these injuries could potentially happen to the provider. Empathy operates in such a way that it identifies our differences and I can safely say I am not presently the one suffering. This "empathetic identification requires the other's difference in order to consume it as sameness," as shared history (258). Additional or alternative to empathy, Boler calls for a testimonial reading. This would ask service providers to place themselves alongside the "social forces that create the climate of obstacles the other must confront," in an effort to persuade service providers to act upon these forces (257). In this sense, listening – showing feeling in the form of empathy and compassion, but also responding at the one-to-one level and beyond with mutuality of transformation in mind – is significant to engaging the self in practice.

By approaching peoples as learners, we keep the ego in check and frame ourselves as non-expert. We are then better placed to engage in a *testimonial reading.* The engagement of humility in practice is partly about being able to honestly understand ourselves and socialization. For example, when we critically reflect and interactively negotiate how our respective cultures are points of reference for understanding the problem presented by the service user. (Yan & Wong, 2005). Discourses on cultural competence in health practice are often depoliticized and ahistorical, “thereby allowing the systems of oppression that initially motivated the call for cultural competence to disappear into the background,” (Sakamoto, 2007, 108). It often sounds like cultural competence is something one acquires. On the contrary, it is something one never acquires.

There is no end to something called ‘competence’ as situations change, cultures are dynamic and learning is a continual, ongoing process. An understanding of power though is present within concepts like *cultural safety*, which is about reflecting on power differentials, actively seeking to disrupt them and to educate others (ANAC, 2009). Power is also present in concepts like *cultural humility*, which is a commitment to lifelong self-evaluation, critique, redressing power dynamics and developing mutually beneficial and self-determined partnerships with community members (Tervalon & Murray-Garcia, 1998). Both testimonial reading and cultural humility require an ongoing engagement with the self, mutuality, naming and disrupting power. They are not a list of characteristics or prescribed techniques, but processes and socially just responses.

Mattingly points to the structuration of power in everyday praxis and discursive practices that lead “to the perpetuation of social structures that not only are hierarchical but reproduce vast systems of immense political, cultural, and economic inequalities…for practice theorists, the body, and subjectivity itself, are constructed through relations of power” (38). This power contributes to feelings of expertise, superiority and legitimacy. It fosters the healing dramas that Mattingly (2010) identified – sleuthing, battling, repairing – by placing the service user in a position where they are seen to be disordered or deficient and in need of the therapist’s help. Critical reflection that examines power relations and our roles in perpetuating the helper/needy status quo are integral to decolonizing social work research and practice (Fook, 2012).

Humility means listening to difficult stories and being self-effacing about the vastness of what we do not know. It is a stance of lifelong learning, where one is never convinced of precisely knowing, and remains open to alternatives. Wesley-Esquimaux & Snowball (2010) extend humility to a form of critical hearing; of cultivating and accepting transfer of knowledge, that we

cannot know everything and it is ok to ask for support. How *are* we listening? Are we responding in empowering ways if service users' strengths and resiliency are not part of those conversations? Perhaps limits or ego, are getting in the way of our seeing and hearing from a strengths perspective; seeing and hearing stories of "values and beliefs, abilities and gifts, cultural lore and lessons" (Weick & Saleebey cited in Swenson, 1998, 530).

If service providers are not open to alternative ways of understanding and viewing, they may be seeing service users from a fixed perspective, like deficit-viewing. Emphasizing deficits is an act of "narrative mind-reading" (Mattingly, 2010) or stereotyping, a lack of cultural relativism, and a narrow clinical perspective. "The strengths perspective is a key element of a social justice-oriented clinical practice. Without a strengths perspective, social workers are left with theories that pathologize, emphasize deficits, and blame the victim" (Swenson, 1998, 530). Being open to alternatives is a commitment to being receptive, flexible and responsive (Campinha-Bacote, 2002) Hernández-Wolfe (2013) equally invites us to an open and flexible practice: "imagine ways of healing that are contextual, socially and epistemologically equitable, and diverse" (2013, xiv).

Being flexible in our practice may mean guarding against strictly using a cognitive-based model of viewing mental health. In the case of trauma, the belief that memory is a thing to be investigated with the scientific method often does not bode well with non-Western societies or cultures that are not supremely focused on the mind and its 'processing' capacities. Bracken (2002) explains that,

> Western societies understand the impact of violence and other types of suffering and formulate questions about responsibility and morality through the sciences of memory and psychology. Most non-Western societies deal with these issues very differently, most often though a mixture of religious, spiritual and political ideas and practices (7).

Bracken points to the prevalence of cognitive-based approaches to dealing with trauma and why, in many cases, these are ineffective. He describes how Cognitive Behavioural Therapy is easy enough to learn and understand, aspects that contribute to the modality's popularity. It can however simplify trauma, and trauma responses to event and causality. Cognitive-based approaches use science and technology metaphors (processing, integration, fragmentation, storing) to help make meaning out of what is going on for the service user. Bracken describes this way of viewing trauma as psychologizing and individualizing, and not accurate given what we know about how the brain elicits memories. He describes how memories are fragmented, and reformed when recollected and are, in essence, dynamic. Processing is not as straight-forward as suggested by cognitivists; we cannot explain those who have delayed reactions to traumatic incidents. Nor does a cognitivist and positivist approach account for what happens to those who exhibit no negative trauma response, possibly due to family resilience, individual resistance and spiritual fortitude. Trauma and manifestations of suffering cannot be approached from a strictly cognitive, typically Cartesian perspective.

CBT and other cognitivist approaches can be helpful; however, "mainstream techniques by themselves are of little use without an accurate knowledge of cultural context." (McCormick, 2000, 29). While social workers hope to motivate change with service users, they "also often try to preserve [their] own status and methods of working and thereby resist change" (Webb, 2000). Being-in-becoming, becoming "transformational agents," "changing into being" – these all speak to service providers as dynamic and relational beings, like their cultures and contexts, and as they hope service users to be. Responding to the diversity among practitioners and the diversity of Indigenous service users we collaborate with is partly about seeing. It is about how service users are viewed and our relationships with them. Service providers can find moments to share

power through humility, flexibility and responsiveness. In truly responding to a diversity of peoples, service providers commit to seeing alternative approaches to being-in-relation, to being alive well, and to transformation.

Theme 5 – Doing the Political

Finally, *doing the political* is a theme about making power and relations of power visible in one-to-one settings; it is about the awkward conversations service providers have with power. "To be political means getting involved with social change through participation, reflection, and action at both the individual and collective level" (Yoo, 2007, 77). This section is about what makes social workers uncomfortable, our involvement in struggles for inclusion and justice, and the politicized nature of the work we do. In this section of the thesis, participants addressed the notion of being 'too political' and participating in resistance. Participants described their awkwardness with power and articulated this in relation to the professional power they held as service providers. Participants struggled to grasp what they have in common with service users and their differences, in comprehensive ways. Earlier in the text, participants suggested that changes were needed and that often problematic substance use services were "not working." This theme explores in what ways participants are actively supporting these changes. Finally, in this chapter the different levels of understanding that participants have of resistance and Indigenous movements are explored.

Awkward Conversations with Power

Conversations about power can be heavy and 'loaded.' Even acknowledging the presence of differences in power in the relationship with service users can be a challenge for service providers. Three participants spoke about their awkwardness with power.

> Participant î: (sigh) No, don't, I'm, I'm not like that. I don't, I don't wanna, I don't like, I don't like having to be in that position of power…
>
> Researcher: Yeah.
>
> Participant î: …because I don't like to apply that power.

This and other participants' awkwardness with power was also informed by their roles as non-Indigenous service providers with mostly Indigenous service users. Two participants invoked the concept of limiting their presence in their responses to this power dynamic: that it is necessary that they eventually leave and have their positions filled by community members.

> Researcher: You sound like a jack of all trades.
>
> Participant û: Yeah, ha, yeah I really wanted to um, I really, uh, I really wanted to kind of leave, uh, leave people trained.
>
> Researcher: Mmm.
>
> Participant û: I mean not, not to do what I do because there's … you know, getting a master's degree is, is quite a feat, but um, to have people trained to run programs when, when I left…yeah, so I've just kind of, I've wanted to run um, programs so that I can do that so that people in the community can get trained and get empowered and, because, really, I think it's, I think it's community members that should be, should be running programs that, that people like me run, and they um, you know, they certainly can with the training and stuff, so.

As noted earlier in *learning and sharing stories*, participants felt that workers had a responsibility to inform themselves about racism and colonialism in Canada. Participants all indicated the necessity of having this understanding, yet only two were articulate when they caught themselves engaging with service users in paternalistic ways. Both examples were about being too directive.

> All that kind of stuff ['cultural practices'], that's very significant to a lot of the women that I work with, because I think you need to definitely have some sort of cultural awareness and cultural sensitivity towards the women that you're working with. If you have no knowledge whatsoever, it almost creates a barrier. Do you know what I mean? (Participant ê)

Four participants spoke of poverty and capitalism. They criticized racist discourses and colonial models of well-being. Three participants were also able to identify when the way workers viewed or worked with service users was out of tune with broader requests to mend broken,

unjust relationships, or what Alfred (2005) calls needed "restitution-reconciliatory" relationships (154). One participant shared how learning to respond and to work collaboratively is about "transforming our ignorance."

> Because I think it's essential that the, the people who are being helped become the masters of the helping profession. Too often we are in situations where… the, we, we, we try to help people and we say, "Okay this is the role that you need to play, or this is, this is what, what we need from you, or this is what we believe will help you", without asking them, you know, how has their situation, how is their current situation, um, um helping, by the way that we actually, um, um, helping. Sometimes it's not. So, it's about how do we, how do we transform our own ignorance and how do we promote a more of an organic approach to helping that it's, that at its foundation includes the people that we are trying to help. (Participant ô)

The above participant describes here and elsewhere the interrelatedness of healing, to transformation and to decolonization.

Not so different

In two instances, participants described Indigenous service users as 'very, very different.' It was obvious, in one example, that the participant simply meant, 'They're not white.' Other participants would describe the need for cultural sensitivity and historical awareness but then would emphasize sameness. How some participants found commonalities with service users and used these as a way to build connection was explored.

Service providers talked about some identities that they shared with service users. One participant described how she was a racialized woman and that this created an automatic connection. Another participant described that as a racialized man, he had his marginalization by systems of exclusion in common with Indigenous service users. Another participant described how work was easier for him because he was "not white." We are however not so different if we

all see ourselves as hoping and struggling for justice, healing and meaning. One participant described addiction in the following way.

Participant î: Addiction?

Researcher: Yeah, what does that mean to you?

Participant î: Aren't we all addicts?

Researcher: Mm hmm. You can say that if you want, absolutely. [laughter]

Participant î: That's what I think, we are all, all us, all of us we're addicted to something. Drugs, alcohol, chocolate, cigarettes, pops, junk food, sex, love, relationships.

Researcher: Right.

Participant î: We're addicted to anything. So I think it's part of nature - part of human nature. What we all need to learn is how to control those urges, and how to – um – not … we all need to learn how to, us controlling addiction instead of addiction controlling us.

…

Researcher: Okay.

