Healing through interdependence: The role of connecting in First Nations healing practices

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Abstract

This study utilized the Critical Incident Technique (Flanagan, 1954), to explore the facilitation of healing for First Nations people living in the province of British Columbia. The results indicate that healing can be facilitated through practices such as connecting to family, community, spirituality, and nature. Healing approaches that help people to achieve interdependence are examined in detail as they illustrate the significant role connecting plays in First Nations healing practices. Implications for both research and practice are presented.

Résumé

L'auteur s'est servi de la Technique par incidents critiques (Flanagan, 1954) pour étudier la facilitation de la guérison chez les peuples des Premières Nations habitant la Colombie-Britannique. Les conclusions démontrent que certaines pratiques telles que la recherche de contacts avec la famille, la communauté et la nature, et la recherche de spiritualité facilitent la guérison. L'examen détaillé des méthodes de guérison utilisées par les peuples des Premières Nations permettant aux individus d'atteindre l'interdépendance et reposant sur les pratiques ci-dessus nommées a permis d'en illustrer le rôle important. Les implications en découlant pour la recherche et la pratique y sont également présentées.

Euro-American society is strongly based on a culture of individualism. May (1991) believes that North American people cling to individualism as though it were the only way to live, unaware that in other cultures it is considered very unhealthy. Regardless of the merits of this philosophy, healing in Euro-American culture also tends to reflect the philosophy of individualism in its practice. Because First Nations people tend to have a more collective orientation towards life they do not respond well to the individual orientation of mainstream counselling services. Despite a disproportionately high level of mental health problems among First Nations people (Nelson & McCoy, 1992), and a tendency by First Nations people not to use the mental health services provided by the majority culture (Sue, 1981; Trimble & Fleming, 1990), researchers have paid little attention to the ways in which aboriginal people have successfully managed to facilitate their own healing.

The study described in this article addresses this concern by providing mental health practitioners and researchers with an initial understanding of the healing processes that reportedly work for First Nations people. The article highlights in particular the successful role which connecting plays in First Nations healing practices.

REVIEW OF THE LITERATURE

Leading First Nations mental health researchers have continuously stressed the collective orientation of First Nations people (Trimble & Hayes, 1984; Lafromboise, Trimble, & Mohatt, 1990). The traditional First Nations person is more likely to receive help from family, friends, and traditional healers than from mainstream mental health service providers (Guilmet & Whited, 1987; Herring, 1989; More, 1985; Paterson, 1990; Redhorse, Lewis, Feit & Decker, 1978; Trimble, 1976; Wohl, 1989).

The theme of interconnectedness is prevalent throughout most First Nations cultures and has been aptly described as a series of relationships, starting with the family, that reaches further and further out so that it encompasses the universe (Epes-Brown, 1989). Interdependence is described by McGaa (1989) as follows:

Interdependence is at the center of all things. The separation between us and nature is a mirage. The perception of separation is the result of ignorance that stems from the arrogant belief that a human being is unlike animal beings and rock beings and plant beings. The perception of separation is the result of ignorance. It stems from the arrogant belief that technology has lifted us above the web of life. The sin of hubris made modern people believe that human beings are superior and independent of nature. (p. xv)

Not surprisingly, this emphasis on interconnectedness is often in conflict with the modern Euro-American emphasis on individuality. Some First Nations people see mental illness as the result of excessively individualistic behaviour that can only be treated by utilizing the power of the community (Lafromboise, 1988). This finding raises doubts as to the usefulness of using Western approaches such as Psychodynamic therapy or Person Centered therapy with First Nations clients. The one-on-one interaction characteristic of many Euro-American counselling approaches is isolated outside of the context of the community and family and may, therefore, not be a valid means of dealing with First Nation client problems (Dauphinais, Dauphinais, & Rowe, 1981). Counsellors who tend to stress the role of individual client responsibility need to be aware that it may not be appropriate to do so with all clients.