Participant î: I don't know what's the negative part of it, but it becomes addiction the one who control us, is when the negative sides of it start coming out. When our life is being impacted by it and uh, when, well we're not making any choices anymore. Right?

Researcher: Right. And, and why do we have these addictions?

Participant î: Um, it's part of the, I think it's how the human brain is wired. We all need something.

Researcher: We all need something.

…

Participant î: Okay? We need a passion, we all have the need to have a passion about something. You can call it hobby, you can call it addiction, we all need a fix. When you need a fix, you just go for it, because your body asks you for it, your brain asks you for it. Uh, if it's drugs, if it's alcohol, if it's cigarettes, that's a different story right? It's the same.

Researcher: Um, I, I agree that we all need our, our fixes and that we all - um - have hobbies and passions – um - but we also did talk about trauma, so do you, do you think that

> there's certain addictions that are related to certain types of experiences over others and, like how do you, how do diff, how do you differentiate then, between…?
>
> Participant î: Um (pause) Again we all need a passion about something.
>
> Researcher: Right.
>
> Participant î: We all need a, external motivation to put, you know to put our, all our efforts into something that creates a meaning for us. I believe that if you have trauma in your life, or if you have had difficulties of any sort that has impacted the way you think, the way you act in one moment in your life, then you will look, you will, unfortunately you will go into, your addiction will go into something that, (sigh) don't know how to explain this in an eloquent way. Your addiction will go into something that will, not only gives you that sense of peace, to (pause) to quiet, to uh, to shut off the demons that you carry on from the trauma **(see Figure 5)**.

The participant makes it clear that we all have the capacity of having a relationship with addiction, in whatever form that takes. He suggests that we are all prone to self-soothing and meaning-making, especially in response to cumulative, difficult, or violent circumstances.

As the following participant shares, combating the maintenance of our colonial helping narratives and the unequal power relationships that we have been instrumental in creating, requires that we critically examine our acts of obscuring or amplifying sameness and difference.

> They understand, hopefully based on the relationship that I'm trying to cultivate, that I am not going to keep, you know um, reinventing the colonial narrative. That I'm actively engaging in deconstructing the colonial narrative, in a way that puts them in a position of strength, and puts me in a position of learning. It's about the exchange, it's not a one way um, um, it's not a one way um, um, uh, approach to me providing support, it's about us learning together because we both are victims within the colonial um, within the colonial um, um, construction of the other. (Participant ô)

Figure 5. **"To quiet the demons."**

Some Change Please?

All of the participants were adamant that things were not working; that there were colleagues who performed in ways that participants deemed unhelpful to service users. All felt that there needed to be better approaches taken to mental health and addictions service delivery. They also expressed a lot of frustration about a lack of support for different approaches and the barriers that exist to the provision of services that are responsive to the needs and realities of service users.

> There's a few things. One of them is you're correct there is probation issues that come up. There is no addictions counsellor, I'm it, I'm the mental health worker, and so we do not have an addictions position at all, here in this community. Wherever that money is going to I don't know. What I do know is I that I have thirty-five probation clients that have an addiction issue, and thirty-five is a case load if you think about it. My case load is well over that, like I put counts at a hundred and forty four, it makes no diddly squat after that. But uh, so the, the money, the need is there, definitely for some addictions programing, addictions uh, perso… workers, and a place for them to work out of, there's really a need for it and there's nothing happening. I don't know where that money's going to but it's not going into addictions. (Participant â)

All participants shared that they were trying to take an alternative approach or transform their practice in light of what they characterized as unresponsiveness of colleagues they had encountered. One participant suggested their way was 'going the extra mile' by validating service users; for another it was reflecting on the way we present and view people. For two participants it was about 'power with', and for another it was switching employment from government to a First Nations organization. Four out of five participants, however, did not offer ways in which they were engaged in transforming practice beyond their current one-to-one setting.

One participant shared that he believed that what could impact practice was the way in which we view, discuss and conceptualize 'treatment for' problematic substance use. The participant called for a shift from our current "helping narrative" to an anti-colonial one.

Participants described what they did to challenge power by writing advocacy letters or advocating for more extended outreach. However, participants also indicated there were limits to this kind of advocacy. Some felt there was a line and that crossing it meant that work would become "very political." This was the work of challenging legacies of power. One participant describes how she felt about such challenges, as she shares about someone who inspires her work: Vancouver clinician, activist, author Vikki Reynolds.

> Participant ê: Definitely. She is very inspirational. Um, maybe a little too hardcore sometimes, because she... [laughter]
>
> Researcher: What does that mean to you? [laughter]
>
> Participant ê: Well, she's, she's talked about, like, you know creating like protests and stuff like that, and like, you know CSIS (the Canadian Security Intelligence Service) got on her case. Like you know it gets to that extent…
>
> Researcher: Right, right, right, right.
>
> Participant ê: …where it's like, whoa! Very political, very like, whoa.
>
> Researcher: Right, right.
>
> Participant ê: But I guess it also shows that, you know, with activism comes barriers, of government and policies, so it actually just reinforces more how much the government controls all of our actions.
>
> Researcher: Hmm.
>
> Participant ê: So she really opens your eyes up to seeing, wow, you know we think that we have free speech and we have free choice, but really…
>
> Researcher: Right.
>
> Participant ê: …yeah, no you don't.

For this participant, creating protests to challenge power is identified here as "*very political*" and "too hardcore." In contrast to this, another participant described how demanding change in this line of work and in the mainstream more broadly, was both necessary and would undoubtedly include sacrifice.

> It has to be a physical transformation, and you have to be prepared to lose. Because people of colour, uh, constantly lose when they speak up for their own rights and their own, and, and, reflection of their own narrative within the helping profession. I think you have to be prepared to put your career on the line to support people who don't have a voice. And I think if you're not prepared to do that, if you're not prepared to lose everything that you hold sacred, then I think that's problematic in terms of addressing the bigger question. For example I lost my position because I strongly advocated and fought for First Nations representation within my agency, and I knew that I was, I was dealing with, with, with white women who did not want to hear that anymore. They didn't want to … they didn't want to … to be the agents of change within the agency so I had to go. And I understand that I couldn't stay, so I was excluded. I was, I was kicked out of my profession, but I, that was, that was, that was something that I was prepared to do. And now in hindsight, I would do it again. And I think you have to be prepared to lose everything that you hold sacred. 'Cause I think that is the transformational nature of what we need to do. (Participant ô)

This narrative speaks to the challenging of processes that produce unfair outcomes or unresponsiveness.

One participant declared that as social justice workers, we have to take a stand. 'Taking a stand' is more than 'political correctness.' It is about "individual and collective actions of members of the profession [that] can either challenge and undermine the processes that produce unfair outcomes (by promoting equality), or can reinforce them (by basing our practice on discriminatory assumptions)" (Thompson, 2012, 15). Challenges and change happen, but only through challenging ourselves and through collaboration.

> And I think that's inherently problematic and I'm gonna fight against it, and I think it's up to our profession, be it social workers, or addiction counselors, or mental health workers, or one-to-one support workers, or outreach workers, or housing workers, or transitional

> workers, or whatever it is, to, to, to, to understand where we stand and what we represent, and how we should be agents of change, and how we should become learners from the people who we're inherently supposed to help. How do we do that? (Participant ô)

Seeing resistance: moments of hope and possibility

For some Indigenous activists and academics, violent resistance is necessary: "We must contend, and we must confront, and we must be prepared to shoulder the burden of conflict" (Alfred, 2005, 47). Other decolonizing and Indigenous authors advocate more transformative and liberatory approaches to resistance that may or may not include violence. Resistance can also be found in moments when we are part of, or witness to creativity, hope and rejection of the status quo. The following participant narrates a resistance to the 'lazy,' substance abusing stereotype, by identifying every Indigenous youth's hope to be 'doing good.'

> Participant î: It's very hard to see how can we [Columbians] come out of this? While here, there's so many resources, there's so many ways out, that I see, I see hope, and I see let's, let's uh, let's work on getting this together, let's go, let's work hard on getting, getting back into the track that you want for your life. Not, none, I've never met a youth who tells me I wanna do this for the rest of my life.
>
> Researcher: Right.
>
> Participant î: I haven't. Because they don't really want that.
>
> Researcher: No.
>
> Participant î: They wanna get out, they wanna do better, they wanna, they wanna feel that they're doing good.
>
> Researcher: Right. So you have some of these hopeful conversations with them, is that what you're saying?
>
> Participant î: For the most part, yes. Some, uh, some of them unfortunately have to have those conversations often because they will, they won't remember.

Another participant described how he worked with one First Nations man in a way that was celebratory and exploratory of culture, provided him with relevant books and had a transformative relationship.

> And I think that relationship is based on him feeling that deep down I understand the challenges he faces as a young First Nations person, and I will go to the ends of the earth to make sure that he's respected and he's supported. And I think the transformational nature of the work that I've done with him, is, is, is, goes both ways. He's transformed the way I work with young First Nations men, and I think I have transformed the way he views service providers, or the capacity of service providers in terms of providing him with the support that he needs. (Participant ô)

Some non-Indigenous practitioners are finding ways to resist status quo stereotypes, relationships and colonial power dynamics in their 'professional' exchanges.

As the following participant suggests, non-Indigenous immersion in resistance vocabulary, awareness and active support of Indigenous resurgence is only possible through community engagement.

> I wish there were more - um - resources kind of on decolonization but I think just, I think just being, being in the community will … is … will be an act of, of decolonization and speaking to, speaking to different people. (Participant û)

One participant describes how participating and engaging in community is about redefining and viewing community differently, as inclusive, warm and inviting.

> So, I would have to say just don't base your life on those kinda stigmas, just kinda go in and examine it yourself, right? Like, most people cringe when I tell them I work in the downtown east side, right? It's an automatic stigma. It's like: 'Oh my god you work in the downtown east side, your life is in danger, or your safety, da da da' right? So, yeah, I guess it's just to, you know tackle that in a sense, you know, and try to change and educate people about, you know it's not really as bad as the way that you think it is, you need to just go down there and really, and, and now that I've worked down there for x amount of years it's like that is probably the most loving place, you know, in that downtown core and you actually really sense that sense of community, versus anywhere else really. So those stigmas are bull crap. (Participant ê)

Another participant described resisting being part of the system, or how just being a caseworker with First Nations service users necessitated community involvement.

> So if you wanna work with Aboriginal clients, and you wanna understand them well, you better participate in the burial traditions and ceremonies, and be part of them and understand and feel them and just, just, try to become part of the community. They will embrace you, doesn't matter if you're white, blue eyes, blond hair, if you really feel like you are um, you feel like you are a First Nation because you are a part of their lifestyle, they will embrace you. (Participant î)

One participant also identified the importance of engagement in one's own community. Community participation in one's home community, previous trust-building, is a way to resist savior narratives or ongoing colonial psycho-pathologizing practices.

> I was told by a First Nations person that First Nations people need to know where you come from. It's important. They don't want you to come and say 'You know what, I wanna work with you'. They wanna know: 'What do you do in your community, what have you done in your community?' (Participant ô)

The participant also noted the transformational and political nature of the work that we do. He did not mince words when he described his feelings with regards to how the service users he has collaborated with were victims of exclusionary systems.

> And I think it's important to see it in terms of those kind of context. I think it's important to see the helping narrative as an opportunity to not only transform, but to make amends to the ongoing trauma that we have inflicted on First Nations population. Some may say that, you know, social work was not as - um - implicit in terms of creating trauma for First Nations people. Um, like as compared to the Catholic Church or whatever. But I think we were active participants in terms of creating that narrative, and I think we have to be instrumental in terms of deconstruction of that narrative, by … by being the students again and understanding and being patient, and be in a position where we can atone, and that we can be invited to, to work with First Nations people in a way that First Nations people believe is helpful. (Participant ô)

Moments of hope, resistance to status quo power dynamics and collaboration –not domination– are found in small acts of awareness, reverence, respect and unconditional support.

Telling a different kind of practice story and subscribing to Indigenous counter-narratives asks that we give up a static narrative and distant engagement. As seen by the following participant, telling a different story is about stepping out of our comfort zone and professional boundaries. The following participant allowed the service user to direct an approach to helping that does justice to that person's story, in their particular community, in their particular socio-political moment.

> Participant û: There was just … it was a time of a lot of transition and she felt really stuck um, at the same time um, I think it did go so well with her because she had, she had a lot of resources on her own. She was, she was really quite motivated. Uh, like I said she did a lot of reading on her own um, she, she um, had a spiritual, uh, core, but um, there were, there were, uh, a few things that were unique with, with her. Um, one was that we had our sessions on the water, on the…
>
> Researcher: Hmm, wow.
>
> Participant û: …and um, those were, that was her idea um, and the other was, and this is, they're really tied in together um, what she re-discovered through counseling was the common, the common theme that had kind of run throughout her life, which was that um, she is extremely connected to the water, and um, has a relationship with it that's really, just really vital to her.
>
> Researcher: Right.
>
> Participant û: And so um, throughout our time together she did make a lot of changes and she did um, and she had a dream of having her own business where she would be on the water. Um, she made that a reality…

All participants spoke of, and at times explicitly identified, their past clients as friends. They shared stories of incredible outreach adventures and gestures toward service users that they would go 'to the ends of the earth' for, to support them so that they are 'treated like people'.

> Participant ê: Because women, often that reside in the downtown east side in the SROs, who don't have other partners or whatever, are isolated. They're by themselves. To have somebody come visit them on a weekly basis and bring them a goody bag, they felt really good, like somebody gives a shit about me, and their coming to visit me every week. This is the response I got from one lady that I worked really hard on trying to outreach, because I saw that her lifestyle was very chaotic and she was definitely at risk, and I was concerned

> that she would potentially become HIV positive, right? Because her risky lifestyle, and she worked on the street, this and that. And I've seen her at our dinners where she was completely messed, like it's almost to the point where 'Do I have to call 911, is she ODing on my floor?'
>
> Researcher: Right.
>
> Participant ê: Like that type of life. And she was definitely not connecting, like she was very, you know… not mean, like you know what I mean? Like just, won't talk to you, very aggressive, and just wasn't connecting with people and I felt that: hey, you know what, maybe if I go visit her more at her building, bring her little goody bags, even if she just opens the door, grabs the bag and slams it on me, fine. And so I did. It took me months, but finally she actually was like 'Hey, I wanna go to treatment 'cause I feel like I'm ready now' and she actually apologized for all the times that she was aggressive, or shut the door on me, 'cause she's like, 'I just wasn't ready to talk to anybody.' She's like, 'But now I feel like I need help' and she's like 'And because you come see me every week, I feel like you're the person that I can come to get help from.' And I eventually did treatment papers with her and got her hooked up with my co-worker as well.

The narrative of the participant above demonstrates how unconditional regard and consistent active support can build trust and create possibilities for relationship and healing.

One participant brought up 'counter-narrative' and the foundational role that Indigenous peoples play in creating such narratives. His numerous calls for counter-telling and narrative stressed the importance of narrative's impacts for him. He seemed to propose a collective and emancipatory education or story-telling.

> How do you transform the profession in a way that looks at what we're doing, which is inherently problematic because we're not getting the result we need, and how do we create a counter-narrative that puts people of colour, and people, uh, First Nations people in positions where they create um, the narrative so that they can keep helping themselves after we are long gone. Because it's about resiliency, it's about promoting an anti-racist, anti-colonial way of seeing the world. Because when somebody calls you a dirty Indian, or a nigger or whatever, you have some narrative, some perspective, that you can revert to that goes, like you can put it into context, and you can see it for what it is, right? And that's important…(Participant ô)

One participant explained how he kept a colonial narrative near so as to remind himself: "Don't go there."

> Right? No, that's not, so watching the movie [We Were Children], for example, recently, it just kinda brings you back and makes you … makes … makes me look into perspective again and say, don't, don't go there into (pause) that corrupt, that wants to oppress. (Participant î)

When we ask for feedback, as one participant described, we are relinquishing space to Indigenous peoples to define their own, locally-based helping narratives.

> So um, just, I would say just try things, and then ask for feedback instead of um, like just don't be afraid to try things. Um, and yeah, cultural, I'm calling them cultural consultants and really they're, they're just friends but um, yeah really find people that um, you can depend on that will, um, that you can run ideas by, that you, if you're, if you have questions or your confused about anything that you can trust that they'll, they'll be able to give you the straight goods. (Participant û)

Discussion

'Doing' the political explored how participants navigate the power present in one-to-one settings, how they are engaging with decolonization through community participation and acts of resistance through collaborative and responsive narratives. Participants identified that being "very political" was at times "hardcore," but some also acknowledged that we cannot ignore the politicized nature of the work we do. Participants described awareness of professional oppressive power and some were actively trying to guard against it by acting collaboratively and supporting self-determination. Participants at times struggled with articulating the unique relationships of Indigenous peoples to Turtle Island, and sometimes opted for simplified sameness discourses. Participants were not explicit about being active in supporting broader changes that they deemed necessary for good work mental health and addictions work. Lastly, participants demonstrated an understanding of Indigenous-led resistance that was largely dependent on their exposure to

Indigenous movements and ways of being. Participants did share examples of collective engagement in resistance through participation in community activities, as well as through sacrifice and advocating for a counter-narrative.

Should we step aside? Should we be advocating to train people to take our jobs? Fletcher & Denham (2008) and Hernández-Wolfe (2013) explore models of trauma-related group services for Indigenous peoples that prioritize training peer educators, community 'listeners' or emotional helpers. Hernández-Wolfe (2013) asks that we act to mitigate the multiple norms of dominance that penetrate cultural and institutional structures and keep dominant social locations in place" (85). As the social work profession has been historically associated with women, and in particular, white women, we white women are the dominant social location in place that needs to actively 'step aside' or make the transformations required to work effectively with Indigenous service users. As the dominant professional discourse makers it is important to guard against "the normalization of a liberal analysis of power relations" (Tuck & Yang, 2012, 10). It is important to avoid suggesting to service users that they need to re-explain their marginalization to us because of our ignorance.

Social workers are not detached – as we see in their awkwardness in discussing the topic – from acts of exercising power. We should be knowledgeable about the socio-political contexts occupied by service users as this awareness is necessary in order "to prevent becoming (or remaining) part of the problem" (Thompson, 2012, 9). Awareness of health and social service roles in colonial projects seemed to correspond with participants' willingness and confidence in articulating what power can look like in their line of work. Those who are not familiar with the values – the attention to power and inequalities – that are foundational to social work may find conversations about power challenging. Dialogue about power relations is difficult and awkward

where social service workers are not conscious about the role they might be playing in carrying forward the colonial project or the presence in their work of contemporary forms of the 'white knight syndrome' embodied in good-intentioned, selfless acts.

We may need to heal, and deal with notions that we are supposed to be performing a colonial helping narrative, exhibiting a 'selfless savior complex' or any other false narratives that have been sold to us through liberal approaches to education. These are descriptive, instead of analytical, and accepting of the status quo rather than critical structural analysis. Furthermore, as Smith notes, self-determination is foundational and interrelated to healing, transformation and decolonization (2012, 120). If we are unfamiliar with colonial history and ongoing interlocking oppressions, we may have blind spots in our knowledge, and our commitment to self-determination. This has implications for our interaction with service users and the transformation of both. Parallel to service users' journeys of healing through transformation, when we embark on healing as transformative journey, it can have an impact upon the communities in which we live and work.

Sometimes good reconciliation work is best done in our home community/ies:

> Do not assume that acting as an ally only involves working "outside" of your community/ies. Actually, engaging (with an anti-oppression lens) in any type of social justice work in "your own" community/ies can sometimes be more fruitful than working outside of your community due to issues of power and privilege (i.e. having the saviour approach). By doing positive work within your community for and with your community, you will have a ripple effect on other communities (Sajnani et al., 2012).

Linking social work to larger conversations about relationship-building includes personal acts of conciliation and being open to negotiating power.

One participant assumed that Indigenous women would simply identify with her because she is a woman; another participant suggested an Indigenous service user would identify with him because he was racialized. What these sameness discourses have in common is an erasure of uniqueness in favour of simplified sameness. They demonstrate a lack of understanding or an assumption about how people identify themselves. Although it is important to build relationships on common ground and experiences – such as suggesting "we are all addicts" – Ms. D. B. McLeod and I felt like there were risks to claiming 'Oh, we're all women,' or 'Oh, we're all racially discriminated against.' There are complications to claiming sameness when these claims do not include acknowledgement of unique and historic relationships of Indigenous peoples to the land, State acts of genocide, and the ongoing hierarchy of racial subjugation in Canadian society. Feminist and anti-racist stances do "not begin with, and reflect, the totality of Native peoples' lived experience – that is, with the genocide that established and maintains all of the settler states within the Americas" (Lawrence & Dua, 2005, 121). In *Feminism for Real* (2011), Yee complicates the sameness philosophy, in this case feminism trumping Indigeneity or association with a Nation:

> [It] seemed to be something that pit male against female, with the primary oppressor being the man. We came to realize that maybe for white women it was the white male that was the oppressor in their culture – but for us as Indigenous peoples it was the entire colonizer and colonizing society, and the male-female subdivision was not a predominant focus" (16).

In other words, there are unique stories and experiences that non-Indigenous peoples cannot claim as sameness.

In *Decolonization is not a metaphor* (2012), Tuck and Yang invoke the phrase 'the race to innocence' – previously used by authors like Mawhinney, Razack and Fellows – to indicate utterances that stem from a "settler fantasy of mutuality based on sympathy and suffering" (20).