If we examine traditional First Nations ceremonies such as the Vision Quest and Sweat Lodge it can be observed that they reinforce adherence to cultural values and help to remind people of the importance of keeping family and community networks strong (Lafromboise et al., 1990). In his work examining First Nations worldview, Ross (1992) states:

All of the outlawed and denigrated facets of traditional culture—the spirit dances, the sweat lodge and pipe ceremonies, the regular ritual offering of tobacco as a symbol of gratitude—must be seen for what they really were: tools to maintain and deepen a belief in the inter-connectedness of all things. Now that such practices are being slowly brought back, they serve a second function too, for they offer

an alternative focus to that of our individualistic and materialistic value system. (p. 183)

An examination of First Nations healing practices reveals that the belief in the inter-connectedness of all things is a First Nations philosophy of life that is clearly manifested in such practices. The role of healing in traditional First Nations society has been not only to reaffirm cultural values but also to consider the individual in the context of the community (Trimble & Hayes, 1984; Lafromboise et al., 1990). Traditional First Nations therapeutic approaches, unlike many Euro-American approaches, usually involve more than just the therapist and client. Relatives and community members are asked to be part of the healing process. Like family therapy, systems therapy, and community psychiatry, First Nations healing promotes the idea of bringing together many forces to best utilize the powers that promote health (Hammerschlag, 1988).

METHOD

The study described in this article addressed the question of what has facilitated healing for the First Nations people of British Columbia. The focus was on what actually worked to facilitate healing. Fifty participants in the study provided 437 critical incidents of their own experiences in healing by describing what was done and what action was taken to facilitate healing for them. A scheme of categories was established to organize this data so that it could be of use to both theorists and practitioners.

Participants

Potential participants were made aware of the study through the author's network of contacts with the First Nations community. The participants in this study ranged in age from the early twenties to the early fifties, the mean age being 35. Geographically, the 50 participants came from approximately 40 different communities in British Columbia. Fifteen of the participants were male and thirty-five were female. Nineteen of the participants were university students while thirty-one were employed in a wide variety of occupations such as housewife, administrator, secretary, and labourer.

Critical Incident Technique

The Critical Incident Technique (Flanagan, 1954) is a form of interview research in which participants provide descriptive accounts of events that facilitated or hindered a particular aim. Study participants are selected from those who have been in an a position to observe or experience relevant facilitation or hindrance, and who are capable of articulating

their experiences. Upon completion of interviews, critical incidents are extracted from accounts and then grouped by similarity to form a set of categories that encompass the events.

Procedure

In this study the Critical Incident interview involved two parts, namely, an orientation and an elicitation of incidents. Each interview lasted approximately one hour and was tape recorded on an audio recorder. All but two of the interviews were conducted in the researchers office in the First Nations Longhouse at the University of British Columbia. The researcher and author of this article conducted these interviews himself. The fact that the interviewer was a First Nations counsellor (PhD level) with extensive experience counselling First Nations people strengthened the interview relationship and trustworthiness of the data. Once the interviews were completed, events were extracted and worked on by means of the process stated below until a set of categories was established. The categories were then validated in five different ways by answering five different types of questions regarding the soundness and trustworthiness of the category system.

The first validation procedure used examined the reliability of categorizing incidents by assessing whether different people could use the categories in a consistent way. Two independent judges (doctoral students in Counselling Psychology) were asked to place a random sample of the events in the categories (54 events or approximately 10%). The resultant average inter-rater reliability of 96% strongly indicates that the categories were reliable or trustworthy. The second procedure used assessed soundness of the categories by examining comprehensiveness of categories. To assess comprehensiveness or completeness of the categories 50 incidents (approximately 10%) were withheld from the categorization process until after the categories were formed. When category formation was finished, the withheld incidents were easily placed within the categories. Were this not the case, it would have been necessary to form new categories until all of the withheld incidents had been placed. The third procedure used assessed soundness of the categories by examining participation rate for categories. It is possible to determine whether a category is sound or well founded by examining the level of agreement amongst the participants in the study in reporting the same thing. Agreement in this study was gauged by the participation rate for each category (the number of participants reporting a category of events divided by the total number of participants). The categories with the highest participation rate are therefore those with the highest level of agreement. The participation rates ranged from a low of 22% (Learning from a role model) to a high of 70% (Expressing oneself). The fourth procedure used assessed soundness of the categories by means of expert