Moves to innocence are as problematic as the popular homogenizing of various experiences of oppression in unreflectively embracive and vague ways: "… describing all struggles against imperialism as 'decolonizing' creates a convenient ambiguity between decolonization and social justice work, especially among people of color, queer people, and other groups minoritized by the settler nation-state" (17). However, people of colour and Indigenous peoples have been racialized in very different ways, say Tuck & Yang (2012). The authors claim that the 'one-drop' rule in the US leads to expansive blackness, and that this ensures, "a slave/criminal status will be inherited" by Black descendants (2012, 12). Alternatively, considering the Status application process in Canada, the colonial logic of the blood quantum used to define Indigenous peoples is subtractive. The authors note that Indigenous peoples are racialized in such a way that there are fewer Indigenous peoples over time. This disappearance is deliberate as it allows a seamless removal of Indigenous claims to land (Lawrence & Dua, 2005). Decolonization is a distinct project from other civil and human rights projects. Decolonization's uniqueness is in part its demand for self-determination and Indigenous governance. However, it must involve the repatriation of land, and "recognition of how land and relations to land have always already been differently understood and enacted by Indigenous peoples" (Tuck & Yang, 2012, 7).

Based on my readings of Taiaiake Alfred (2005, 1999), this would mean non-Indigenous practitioners would either not be working with Indigenous peoples or not using Western models at all. The logic of this claim is that Western models of 'helping' cloud Indigenous minds and prevent Indigenous service users from seeing and thinking clearly about the socio-political and economic root causes of discord and imbalance. A decolonized approach, according to Hernández-Wolfe (2013), engages in "challenging the legacies of colonialism and dismantling

them through the affirmation of Indigenous worldviews and practices, by examining power differentials, and by creating another way of healing in the borders" (105).

Indigenous peoples do not require an affirmative form of recognition from non-Indigenous people regarding the pains of injustice or the presence of ongoing Indigenous resistance. Nor are various responses to trauma and the feelings associated with them mechanisms to be utilized by non-Indigenous for our consumption or transformation. In *Subjects of Empire* (2007), Glen Coulthard problematizes the discourse of 'recognition.' He suggests what Indigenous peoples should be struggling for – and non-Indigenous peoples ought to be supporting – is critical individual and collective *self*-recognition" (456). This kind of recognition is possible through "transformative praxis" and important for the struggle toward freedom (449). Simply recognizing Indigenous pain, trauma and resistance is inadequate and doing so benefits the colonizer. This is the logical and ethical basis for political work and a basis for clearly stating that recognition is an inadequate response to the ongoing injustices experienced by Indigenous peoples. The result is to fail to modify or transcend colonial power dynamics. The methods and discourses Coulthard calls upon are mutually transformative ones that focus on cultural and symbolic change through "deconstruction of dominant patterns of representation" that would impact everyone's social identities but that also addresses economic structures and a racially stratified colonial state (446). Reciprocal recognition includes non-Indigenous practitioners recognizing the "legal, political, economic framework of the colonial relationship itself" and our roles in re-creating colonial discourse (451).

Challenging inequities is part of social work's social justice core, which goes beyond the personal ethics of simple 'political correctness.' These are larger socio-political challenges because social processes and State institutions systematically combine to produce unfair

outcomes. *Doing the political* and challenging the status quo is not simply a focus on class inequality, but taking a stand against a range of social inequalities based on gender, 'race', age, disability, religion, language and sexuality, to name a few (Hernández-Wolfe, 2013). Since social work's social determinant of health lens contextualizes the marginalization of these intersecting identities by interlocking oppressions, we play a role in linking the personal to wider social and political issues.

Verbal and written interventions by people with power can establish and reinforce racial hierarchies and boundaries that have real impacts (Maxwell, 2014). As direct care workers, we can challenge and critically engage with colonial discourses in the field of mental health and addictions. Theses discourses are often depoliticized – in most regions of Canada, the discourses reframe social and political issues as behavioural problems, and in particular problems associated with those most 'at risk'. However, Maté (2008) – parallel to the observation made by a participant quoted earlier in this chapter – describes how addiction does not discriminate: "Any passion can become an addiction…the difference between passion and addiction is that between a divine spark and a flame that incinerates" (109). Substance abuse is entangled in acts of attempted meaning-making. We develop narratives about ourselves based on previous experiences, "damage done by neglect, trauma and emotional loss" (350). These distorted narratives influence contemporary experiences of meaning-making and influence acts of self-soothing through substance use.

In conversation with psychiatrist Dr. Mehl-Madrona, Maté shares that everyone has a need to belong. "Unless people have another community…that provides them with more belonging, being wanted, and purpose, the so-called treatment always fails" (308). People who struggle with substance abuse need to be invited into communities that can offer them acceptance, belonging

and value. A more inclusive world is needed than one that pathologizes and labels people as having chosen their own demise. We are not so different in our capacity to be so 'passionate' to the demise of those around us. Being in community is possibly an act of decolonization, but more important are acts that build community. As moral and political agents, social workers are called to collective action that seeks to address psycho-social and physical dislocation from the globalized, capitalist, colonial state (Chu, Tsui & Yan, 2009; Alexander, 2008). We need collective action since injustice is inherent to the socio-economic system in place: "to the degree that Western civilisation approximates a free-market society, dislocation is not the pathological state of a few but the general condition" (61).

Responding to the impacts of state displacement, emotional dislocation and ongoing forms of colonial violence requires different narratives than ones filled with shame, blame, stigma, lack of responsibility and compassion. For some, enacting resistance to colonial narratives involves participation in community and supporting communities of support and accountability (Hernández-Wolfe, 2013; Fiske, 2008). Indigenous discourses teach us the language of resistance. In building relationships and showing commitment, Indigenous peoples have shared tools for resisting colonial processes, and non-Indigenous peoples can be witness to this collective strength and organization. For others, or simultaneously, it is about co-creating a counter-narrative that is filled with Indigenous truths, humanity and love. "For Fanon, the colonized must initiate the process of decolonization by recognizing themselves as free, dignified and distinct contributors to humanity" (Coulthard, 2007, 454). Non-Indigenous practitioners need to engage different conceptions of themselves and service users as a way to challenge dominant representations. They also need to be in the forefront in collaborating to develop these new narratives of possibility, hope and love that extend beyond one-on-one interactions.

Both hooks (2000) and Hernández-Wolfe (2013) describe love as a political act. Freire (as cited in Reynolds, 2010), understood love as a revolutionary act. The importance of love involves familial bonds and lived-in community with others. The ability to show compassion, show love through our actions, and be able to engage in successful dialogue represents a commitment to justice because "love acts do transform domination" (hooks, 2000, 102-3). In a society characterized by colonial logic, that practices, in many ways and forums, the differential valuing of people, acting in mutually life-enhancing ways, or showing and embracing love, is about dismantling the colonial status quo. By approaching our practice with the intention of liberating ourselves from emotional distance, essentialism and cultural aphasia, we commit to vulnerability and loving acts. Non-Indigenous service providers need to be playing louder roles in building relationships and narratives in conciliatory and responsive ways. Developing critical consciousness that challenges the colonial idea of helping is a political act and a life-long journey – one best done in collaboration, when invited, and in consultation with Indigenous peoples.

Conclusion

What stories do non-Indigenous practitioners tell about their addictions practice with Indigenous service users? My purpose was to better understand and to further my critical and responsive practice. I also wished to better understand how to navigate history and to understand how power affects my relationships with Indigenous service users. The research contributes to critical pedagogy and "wise practices" in social work (Wesley-Esquimaux & Snowball, 2010). In other words, the purpose of the thesis was not one of interviewing participants and drawing specific conclusions about the nature and content of their practice: its strengths, weaknesses, appropriateness, etc. Rather, the purpose was to allow their stories to open up an exploration of considerations relevant to the practice of non-indigenous service providers working with Indigenous service users. I sought to generate a text inspired by the stories told by those interviewed. This research aimed to have a conversation with a sample of these workers about decolonizing addictions and social work practice.

Some of the practitioners interviewed spoke of their roles in historically-determined inequities. Some practitioners shared stories that demonstrated limited understanding of colonial history. Some were operating in ways that were uncritical of how colonialism is ongoing and present in our Indigenous/non-Indigenous service delivery relationships. However, most also shared stories of possibility and "imagined well-being" (Lee & Sum, 2011, 163) that showed their efforts at grappling with imperfect allyship (Reynolds, 2010). Decolonization should be messy and confidence-shaking. Transformation and liberation, according to the literature, need to be at the core of healing and restoring balanced narratives.

As non-Indigenous social service providers – and in particular myself, a white woman who represents the dominant social work voice – we have been instrumental in carrying out State surveillance, monitoring and have played significant roles in the assimilation of Indigenous bodies. We have damaged Indigenous families and undermined Indigenous cultures by enforcing Eurocentric views of good parenting. According to Hart (2002), mainstream social work creates and legitimizes knowledge, legitimizes an "Amer-Eurocentric view of and system for understanding reality [that] ignores the diversity of Aboriginal peoples and our own views and systems" (29). We have been complicit in tactics used by the colonial State and have gained privilege and respect from these roles. Feigning ignorance toward Indigenous scholarship and practice further marginalizes Indigenous helping narratives and undermines building an 'historicized ethic' of caring and responsibility.

Social workers and health care professionals are increasingly stating that ahistorical, culturally unresponsive ways of relating to service users negatively impact the effectiveness of services delivered (Browne et al., 2008; Chung & Bemak, 2002). The conscientiousness participants have of the socio-cultural, political, economic, and historic context we navigate with service users, can be seen from their articulation of colonialism and its relevance to. Most are 'learning as they go' from the Indigenous service users with whom they work with, and critical learning is largely dependent on their own knowledge-seeking and exposure to Indigenous ways of understanding. Unfamiliarity with our profession's complicity and the ways in which colonialism operates, raises questions regarding the role of mental health and addictions service delivery in responding to social suffering or in exacerbating it. If the caseloads of these five participants are representative, social workers in this field likely have a caseload where Indigenous peoples are disproportionately represented. This raises questions about social work

education: specifically, how and what we come to understand about our role in the historic and ongoing Canadian colonial story. This capacity to contextualize coupled with our conscientiousness inform our response to the mental health and addiction realities faced by Indigenous peoples.

Knowing a critical history of settler colonialism is a necessary step in decolonizing relationships; we need to understand what Canadian colonial mentalities are and what these look like in our work with substance users. A preference for the individual, according to neoliberal and cognitivist logic, prioritizes the one-on-one therapy setting. Restricting mental health and addictions work to one-on-one interventions, according to Maxwell, demonstrates a "lack of respect for the transformative potential of collective healing activities, and an unwillingness to support principles of indigenous self-determination in programme design and delivery" (2014, 416). The discussion held with some participants seemed to point programming to a tutelage model of addiction. From my experience at a government-funded mental health and addictions establishment, mainstream programming also seemed more interested in a clinical and tutelage model of addiction, more interested in community-*based* resources over community-*driven* projects, more interested in producing short-term outcomes, than in being responsive. In the mainstream, 'history' was remarkably absent (Wilson, 2009). It is far easier to attract resources that address individual victimhood and mental health explanations for social suffering than it is to draw attention and resources to collective struggles for social and political change (Maxwell, 2014).

Like Petryna (2002), I wonder if the Canadian State could be leveraged to respond to disproportionate Indigenous problematic substance use concerns. By questioning what a historical trauma-informed practice would look like, it became apparent how problematic the

term trauma could be. The terminology is individualizing. It is universalizing of experience. It is deficit framing and suggests that the violence that gives rise to trauma is a thing of the past. Quotes from participants may raise questions for the reader about how non-Indigenous social workers, name colonial injustice in their practice and the importance of guarding against essentialism or generalizations. Non-Indigenous social workers need to challenge the idea that Indigenous peoples will all be traumatized, that trauma is derived from experiences with family, or restricted to history, that racist assaults and ontological impositions are not a daily reality in our socio-cultural context. Although these realities are encapsulated in Indigenous frameworks of healing work, like storytelling for intergenerational trauma and substance abuse (Menzies, 2011), there is far less written about how non-Indigenous practitioners engage in such practice. Menzies (2010) indicates that not all Indigenous service users will want culturally-specific 'helping' and others will encounter and engage non-Indigenous workers because of accessibility. The 'unpacking' of social work practice begins with a critical Canadian history and challenging the idea that colonialism is a finished story.

Alfred (2005) notes that "attempting to decolonize without addressing the structural imperatives of the colonial system itself is clearly futile" (94). Our work is steeped in power and narratives that justify it. There is much ignorance about the professional and public erasures of the structures that create and hold up such narratives. Alfred identifies five narratives that justify colonial privilege: that Canada is non-violent; the glorification of the 'pioneer spirit;' the exaltation of nationals or dominant voices and justified brutality toward counter-voices; justified brutality toward racialized peoples/youth; and the normalization of violence toward Indigenous women. These narratives figure prominently in Canadian social and political realities including

the current Prime Minister's dismissal of murdered and missing Indigenous women as a 'sociological issue' and the shooting of racialized, unarmed youth.

Narrative, moral and historical obscurantism about inherited or granted colonial privilege shields non-Indigenous practitioners from engaging in learning about colonialism and the logic of decolonization (Alfred, 2005). Decolonization of our practice requires that we question our context and the way we see, our self-conception and view of the world. One participant, and two post/decolonial authors mentioned that when things are only understood superficially, when our understanding is constrained or decontextualized, we are witness to performance: to masquerade and carnival (Hernández-Wolfe, 2013). Viewing colonialism as a determinant of health is about de-cloaking the ways in which peoples are erased, undermined, criminalized and brutalized, and plotting a different narrative.

At this point in the conclusion, I focus on the implications of my findings for social work practice, dealing with trauma responses and Indigenous/non-Indigenous relationships. Wesley-Esquimaux and Snowball (2010) provide a wise practices lens to social work based in the Seven Sacred Teachings or Grandfather. Honesty, Truth, Humility, Courage, Love, Wisdom, and Respect: these are teachings that provide one framework for being at all times – not simply at 'professional' times – to live and to lead a balanced life. This Indigenous model, provides a guide to concluding the findings using a language of possibility and hope. In terms of implications for social work, this conceptualization highlights how the work of participants is responsive to history and colonial complicity. It also suggests areas, considerations and concerns that require further attention. We now turn to aspects of this wise practice/seven sacred teachings model by Wesley-Esquimaux and Snowball (2010) for working within Indigenous mental health and addictions to bring the thesis to a close.

Honesty

To know yourself and your own values, biases and beliefs. To speak from the heart and the soul, to allow yourself to truly be seen, to know and be known. How are we being flexible and appropriate?

It is important that social workers are aware of the roles they play in legitimizing knowledge through diagnostic labelling. The use of trauma and 'historical trauma' are sometimes used in decontextualized ways, divorced from larger social and political factors. The reality for Indigenous peoples in Canada includes daily reminders of colonialism through name calling, stigma in health service delivery, public erasure and violence. The use of historical trauma in popular problematic substance use discourse can facilitate a remembering of a certain history, while marginalizing other branches of colonialism and obscuring ongoing injustices (Maxwell, 2014).

As I have shown, service providers can at times simplify complexity and attribute causality to "residential school attendance as the ultimate and uniquely damaging experience of colonization" (Waldram, 2004, 229). According to Maxwell (2014), the prevalence of trauma in mental health and addictions work also reflects discord with collective concepts, as it draws attention away from resistance and individualizes or converts social issues to psychopathology. Some Indigenous authors and practitioners suggest that the use of trauma has some leverage. It can be seen as a particular position that attests to the seriousness of history as memory, and "as a metaphor for their historical relationship with the European settler society" (Waldram, 2004, 236). All this considered, it is important that social workers guard against uncritically applying Western conceptualizations of health and trauma narratives with Indigenous service users, as this

runs the risk of re-enacting colonial knowledge/power dynamics (Wesley-Esquimaux & Snowball, 2010; Hodge et al., 2009).

In acknowledging our complicity in colonial projects, we also question the 'helping narrative' and the Eurocentric focus of social work learning. More honesty in our social work would involve asking how we non-Indigenous, privileged workers are viewing Indigenous service users. Are we medicalizing historical trauma or pathologizing poverty? If we take up colonial narratives that support Eurocentric supremacy and dominion, we may find ourselves enacting paternalistic ways that infantilize and deny Indigenous self-determination. Alternatively, Hernández-Wolfe (2013) invites us to open and flexible practice: to equitable, diverse, contextual ways of healing. We need to be flexible enough for a diversity of service users, Indigenous or not. By acknowledging the limits to our understanding, we open up possibilities to connect to community consultants for collaboration, guidance and direction, and we support connecting service users to a group or community of understanding. In truly responding to a diversity of peoples, we commit to seeing alternative approaches to being alive well and transformative healing.

Truth

Our truth is not the only truth, there are many paths to home. We are all created equal. No matter how much we learn, there is much we do not know. Truth is about creating, change, hope, self-actualization, pride, and looking toward the future.

The neurobiological and disease model of problematic substance use has a strong presence in Canada. The subsequent narratives of healing as sleuthing, battle or repair – more so than the alternative of healing as transformation – gives rise to positions of power invested in technical

experts and facilitates the creation of certain health truth claims that contribute to preconceptions and often misunderstandings (Mattingly, 2010). Creating hopeful narratives for social workers entails accepting there is much we do not know and that the transformative journey will be mutual. Taking a culturally safe and humble approach means a commitment to knowing and redressing power dynamics. Social workers engaging in hopeful narratives can respond to First Nations, Métis and Inuit peoples' diversity. Instead of essentializing or limiting our practice to prescribed 'competency tools', we can be responsive to individual agency and community particularity.

Given that we come with strengths and positionality 'blinders', it is crucial that social workers are aware of their respective cultures and the sets of beliefs they bring to interactions. Without historical awareness, we lack insight into the problematic nature of 'white knight' or 'savoir' complexes. Indigenous peoples do not invite non-Indigenous mass cultural consumption, visual fascination or spiritual appropriation. Chung and Bemak (2002) note that it is important that we do not "respond to personal needs and issues related to cultural differences in a way that becomes an imposition on the client" (157). In other words, being aware of imposing 'issues' and teachings and having superficial or exploitive engagements with Indigenous peoples and cultures. Clinical social workers are most often not actively challenging capitalist and neoliberal values of individualism, accumulation, competition and future-orientation. We allow collaborative power to thrive when we admit we do not know, and encourage service users to storytell their paths to home. We can embrace apology and corrections and allow these moments to transform our practice (Sajnani et al., 2012). It important to play significant roles in seeking to disrupt power by supporting self-actualization and viewing service users from the vantage point of their truth, with strength and resilience.

Humility

We are all in this together and we all have inherent value, no one person is greater than any other in spirit. We are all ordinary and extraordinary beings. Our greatest task is to learn to be of service. Humility is about exchanging knowledge, knowledge that is highly localized and deeply social. Humility is about the importance of listening and hearing, sharing knowledge, that we cannot know everything and that it is ok to reach for help.

There is highly localized knowledge here on unceded Coast Salish territory, and it is deeply embedded in the land, the people and a particular socio-cultural context. As social workers, we have a duty to respond to the communities to which we are held accountable. All of us are responsible for our words; the power in our words and the response they receive. Social workers have a reputation for being deep listeners and we are often called upon to do so. As learners "within a profession that still is seen as an oppressor among Indigenous people," it is important we limit talking and space, be silent and sometimes just 'be' (Lavallée, 2010, 146).

We should step out of our comfort zone or a positivist approach that diminishes the space of spirituality in transformative journeys. Many non-Western and Indigenous peoples address social issues through a mixture of religious, spiritual and political ideas and practices. (Bracken, 2002, 7) Western and neoliberal logic conceptualizes suffering around individual responsibility and morality. Given the wealth of diversity in Canadian contexts, it is important that we engage in expanding understandings of mental health and addictions; ones that reflect various conceptualizations of 'addiction' from the culturally-specific, to manifestations of dislocation and social exclusion. Our subsequent responses then would be more socio-culturally sound, informed by colonization/decolonization and grounded in Indigenous social movements.

Shifting our social work colonial imaginary may require questioning if we can truly know the other's experiences, because empathy implies full identification with a service user's suffering. Instead, Boler (1997) calls for a testimonial reading, which inspires empathic responses that motivate communication as social action: "a 'historicized ethics' engaged across genres that radically shifts our self-reflective understanding of power relations" (256). Responsible and reciprocal listening asks that social workers place themselves as narrators of the colonial imaginary in an effort to persuade students and workers to act upon these forces. By framing the relationship between service provider and service user as contextually located and a space for collaboration and mutual learning, healing becomes a possibility for transformation.

Courage

To speak, to reveal, to reach out, to be open, to be introspective. Courage is about encouraging speaking and building narrative.

Given the "legal, political, economic framework of the colonial relationship itself," non-Indigenous social workers are being asked to reveal and be introspective of their roles in re-creating colonial discourse (Coulthard, 2007, 451). The nature of the work that we do is political. Taking on our work in a political way means finding courage to step down or away when we are taking up space, or speaking up when practice is not being done in a good way. Having courage in this work includes advocating that the typical 'helped' become the 'helpers' so that non-Indigenous peoples – in particular white women – do not continue to dominate professional social work discourse.

Doing the political is about voicing complicity concerns and collaborating to build a different narrative. Our social work narrative should be wary of settler fantasies of mutuality and

obscuring unique Indigenous relationships to the land and the colonial State. Social workers have much work to do in terms of supporting Indigenous self-determination from a historically and socio-politically informed place.

Assuming social workers are to uphold the goal of social justice, we must participate in naming colonial violence and racist subtleties in our practice with substance users. Our challenge is to steep ourselves in narratives filled with Indigenous truths and humanity. Although some service providers are bringing in ways to acknowledge the weight of history as memory, and addressing intergenerational concerns in their work with service users, my research concludes this is not always done systematically or eloquently. Social workers can be exposed to transformative education from the storytelling and storywork that Indigenous practitioners and pedagogues advocate. Storytelling is in no small part of resistance and liberation from the unjust ways in which the dominant society and culture in Canada recreates myths, erases, and further shames First Peoples. Seeking guidance, being a witness, and participating in work that educates the heart, the mind, the body and the spirit are weighty matters (Archibald, 2008). They allow the service provider, service user and "the community to embark on the process of formulating a counterhegemonic narrative to replace the colonial oppressing ideology" (Duran, 2006, 26).

Love

Unconditional acceptance of self and other, accepting and embracing difference, allowing, and gracefully giving of everything we are. Love is about unconditional positive regard, connection to collective and community. Love is about resilience.