commentary. This analysis put the research findings into the context of the counselling field by asking experts in the field to determine whether or not these categories are consistent with what they have found from their own experience. Interviews with First Nations mental health experts did confirm that the categories were valid in the context of their practices. The fifth procedure used assessed soundness of the categories by examining its agreement with previous research. A comparison of the categories with previous research led to consistent findings of agreement.

Process of Forming Categories

All 50 of the interviews were tape recorded and each was assigned a code number. The incidents were then typed out in the words used by the participants. Each transcript and statement was carefully studied by the researcher in order that the full meaning of the statement was understood before the event was initially extracted. The researcher initially recorded everything resembling an event. The initial list of events was then subjected to an intense examination by the researcher and the research supervisor. In this examination the following criteria were applied: (1) was there a source for the event?; (2) can the story be stated with reasonable completeness?; and (3) was there an outcome bearing on the aim? Each of the incidents were then divided into the three component parts: source, action taken, and outcome. This facilitated the sorting of incidents into categories. The three parts: source, action taken, and outcome were then typed onto index cards for each of the 437 incidents. The next step in the process was to divide incidents into groups that seemed similar. The focus of sorting was on the second component part: action taken (what happened). For the purpose of this study, only the part of the incident that described action taken was used because it contained the essence of the healing experience. Prototypical responses for the different categories were selected from the sample and utilized as models for the sorting process. Ambiguous or borderline events were placed to the side to use to challenge the first scheme of categories developed. The categorization was then subjected to a review by the author and research supervisor and, as a result, refined and revised. The research supervisor in this study was a counselling psychology professor who has had more than 20 years of research experience and is considered an expert in the use of critical incident methodology. The ambiguous events were utilized in the second round of categorization when they were introduced to the challenger. This resulted in further refinement of the categories. This process of challenge and consultation continued until stability of the categories was achieved. In the end, 10 categories emerged that accommodated all of the incidents.

RESULTS

Through interviews with 50 participants, 437 critical incidents were elicited reporting what facilitated healing for First Nations people of British Columbia. The 437 critical incidents were then placed into 10 categories.

Description of the Ten Categories

- 1. Establishing a social connection and obtaining help/support from others (107 incidents): This category involves getting beyond one's own world and connecting with other people. Examples range from going to Friday night dances to learning activities involving other people. This category also includes incidents in which the individual obtained help/support through encouragement, acceptance, validation and/or reassurance from another person.
- 2. Anchoring oneself in tradition (32 incidents): This category refers to the individual learning about and participating in First Nations culture and traditions. These events range from involvement in traditional events such as Pow Wows to participating in traditional crafts such as beadwork.
- 3. Exercise and self-care (23 incidents): This category includes forms of looking after oneself and doing something specifically for oneself such as taking a hot bath or getting a haircut. It also refers to participants being engaged in some form of physical exercise such as running, hiking, or cycling. Participants often saw self-care and exercise as a way of ensuring that the physical dimension of the self was in balance.
- 4. Involvement in challenging activities and Setting Goals (22 incidents): This category includes doing something difficult in the form of a self-directed challenge. Incidents range from public speaking to finishing grade 10 algebra. This category also included setting specific goals. Examples ranged from setting career goals to the goal of becoming more patient.
- 5. Expressing oneself (55 incidents): This category includes the expression of feelings and emotions through varying channels such as talking, crying, laughing, and screaming.
- 6. Establishing a spiritual connection and Participation in ceremony (67 incidents): This category encompasses prayer and other forms of connection and communication with the Creator, Great Spirit, God. This category also includes participation in traditional First Nations ceremonies . Examples ranged from the Sweat Lodge Ceremony to the Pipe Ceremony.