The social workers interviewed for this research largely demonstrated compassion and love in their work. Love was expressed or evident in the unconditional positive regard that workers

offered service users, as well as how generally accepting service providers were of service users' realities. Love is relevant to the ways in which we view people. As social workers are we using a strengths-based lens of viewing; are we emphasizing resilience and resistance over traumatization? Love is defined in the literature as both a political act, but also one inherently connected to community. If being in and with community is an act of decolonization, community engagement seeks to alleviate the dislocation stemming from globalized, capitalist, colonial structures. As Indigenous narratives of resistance, governance and forms of resilience are transmitted through the collective; possibilities for reconciliation, and social work supporting the larger decolonizing project can only happen through collaboration and collective action. Given that dislocation is the general condition, not the exception (Alexander, 2008), it is critical that social workers be knowledgeable of social context, generous with empathy and stretching beyond individual settings. It is crucial then that social workers be actively building partnerships with community members, participating in community action and dialogue when invited.

Wisdom

Providing an expansive and inclusive view of the world. Wisdom is about diverse ways of knowing, culturally safe training directed at social issues in the community, practical movement toward health, reciprocity, involvement, and simplicity.

Sharing power in personal and community relationships is essential to healing. From this understanding, the awareness of power and the sharing of story and knowledge are both crucial to building transformative relationships. Are we engaging in reciprocity by sharing stories and power with service users? How do we extend this reciprocity beyond the family to the community to build healing and well-being? If social injury requires social healing, I question

whether individual therapeutic sessions can really be decolonized. I asked Dr. Stephen Madigan at a Narrative Therapy conference if the narrative approach was anti-individual, why were most sessions done with individuals. He replied that families were invited in at times, but his response was generally unsatisfactory. The Indigenous programs I was, or became familiar with in writing this thesis, supported peer work, mentorship, group work, storytelling and community activities – approaches that really embraced relationships or the collective.

Based on my understanding of wisdom as a value and the results of the research done for this thesis, we as social workers still have work to do in bringing wisdom into our practice. One participant described how the most simple of interventions is sometimes the most effective – knowing what these are derives from initiatives to decolonize practice and engage with unlearning. Given that social work can be "the bell that awakens society…a social conscience to suffering" (Gorman, 1995, 39), our participation in denouncing healing models that reproduce the status quo is vital. If wisdom is about diverse ways of knowing, then practical movement toward health asks that we disrupt the dominant truth and diversify the ways in which we respond to service users on individual, agency and system levels. Flexibility in our practice ought to stem from critical pedagogy, and Indigenous understandings of healing and social issues.

Respect

Coming together and honouring each other's place and space, knowing that this is something you must give to get, honouring the smallest to the oldest, and walking in beauty. Respect is about equality and fairness, de-centering Western ways of knowing and colonial power differentials, but also humour and respect in lived experiences.

Considering our roles in legitimizing 'helping' knowledge, it is critical that social workers be actively engaged in de-centering Euro-centric ways of understanding health and helping, and the uncritical application of these ways of knowing on Indigenous peoples. Building friendships with cultural consultants is one way in which we become more aware of our Western cultural impositions, or how obscuring and impactful dominant helping language can be. Cultural consultants encourage seeing resistance and resiliency in Indigenous peoples. They support the unlearning of the deficit way of viewing Indigenous peoples that Canadians have been socialized to have.

Another way is taking our own initiative to learn and grow through reading, consistent engagement, and thoughtfully listening to people. We are slowly growing our awareness of the colonial structures we are embedded in and the Eurocentric supremacy in our knowledge creation, in addition to questioning and educating others. If Hart (2002) is correct in saying deficit-viewing of Indigenous peoples contributes to Indigenous expressions of internalized colonization, then it is noteworthy that social workers be wary of colonial narratives, and push for fair, respectful and loving ways of viewing service users (27).

From my understanding of this value and the results that emerged from the research, we as social workers have not truly honoured the place and space of our problematic relationships and history with Indigenous service users. Being fluent on the various ways in which violence operates, balanced with a view of how resistance is present, diverse and growing is important. As non-Indigenous practitioners, we may feel overwhelmed with the vastness of knowledge we do not know or struggle with our guilt from colonial damage and perpetuities. However, these are not constructive spaces to be in. Instead, honouring Indigenous ways of being by participating in ceremony – when invited – and exposing ourselves to Indigenous ways of understanding, which

make incredible space for humour, can de-center some spiritually and emotionally disengaged ways of being. Moreover, these ways guide us to heartwork; to broader action for more responsive services and models of healing, and to do work with peoples in a good way. When working in respectful and historically responsive ways is not supported in our agencies, we may question the power relations involved, and decide who we are committed to.

"Hands back, hands forward" (Archibald, 2008, 50)

Embodying a 'historicized ethic', a decolonized practice and responding with a 'testimonial reading' or witnessing to service users' stories, emerged from some interviews. These were seen as examples of responding to history or social injuries. As history in itself can be problematic because it can suggest that colonial violence is not ongoing, my research explored the extent to which providers are or are not incorporating an understanding of colonial history into their practice with Indigenous substance users. This is not simple or straightforward – this work only intended to start a conversation and much of the findings are not necessarily ground-breaking. In contributes to Maxwell's (2014) call for more understanding of the use of 'historical trauma' in therapeutic settings and professional discourse. The implications for future research include an understanding of the place of colonialism in work with Indigenous substance users. This is still lacking, especially when we suggest our work is depoliticized.

Additional analysis and future research on this topic could help identify additional ways in which non-Indigenous practitioners can be participating in decolonization and imaging hopeful futures through narrative with service users. If frontline workers are not receiving up-to-date and critical training in addictions wise practices, then forthcoming research could also address policy concerns as to why this gap in pedagogy, as well as cultural and decolonization training needs,

are not being met. My results suggest that more research is needed on the ways in which policy and practices employ ‘cultural competency’ rhetoric instead of actually engaging in paradigm shifts. Research is also needed on movement toward a better understanding of transformative Indigenous/non-Indigenous relationships in healthcare settings. Finally, decolonizing research is important. Where non-Indigenous and Indigenous researchers work together, the needed research must be designed, guided by and unfold in a way informed by Indigenous insights, perspectives and observations.

Bibliography

Aboriginal Human Resource Council. (2007). *Differences between traditional Aboriginal cultures and mainstream Western culture.* http://www.aboriginalhr.ca/en/resources/getstarted/cultures

Aboriginal Nurses Association of Canada (ANAC). (2013). Preferred topics for education/training. *Survey of the Educational Needs of Nurses Working in First Nations Health Transferred Communities: Final Report.* Ottawa: ANAC.

Aboriginal Nurses Association of Canada (ANAC). (2009). *Cultural Competence and Cultural Safety in Nursing Education.* Ottawa: Aboriginal Nurses Association of Canada.

Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*, 45-61.

Adelson, N. (2000). *"Being alive well": health and the politics of Cree well-being.* Toronto: University of Toronto Press.

Ahmed, S. (2005). The Politics of Bad Feeling. *Australian Critical Race and Whiteness Studies Association Journal, 1*, 72-85.

Alfred, T. (2005). *Wasáse: Indigenous Pathways of Action and Freedom*. Peterborough: Broadview Press, Ltd.

Alfred, T. (1999). *Peace, Power and Righteousness: An Indigenous Manifesto*. Don Mills: Oxford University Press.

Alexander, B. (2010). *The Globalization of addiction: A Study in the poverty of spirit.* Oxford: Oxford University Press.

Archibald, J. (2008). *Indigenous Storywork: Educating the Heart, Mind, Body and Spirit.* Vancouver: UBC Press.

Battiste, M. (1986). *Micmac literacy and cognitive assimilation*. In Jean Barman, Yvonne Hébert and Don McCaskill (Eds.), *Indian education in Canada: The legacy, Vol. I*. Vancouver: University of British Columbia Press.

BC Committee Mental Health and Substance Use Planning Council. (2013). *Trauma-Informed Practice Guide*.

Bishop, A. (2002). *Becoming an ally: Breaking the cycle of oppression in people, 2nd ed.* Black Point, Nova Scotia: Fernwood Publishing.

Boler, M. (1997). The Risks of Empathy: Interrogating Multiculturalism's Gaze. *Cultural Studies, 11*(2), 253-73.

Bolton, G. (2010). *Reflective practice: Writing and professional development, 3rd ed*. London: Sage Publications.

Bombay, A. Matheson, K. & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations Peoples in Canada. *Journal of Aboriginal Health,* November, 6-47.

Bracken, P. (2002). *Trauma: Culture, Meaning and Philosophy.* London: Whurr Publishers, Ltd.

Brave Heart, M.Y.H., Chase, J., Elkins, J. & Altschul, D. (2011, October-December). Historical trauma among Indigenous peoples of the Americas. *Journal of Psychoactive Drugs, 43*(4).

Brave Heart, M.Y.H. (2003). The historical trauma response among natives and its relationship to substance abuse: a Lakota illustration. *Journal of Psychoactive Drugs, 35*(1), 7-13.

Brown, L. (2008). *Cultural competence in trauma therapy: Beyond the flashback*. Washington DC: American Psychological Association.

Browne, A., Smye, V. & Varcoe, C. (2005). The Relevance of Postcolonial Theoretical Perspectives to Research in Aboriginal Health. *Canadian Journal in Nursing Research, 37*(4), 16-37.

Browne, A., Smye, V., Rodney, P, Tang, S., Mussell, B. & O'Neil, J. (2011). Access to Primary Care from the Perspective of Aboriginal Patients at an Urban Emergency Department. *Qualitative Health Research, 21*, 333-348.

Bywaters, P. (2009). Tackling Inequalities in Health: A Global Challenge for Social Work. *British Journal of Social Work, 39*, 353-367.

Callaway, M. & Suedfeld, P. (1995). Residents' assessment of a community-based alcohol initiative in the Canadian Arctic. *Arctic Medical Research, 54*, 184-191.

Campinha-Bacote, J. (2002). The Process of cultural competence in the delivery of healthcare Services: A Model of Care. *Journal of Transcultural Nursing, 13,* 181-184.

Cannon, M. & L, Sunseri. (2011). *Racism, Colonialism, and Indigeneity in Canada.* Oxford: Oxford University Press.

Chang, E., Simon, M. & Dong, Z. (2010). Integrating cultural humility into health care professional education and training. *Advances in Health Sciences Education.*

Chu, W., Tsui, M. & Yan, M. (2009). Social work as a moral and political practice. *International Social Work, 52*(3), 287-298.

Chung, R. & Bemak, F. (2002). The Relationship of Culture and Empathy in Cross-cultural Relationships. *Journal of Counselling and Development, 80*(2), Spring.

Clandinin, D.J. & F. M. Connelly. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: John Wiley & Sons.

Cohn, H. W. (1997). *Existential thought and therapeutic practice: An introduction to existential psychotherapy.* London: Sage Publications.

Collins, P. (1989). *Toward a new vision: Race, class, and gender as categories of analysis and connection*. Publication for the Research Clearinghouse and Curriculum Integration Project. Memphis: Center for Research on Women.

Community and Race Relations Committee of Peterborough. (No date). Anti-racism resource centre: Racism 101. Retrieved December 10, 2014 from http://www.anti-racism.ca/node/1.

Corey, G. (2001). *Theory and practice of counseling and psychotherapy (6th ed.).* Scarborough: Nelson Thomson Learning.

Corntassel, J. (2012). Re-envisioning resurgence: Indigenous pathways to decolonization and sustainable self-determination. *Decolonization: Indigeneity, Education & Society, 1*(1), 86-101.

Coulthard, G. S. (2007). Subjects of empire: Indigenous peoples and the 'politics of recognition' in Canada. *Contemporary Political Theory, 6*, 437-460.

Creative Spirits. (2014). Aboriginal self-determination and autonomy. Retrieved August 10, 2014 from http://www.creativespirits.info

Cruikshank, J. (1997). Negotiating with narrative: Establishing cultural identity at the Yukon international storytelling festival. *American Anthropologist, 99*(1), 56-69.

Csiernik, R. & Rowe, W. (2003). *Responding to the oppression of addiction*. Toronto: Canadian Scholars' Press.

Csiernik, R. (2011). *Substance use and abuse: Everything matters.* Toronto: Canadian Scholars' Press Inc.

CTV Winnipeg. (2014). Inquest into ER death to look at hospital backlogs, touch on aboriginal issues: judge. Retrieved September 29, 2013 from http://winnipeg.ctvnews.ca/inquest-into-er-death-to-look-at-hospital-backlogs-touch-on-aboriginal-issues-judge-1.1633412

Czyzewski, K. (2013). The settler social worker and Indigenous self-determination. *Indigenous Graduate Student Symposium.* Vancouver: UBC.

Czyzewski, K. (2011). Colonialism as a broader social determinant of health. *The International Indigenous Policy Journal, 2*(1).

Czyzewski, K. (2011). The Truth and reconciliation commission of Canada: Insights into the goal of transformative education. *The International Indigenous Policy Journal, 2*(3).

De Leeuw, S, Greenwood, M. & Cameron, E. (2010). Deviant constructions: How governments preserve colonial narratives of addictions and poor mental health to intervene into the lives of indigenous children and families in Canada. *International Journal of Mental Health and Addiction, 8*(2), 282-295.

Dell, C.A. & Clarke, S. (2009?) The role of the treatment provider in Aboriginal women's healing from illicit drug abuse. *Project Hope*. Regina: University of Saskatchewan, Canadian Centre of Substance Abuse & NNAPF.

Denham, A. (2008). Rethinking historical trauma: Narratives of resilience. *Transcultural Psychiatry, 45*(3), 391-414.

D'Hondt, J. (2010). *Treating intergenerational trauma*. Powerpoint presentation from past Manager of Aboriginal Services. Toronto: Centre for Addiction and Mental Health.

Dryburgh, A. (2004). *Not the master's tools: A glossary of terms used in anti-racist feminism.* From course WS 331 at the University of Victoria. Retrieved December 10, 2014 from http://web.uvic.ca/~pjane/.

Duran, E.F., Duran, B.M, Brave Heart, M. & Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma: The plenum series on coping*, 341-354. New York: Plenum Press.

Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path towards healing cultural soul wounds. *Journal of Counseling & Development, 86*(3), 288-394.

Evans, K. & Sullivan, J. M. (1995). *Treating addicted survivors of trauma.* New York: Guilford Press.

Farmer, P. (2004). An anthropology of structural violence. *Current Anthropology, 45*(3), 305-325.

Fassin, D. & Rechtman, R. (2007). *The Empire of trauma: An inquiry into the condition of victimhood.* Princeton: Princeton University Press.

First Nations Information Governance Centre (FNIGC). (2012). *First Nations regional health Survey (RHS) Phase 2 (2008/10): National Report on adults, youth and children living in First Nations communities*. Ottawa: The First Nations Information Governance.

Fiske, J. (2008). Making the intangible manifest: Healing practices of the Qu-Aun trauma program. In Waldram, J. (ed.) *Aboriginal healing in Canada: Studies in therapeutic meaning and practice.* Ottawa: AHF.

Fletcher, C. & Denham, A. (2008). Moving towards healing: A Nunavut case study. *Aboriginal healing in Canada: Studies in therapeutic meaning and practice*. Ottawa: Aboriginal Healing Foundation.

Fook, J. (2012). *Social Work: A Critical Approach to Practice* (2nd ed.). London: Sage.

Foucault, M. (1997). *Society Must Be Defended: Lectures at the Collège de France, 1975-1976*. Bertani, M & Fontana, A. (eds.). New York: Picador.

Gorman, J. (1995). Being and doing: Practicing a secret profession. *Reflections,* January.

Government of Canada. (2006). *Aboriginal mental health and well-being. In The human face of mental health and mental illness in Canada* (Chapter 12). Ottawa: Minister of Public Works and Government Services Canada. Retrieved October 12, 2014 from http://www.phac-aspc.gc.ca/publicat/human-humain06/index-eng.php.

Gramsci, A. (1971). "State and Civil Society". *Selections from the Prison Notebooks.* London: Lawrence and Wishart.

Guerin, B. (2010). A Framework for decolonization interventions: Broadening the Focus for Improving Health and Wellbeing of Indigenous Communities. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 8*(3).

Haig, R. (2012). *Working and thinking across difference: A white social worker in an Indigenous world (MSW Thesis).* Hamilton: McMaster University.

Hart, M. (2009). Anti-Colonial Indigenous social work: Reflections on an Aboriginal approach, in Sinclair et al. (Eds.) *Wícihitowin: Aboriginal social work in Canada.* Black Point, Nova Scotia: Fernwood Publishing.

Hart, M. (2003). Am I a modern day missionary? Reflections of a Cree social worker. *Native Social Work Journal, 5.*

Hart, M. (2002). *Seeking mino-pimatisiwin: An Aboriginal approach to helping*. Winnipeg: Fernwood Publishing.

Herman, J. L. (1992). *Trauma and recovery*. New York: Harper Collins.

Hernandez-Wolfe, P. (2013). *A Borderlands view on Latinos, Latin Americans, and decolonization: Rethinking mental health.* Lanham, Maryland: Jason Aronson.

Hill, J., Lau, M. & Sue, D. (2010). Integrating psychology and cultural psychology: Indigenous perspectives on theory, research, and practice. *Traumatology, 16*(4), 39-47.

Hodge, D., Limb, G. & Cross, T. (2009). Moving from colonization toward harmony and balance: A Native perspective on wellness. *Social Work, 54*(3).

hooks, b. (2000). *Feminism is everybody: Passionate politics.* Cambridge, MA: South End Press.

Jacobs, A. (2009). *Undoing the harm of white supremacy*. Masters Thesis, The Gallatin School: New York University.

Jeffery, D. (2007). Radical problems and liberal selves: Professional subjectivity in the anti-oppressive social work classroom. *Canadian Social Work Review, 24*(2).

Jennissen, T. & Lundy, C. (2011). *One hundred years of social work: A history of the profession in English Canada, 1900-2000.* Waterloo: Wilfrid Laurier University Press.

Kleinman, A., Das, V., Locke, M. (Eds). (1997) *Social suffering*. Berkeley: University of California Press.

Klest, B. (2012). Childhood trauma, poverty, and adult victimization. *Psychological trauma: Theory, research, practice, and policy (AAA), 4*(3), 245-251.

Klinic Community Health Centre. (2013). *Trauma-informed: The trauma toolkit (2nd ed.).* Winnipeg: Manitoba Trauma Information and Education Centre.

Koptie, S. (2009). Indigenous self-discovery: "Being called to witness". *First Peoples Child & Family Review, 4*(2), 114-125.

Laub, D. (2013). Reestablishing the internal "Thou" in testimony of trauma. *Psychoanalysis, Culture & Society, 18*(2), 184-198.

Laub, D. (1995). Truth and testimony: The process and the struggle, in Carruth, C. (ed) *Trauma: Explorations in memory*. Baltimore, MD. Johns Hopkins University Press.

Lavallée, L. (2010). Blurring the boundaries: Social work's role in Indigenous spirituality. *Canadian Social Work Review, 27*(1).

Lavallée, L. & Poole, J. (2010). Beyond recovery: Colonization, health and healing for Indigenous people in Canada. *International Journal of Mental Health and Addiction, 8*(2), 271-281.

Lawrence, B. & Dua, E. (2005). Decolonizing antiracism. *Social Justice, 32*(4).

Lee, J. & Sum, A. (2011). Exploring health and identity through photovoice, intersectionality, and transnational feminisms: Voices of racialized young women. In O. Hankivsky (Ed.) *Health Inequities in Canada: Intersectional frameworks and practices.* Vancouver: UBC Press.

Madigan, S. (2011). *Narrative Therapy.* Washington, DC: American Psychological Association.

Martin, G. (2014). Drumming my way home : An intergenerational narrative inquiry about Secwepemc identities. Doctoral Dissertation.Vancouver: UBC.

Maté, G. (2008). *In the realm of hungry ghosts: Close encounters with addiction.* Toronto: Vintage Canada.

Mattingly, C. *(2010). The paradox of hope: Journeys through a clinical borderland*. Berkeley: University of California Press.

Maxwell, J. (2013). *Qualitative research design: An interactive approach.* Thousand Oaks, CA: SAGE Publications.

Maxwell, K. (2014). Historicizing historical trauma theory: Troubling the trans-generational transmission paradigm. *Transcultural Psychiatry, 51*(3).

McCormick, R. (2000). Aboriginal Traditions in the Treatment of Substance Abuse. *Canadian Journal of Counselling, 34*(1), 25-32.

McKenzie, B. & Morisette, V. (2003). Social work practice with Canadians of Aboriginal background: Guidelines for respectful social work. *Envision: The Manitoba Journal of Child Welfare, 2*(1), 13-38.

Mehl-Madrona, L. (2005). *Coyote wisdom: The power of story in healing.* Rochester, Vermont: Bear & Company.

Menzies, P., Bodnar, A., Elder Vern Harper & CAMH. (2011). The Role of an Elder within a mainstream addiction and mental health hospital: Developing and integrated paradigm. *Native Social Work Journal, 7*: 87-107.

Menzies, P. (2010). Intergenerational trauma from a mental health perspective. *Native Social Work Journal, 7*, November.

Monture-Angus, P. (1999). "To Break with the Past: Searching for the Meaning of Self-Determination," (pgs. 21-39) In *Journeying forward: Dreaming First Nations' independence*. Fernwood Publishing.

Mussell, J. W. (2008). Decolonizing Education: A building block for reconciliation, in Castellano, M. B., Archibald, L. & Degagné, M. (eds.) *From Truth to Reconciliation: Transforming the legacy of residential schools.* Ottawa: Aboriginal Healing Foundation.

National Native Addictions Partnership Foundation (NNAPF). (2013). *Perspective on health: traditional roots*. Retrieved October 5, 2013 from http://nnapf.com/about-us/perspective-on-health/

Najavits, S. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse manual*. New York: Guildford Press.