7. Helping others (21 incidents): This category includes any form of the participant helping another person, ranging from volunteering with a First Nations organization to helping someone to get home safely.

- 8. Gaining an understanding of the problem (22 incidents): In this category individuals obtained an understanding of their problem by learning to identify, clarify, and make sense of the problem. Incidents ranged from gaining understanding through dreams to obtaining understanding through a treatment program.
- 9. Learning from a role model (16 incidents): In this category the participant obtained guidance, instruction or example from someone whom he/she had established as a role model. Examples ranged from learning from others who were successfully coping with similar problems, to following the example of a respected elder.
- 10. Establishing a connection with nature (72 incidents): This category includes being in or with nature and in using the natural world for self-healing. Examples ranged from the use of water in healing to the healing benefits of being in the forest amongst trees.

THEME OF INTERCONNECTEDNESS

Several of the fourteen categories established had a theme of connecting or interconnectedness. In this context interconnectedness can be viewed as the individual's connection to the world outside the self. Practically, this means to become connected or reconnected to friends, family, community, nature and culture. The extended family, friends, and members of the community were seen as a natural support for First Nations people and illustrate the importance of belonging. Similarly, it was seen as desirable for many First Nations people to be connected to or belong with nature and with spirituality, and ultimately, to be a part of and belong to all of creation. This belief touches on a broader cultural issue for First Nations people because of the historical events of the past 200 years. The Federal Government's policy of assimilation has had devastating effects on the unity and sense of belonging for the First Nations people of Canada. The Government and Church were largely successful at separating First Nations people from their culture, language, religion, families, communities, and land. First Nations people have recognized the overwhelming need to be reconnected and to reclaim that which was taken, and are now acting to reconnect and strengthen those bonds.

Although it will not be possible to fully describe all of the categories of "connecting" that are utilized by First Nations people within the scope of this article, this article briefly describes three of the larger categories and give examples of each.

Establishing a Social Connection and Obtaining Help/Support From Others

This category involves getting beyond one's own world and connecting with other people. As 107 of the events obtained in the study fell into this category it represents 28% of the total.

Forty of the participants (representing 80% of the total number of the participants in the study) saw their tendency to withdraw from people as problematic. Participants described feelings of loneliness, anxiety, feeling left out, and of not being accepted. Participants in the study felt that it was necessary to go out and do things with people and to have fun, thereby becoming socially connected. Examples ranged from going to community dances to learning activities involving other people. Other participants described incidents in which the individual obtained help/ support through encouragement, acceptance, validation and/or reassurance from another person. This help was obtained through both professional and non -professional sources and ranged from supportive parents to encouraging peers. This category illustrates the collective orientation of many First Nations people. The extended family, friends, and members of the community are seen as a natural support for First Nations people and are therefore turned to in times of need. For example:

Making new friends at school and building a community helped a lot. I wasn't home and I didn't have a community or connections. The sense of belonging is really important to me. Having people around me made me feel like I could connect with this place. Even though they are not my family, they care about what I have to say.

Talking to people helped, especially talking to my sister. I told her what I would like to do and I got reassurance from her that it was possible to survive this. She would question me about my relationship. We talked about coping skills and she showed me how she was coping. That's what I was looking for. Because she worked in the band office she knew the routes to go for help. She was also a model for me. The ways that she coped made her a role model for me to follow. My sister knew me and knew strengths in me that I didn't see and she told me these things. I felt better about myself and my abilities to face this problem.