National Native Addictions Partnership Foundation (NNAPF). (2011). *Working with First Nation's people: Culturally safe toolkit for mental health and addiction workers literature review.* Retrieved March 12, 2013 from http://nnapf.com.

National Collaborating Centre on Aboriginal Health (NCCAH). (2011). *The Aboriginal health legislation and policy framework in Canada.* Prince George: NCCAH.

O'Neil, J., Elias, B. & Wastesicoot, J. (2005). Building a health relationship between First Nations and the University of Manitoba. *Canadian Journal of Public Health*, *96*(1), January/February.

Owen, I. (200?). *The application of some ideas from anthropology to counselling, therapy and cross-cultural counselling.* Retrieved December 1, 2013 from www.intentionalitymodel.info

Petryna, A. (2002). *Life Exposed. Biological Citizenship after Chernobyl*. Princeton: Princeton University Press.

Philips, G. (2003). *Addictions and Healing in Aboriginal Country*. Australia: Aboriginal Studies Press.

Pockett, R. And Giles, R. (2008). *Critical reflection: Generating theory from practice: the graduating social work student experience*. Sydney: Darlington Press.

Reynolds, V. (2010). Fluid and imperfect ally positioning: Some gifts of queer theory. *Context,* October.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks: SAGE Publications, Inc.

Robson, S. & J. Spence. (2011). The erosion of feminist self and identity in community development theory and practice. *Community Development Journal*, 46(3), 288-301.

Sajnani, N., Muhungi, W., Yee, J., Mercer, K., Butler, K., Jones, L., Neira, N. & Matining, M. (201?). *Decolonizing Social Justice Work.* Vancouver.

Sakamoto, I. (2007). An anti-oppressive approach to cultural competence. *Canadian Social Work Review*, *24*(1), 105-114.

Saleebey, D. (1994). Culture, theory, and narrative: The intersection of meanings in practice. *Social Work, 39*(4), 351-359.

Salzman, P. C. (2009). What is "essentialism," and how should we avoid it? *Theory in Anthropology.* Retrieved August 13, 2013 from http://openanthcoop.ning.com/group/theoryinanthropology/ forum/topics/what-is-essentialism-and-how?page=3&commentId=3404290%3AComment%3A35773&x=1#3404290Comment35773

Sinclair, R. (2004). Aboriginal social work education in Canada: Decolonizing pedagogy for the seventh generation. *First Peoples Child & Family Review, 1*(1), 49-61.

Smith, L. T. (2012). *Decolonizing Methodologies: Research and Indigenous peoples, 2nd ed.* New York: Palgrave MacMillan.

Stoler, A. (2005). *Race and the education of desire: Foucault's history of sexuality and the colonial order of things.* Durham: Duke University Press.

Swenson, C. (1998). Clinical social work's contribution to a social justice perspective. *Social Work, 43*(5).

Tervalon, M. & Murrary-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physical traning outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117-125.

Thompson, N. (2012). *Anti-discriminatory practice, 5th ed.* New York: Palgrave/MacMillan.

Tuck, E. & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society, 1*(1), 1-40.

Ulan, S., Davison, C. & Perron, M. (2013). *First do no harm: Responding to Canada's prescription drug crisis*. Ottawa: National Advisory Council on Prescription Drug Mis-Use.

Van Wormer, K. & Davis, D. (2013). Addiction Treatment: A strengths perspective (3rd ed). Pacific Grove, CA: Brook/Cole-Thomson.

Walderave, C. & Tamasese, K. (2014). Just Family Therapy Centre. Retrieved November 12, 2014 from http://www.familycentre.org.nz

Waldram, J. B. 2004. *Revenge of the Windigo: The Construction of the mind and mental health of North American Aboriginal peoples*. Toronto: University of Toronto Press.

Webb, S. (2000). The Politics of social work: Power and subjectivity. *Critical social work, 1*(1).

Wesley-Esquimaux, C. C. & Smolewski, M. (2004). Historic trauma and Aboriginal healing. *Aboriginal Healing Foundation,* chapters 1 & 2, 11-55.

Wesley-Esquimaux, C. C. & Snowball, A. (2010). Viewing violence, mental illness and addiction through a wise practices lens. *International Journal of Mental Health & Addiction, 8*(2), 390-407.

Wilkinson, I. (No date). *Social suffering as an approach to human understanding*. Retrieved October 25, 2013 from http://kent.academia.edu/IainWilkinson

Wilson, T. (2009). Reflecting on the contradictions: Governmentality in social work education and community practice. *Canadian Social Work Review, 25*(2), 187-202.

Wineman, S. (2003). *Power-under: Trauma and nonviolent social change.* Book accessed online and retrieved December 12, 2014 from www.traumaandnonviolence.com.

Yan, M. (2008). Exploring cultural tensions in cross-cultural social work practice. *Social Work, 53*(4), 317-328.

Yan, M.C. & Wong, Y.R. (2005). Rethinking Self-Awareness in Cultural Competence: Toward a Dialogic Self in Cross-Cultural Social Work. *Families in Society: The Journal of Contemporary Social Services, 86*(2), 181-188.

Yee, J. (2011). *Feminism for Real: Deconstructing the academic industrial complex of feminism.* Ottawa: Canadian Centre for Policy Alternatives.

Yellow Bird, M., Coates, J. & Gray, M. (2013). Decolonizing Social Work. Burlington: Ashgate Publishing Company.

Yoo, S. (2007). Freirian legacies in popular education. *Korean Journal of Educational Policy, 4*(2), 73-94.

Appendix

THE UNIVERSITY OF BRITISH COLUMBIA

School of Social Work
2080 West Mall, Vancouver BC V6T 1Z2
Tel: (604) 822-2255 Fax: (604) 822-8656
website: //http:www.socialwork.ubc.ca

Hello and thank you for your consideration!

My name is Karina Czyzewski. I am a Master's student at the School of Social Work, University of British Columbia. As a class project in a research course I am taking, and as research for my MSW thesis, I am interested in interviewing you.

I am contacting you because of your work in the field of harm reduction/addictions/recovery and because of your past experiences working cross-culturally in this field. For my research, I am interested in your approach to working with Inuit, First Nations and/or Métis clients dealing with substance misuse and abuse. Specifically, I am interested in the ways, as a non-Indigenous practitioner, you navigate working with Indigenous clients. I am interested in this topic because of my past and current experiences working in the field of addictions, and past and current experiences as a non-Indigenous person working with Indigenous peoples.

I would like to interview you at a time and location convenient to you. My approach to the interview will be to use an interview guide that contains some general and some more specific questions. At various points in the conversation and in order to further explore your ideas and experiences, I will ask you to recall particular times, events or incidents.

I have attached a consent form which must be signed before we start the interview. I anticipate that the interview will take 1 to 2 hours of your time to complete.

Your identity will not be disclosed at any point in this study. However, gender, age and ethnicity may be described. Your information will be kept confidential. Your place of employment will not be identified. Pseudonyms will be used in writing up results in the form of a thesis.

I would greatly appreciate your participation and look forward to hearing from you if you are interested.

With thanks,

Karina Czyzewski

MA (Anthropology/Indigenous Health), MSW Candidate

THE UNIVERSITY OF BRITISH COLUMBIA

School of Social Work
2080 West Mall
Vancouver BC V6T 1Z2
Tel: (604) 822-2255 Fax: (604) 822-8656

website: //http:www.socialwork.ubc.ca

CONSENT FORM

"Stories from non-Indigenous practitioners about their addictions/recovery practice with Indigenous clients"

Who is conducting the study?

Principal Investigator: Dr. Stephanie Bryson, Assistant Professor, School of Social Work.

Co-Investigator(s): Karina Czyzewski, Masters student at the School of Social Work.

Why should you take part in this study? Why are we doing this study?

This research examines how non-Indigenous practitioners within the field of addictions describe their practice with Indigenous clients.

You have been invited to participate because of your experience working with Indigenous clients. The research results will contribute to a better understanding of the role of non-Indigenous social workers in responding to Indigenous clients within the field of addictions/recovery. The goal of this study is to creatively learn from and expand the ways in which service providers can work reflexively in cross-cultural therapeutic relationships. In the process, the research results will also contribute to the further development of trauma-informed practice.

What happens if you say "Yes, I want to be in the study"? What happens to you in the study? How is the study done?

If you say 'yes' you want to be in this study, you will sign this consent form and I [Karina] will arrange for a time to interview you. I am using about your practice in general and your work with Indigenous clients. I will ask you to share examples of client scenarios, to share stories, and may ask you to share your response to a scenario where the client is Indigenous. I will then ask more specific questions about your approach and practice. This will be done in one interview that is approximately 1 to 2 hours in length.

You will be asked if the interview can be audio recorded and if notes can be taken. Your confidentiality will be ensured.

Interviews will be conducted at either your home, at a rented room at a library or other public facility, at your office; wherever you feel most comfortable and your privacy can be ensured.

Results

The final product will be a research report that will use both verbal and visual representations to present the research findings. Presentation will include a poster-display of highlights of the findings. The results of this study will be reported in a graduate thesis and may be published in journal articles and books.

Is there any way being in this study could pose risks for you?

There are minimal risks associated with the research. The topic of addictions/recovery, history and Indigenous peoples is a sensitive one. Recounting experiences working with Indigenous peoples can bring up awkward memories. Participation is considered to be 'low risk' as there is no perceivable risk to employment or working relations as a result of being interviewed by the applicant [Karina]. However, there may be some critical feedback of responses in the

analysis of the research results, but all identifying information will be removed. Reflecting critically on practice is something that is generally expected of social workers engaged in any form of practice and is a commitment to practice noted in the Code of Ethics for the profession. Participation is voluntary though and you do not have to answer any question if you do not want to.

Will being in this study help you in any way? What are the benefits of participating?

We hope that the research results will contribute to a better understanding of the role of social workers in responding to social suffering. The results may or may not contribute to better practice with Indigenous clients and trauma-informed practice.

How will your identity be protected? How will your privacy be maintained?

Your confidentiality will be respected. Information that discloses your identity will not be released without your consent unless required by law. All documents will be identified only by pseudonym and kept in a locked filing cabinet. You will not be identified by name in any reports of the completed study.

At any point in the study, if you reveal that there has been an incident that involves abuse and/or neglect of a child or an elderly person (or that there is a risk of such occurring) please be advised that the researcher must, by law, report this information to the appropriate authorities.

Will you be paid for your time/ taking part in this research study?

You will not receive any remuneration for your participation in this research.

Who can you contact if you have questions about the study?

If you have any questions or concerns about what I am asking of you, please contact Karina Czyzewski.

Who can you contact if you have complaints or concerns about the study?

If you have any concerns about your rights as a research subject and/or your experiences while participating in this study, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

PARTICIPANT CONSENT AND SIGNATURE

☐ I give my consent to the audio recording of this interview.

☐ I give my consent to note taking during this interview.

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative impact on your employment or professional relationship with the interviewer [Karina].

- *Your signature below indicates that you have received a copy of this consent form for your own records.*
- *Your signature indicates that you consent to participate in this study.*

_____

Participant Signature

Date

(or Parent or Guardian Signature)

_____

Printed Name of the Participant signing above