Establishing a Spiritual Connection and Participation in Ceremony

This category encompasses prayer and other forms of connection and communication with the Creator, Great Spirit, God. As 67 of the events obtained in the study fell into this category it represents 16% of the total. Although this category does not represent a large percentage overall participants in the study described spirituality as an important component in First Nations healing. Eighteen participants (representing 36% of the total number of participants in the study) pointed out that they could not heal until they developed the spiritual dimension of themselves. The concept of balance was mentioned as it pertains to keeping the various parts of the self equal and in balance. For those 18 participants, it was necessary to develop the spiritual dimension of themselves to

attain the necessary balance with the physical, mental, and emotional side. For example:

I go to high spots to help with my healing. This past summer in an outdoor job, I had planned to bring my kids to be with me but I didn't know if I could do it. To calm my doubts I climbed this mountain and sat up there and prayed and things became clearer. I was able to see through some of the problems that I didn't think could be solved. Sitting up there thinking things through helped me to come up with a game plan. Being on the mountain and connecting spiritually, helped me to see further. When I can physically see farther it helps me to see farther within myself.

I guess what helped me the most was learning about Native spirituality. I was raised with the Catholic faith but it did not fulfill my spiritual needs. All of the ceremonies and teachings I received helped me to get in touch with my spiritual side because this is the way that Native people develop their spirituality. Spiritually I was dead before that. I would never have finished University without this reconnection.

Connecting with Nature

This category includes being in or with nature and in using the natural world for self-healing. As 72 of the events obtained in the study fell into this category it represents 16% of the total. This category overlaps with the category of connecting spiritually. For 33 of the participants in the study (representing 66% of the sample) there is a spiritual connection that exists between nature and humans because humans are seen as part of nature. All of creation is seen as being equal and part of the whole, and is therefore equal in the eyes of the Creator. Some participants reported feeling further away from creation and the Creator because of the influence of living in the mechanistic, material world of the city. Connection with nature was sometimes seen as getting back to creation and the Creator. Examples ranged from the use of water in healing to the healing benefits of being in the forest amongst trees. This category indicates the significance First Nations people place upon the role of nature in healing. Nature helped participants to feel relaxed, cleansed, calmed, and stronger. For example:

Something that helped me was the noise of the water. Rivers slow me down. I can sit and go the same pace as the river and enjoy it and the sound. In the ocean it's the sound of the waves hitting the boat. Those noises are much more relaxing than the noises in the city. The water helped to calm me inside and it gave me strength.

The thing that helped a lot was water. I would go to the river or to the lake or something. I would just sit by the river and watch the water flow. The water was continuously flowing whatever happened even if there was a snag or something it would just flow around it. If a rock was sticking out of the surface the water would flow around it. It made me feel that's how I should be and that I should carry on

Nature helps me in healing. I go where there are trees. I've gone to the middle of Stanley Park where it's quiet and I can absorb my surroundings. It makes me feel part of reality. When I'm in the middle of all the cement everything seems unreal. I feel I'm a spectator instead of a participant. When I am in nature I feel like I am a

part of my existence of being. I feel like I'm absorbing everything and everything is absorbing me and I'm a part of it.

OTHER THEMES

Although the intent of this paper was to focus on connectedness, other categories not related to connectedness should be mentioned because of their implications to counselling. Exercise and Self-care, Involvement in challenging activities and Setting Goals , and Expressing oneself, are three categories that may be part of the healing process for people generally and not just for First Nations people. Expressing oneself, looking after oneself and taking action seem to constitute a large component of what counsellors from all cultures attempt to facilitate for their clients.

DISCUSSION

Implications for Theory and Research

The results of this study confirm and extend the research pertaining to the facilitation of healing for First Nations people as described in the review of the literature. The most important implication is that it provides an empirical basis for what has previously amounted to opinions from researchers as to what they believed facilitated healing for First Nations people. The findings of this research also indicate that the view of the means and ends of counselling for First Nations people differs from Western therapeutic approaches. One difference that was discussed in this paper is that effective healing for First Nations people focuses on interconnectedness rather than on autonomy which is a more common goal for Western therapy. For the First Nations people in this study, connecting with family, community, culture, nature, and spirituality all seem important in successful healing.

Implications for Practice

There are two key points concerning this study that have implications for practice. First, this research presents a list of critical events of what facilitates healing for First Nations people. This list describes categories of healing and does so in an interpreted form that depicts how individuals go through the healing process. Second, the 10 categories presented in this research indicates that an abundance of healing resources exist for First Nations people. This second finding has the potential to change significantly the way First Nations communities view the nature and source of mental health services provided to them. It also has the potential to change the way mental health professionals from the majority culture view the scope and nature of the delivery of services they provide to First Nations people.

Counsellors could utilize the findings of this study to develop techniques or interventions to help First Nations clients. A counsellor who is unfamiliar with First Nations culture could assist in mobilizing healing resources for their client by referring them to culturally appropriate sources of help. All ten categories would provide areas about which counsellors could obtain knowledge in order to help facilitate healing for their clients, either directly or through referrals. Having knowledge of the categories pertaining to the healing benefits of connecting, counsellors might for example, refer their First Nations clients to seek assistance from family, friends and community as a source of support. They might encourage their First Nations clients to consider spending time alone in nature, attending traditional healing ceremonies or in developing the spiritual dimension of themselves. These might be helpful guidelines for counsellors from both the majority culture and First Nations clients. These categories could also be of benefit in assessing the effectiveness of individual counsellors in working with First Nations clients or in sensitizing counsellors to the factors involved in facilitating healing for First Nations people.

Limitations

A primary limitation of the study is that the results cannot easily be generalized at this time. In addition to only interviewing First Nations people from British Columbia it should be noted that a high percentage of participants in the study were university students (38%). This could also be described as a delimitation because it was known at the onset that this study would only provide an initial set of categories that describe healing and not a definitive description of effective and ineffective healing techniques for all First Nations people of British Columbia. Future studies will be needed to determine generalizability of the categories and to begin to utilize the categories to further develop theory and practice.

Implications for Further Research

Additional research needs to be done if counsellors and programs wish to utilize the list of events that facilitate healing presented in this study. It will be necessary to examine the effectiveness of such practice and programs to see if this list can be revised, refined or extended.

A primary limitation of this study is that the results cannot be easily generalized at this time. Future studies, therefore, could be conducted to determine generalizability, perhaps utilizing a survey instrument which could be developed for that purpose. A survey instrument based on the categories would allow a large number of First Nations people to be surveyed to determine if the categories are applicable. This could be used with First Nations people throughout British Columbia as well as

other parts of Canada. Future research might also examine if categories of healing events differ with age, gender, geographical location, and education. The ethnic identity development of participants in the sample could also be examined as another possible source of variation in reported events.

Future research might utilize results of this study to develop a test to measure the working alliance that can be developed between First Nations people and non First Nations counsellors and facilitators. Such a test could increase counsellor awareness of the needs of the client and provide the counsellor with direction to improve the working alliance. For example, a difference on the counsellor/client score about the importance of 'establishing a spiritual connection' might indicate that the client needs to work more on this method of healing while the counsellor, in addition to recognizing the importance of this method for the client, might help the client by suggesting ways to meet this need. Such a test might also indicate to a client that although he/she places considerable importance on the healing powers of expression of emotion, he/she is not utilizing this method. Such awareness would hopefully lead to a negotiation between counsellor and client followed by an appropriate plan of action to utilize this method of healing.

SUMMARY

Effective healing for this sample of First Nations people focuses on interconnectedness rather than on autonomy which is a more common goal for Euro-American therapy. For this sample of First Nations people, connecting with family, community, culture, nature, and spirituality seems important in successful healing. These methods of healing need to be legitimized and respected by both Native and non-Native clients and healers. Reflecting on the individual orientation of mainstream culture May (1991) believes that the individual when picking himself or herself up after a failure, has nowhere to turn except "to a very small and frail unit indeed: the self" (p. 122). The traditional interconnected methods of healing utilized by First Nations people might therefore prove to be a welcome addition to the practice of counselling in all cultures.

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