
A Many-Eyed Lens in Counselling Practice With Indigenous People: An Innovative Path Towards Reconciliation and Rippling Plusieurs regards dans la pratique du counseling avec les Autochtones : Une voie novatrice vers la réconciliation et l'effet d'entraînement

Theresa Kauffman
Victoria, British Columbia

ABSTRACT

As counselling practitioners navigate through the 21st century, holding and integrating multiple views in counselling practice with Indigenous people is more crucial than ever. Indigenous people face unimaginable health, social, and political inequalities; therefore, there is a call to action that would create ripple effect change from practitioners and as a collective. In this article, the author explores how a *two-eyed* lens, a term coined by Elders Albert and Murdena Marshall (Iwama et al., 2009), answers this call by honouring Western and Indigenous world views and healing. What this article adds to the literature is how practitioners can implement two-eyed seeing, which starts with exploring the self, self-in-relation, and *felt sense* (Gendlin et al., 1968). This article describes this reflexive process in which counselling practitioners can develop a *many-eyed* lens in practice that honours Western and Indigenous therapeutic lenses and our own, in walking alongside Indigenous people. A many-eyed lens illustration with an Indigenous family is presented as a way to demonstrate and foster reconciliation, healing, and hope.

RÉSUMÉ

Le XXI^e siècle avançant, il est plus crucial que jamais de prendre en compte plusieurs points de vue et de les intégrer dans la pratique du counseling avec les Autochtones. Les Autochtones font face à des inégalités sanitaires, sociales, et politiques inimaginables. Il y a, par conséquent, un appel à l'action pour qu'il y ait un changement de la part des praticiens et collectivement. Dans cet article, l'auteure examine comment un double regard, imaginé par les Aînés Albert et Murdena Marshall (Iwama et coll., 2009), répond à cet appel en honorant les visions du monde et la guérison occidentales et autochtones. Ce qui est ajouté à la littérature dans ces pages, c'est la façon dont nous appliquons deux regards, ce qui commence par une introspection, le soi relationnel et le ressenti corporel (Gendlin, 1968). L'article décrit ce processus réflexif dans lequel nous développons plusieurs regards dans la pratique, en honorant

les regards occidentaux et autochtones, ainsi que nous-mêmes en marchant aux côtés des peuples autochtones. L'utilisation de plusieurs regards, qui est illustrée avec une famille autochtone, montre que cette démarche favorise la réconciliation, la guérison, et l'espoir.

Counsellors who utilize Western psychological practice may not be well prepared to walk alongside Indigenous people in practice, which may limit treatment efficacy, healing, reconciliation, and hope (Bojuwoye & Sodi, 2010; Gone, 2010; Nabigon & Wenger-Nabigon, 2012). Given that counselling practices still favour Western approaches to counselling, which tend to exclude Indigenous world views and spirituality, it is unsurprising that health disparities still exist between Indigenous and non-Indigenous peoples. A shift in the lens that counsellors use in their practice is necessary to close this gap, to increase practice efficacy, and to join in reconciliation (Fijal & Beagan, 2019). This is possible when practitioners include Indigenous world views and spirituality within Western therapeutic case conceptualization with Indigenous people. A two-eyed understanding, honouring Western and Indigenous values and world views (Bartlett et al., 2012; Iwama et al., 2009), answers this call for counselling practitioners to walk alongside Indigenous people in reconciliation, healing, and hope. However, what is missing from the literature in relation to a counselling practice with Indigenous people is the reflexive use of the self, self-in-relation, and *felt sense* (Gendlin et al., 1968), as well as ways to integrate a two-eyed lens in counselling practice. More than just Western psychological practice is needed for counselling practitioners to walk alongside Indigenous people, which calls for a *many-eyed* lens that takes into account the self, self-in-relation, and felt sense within a two-eyed understanding and that fosters change, healing, reconciliation, rippling, and hope.

In this article, I begin by illustrating the requirement that counselling practitioners' work with Indigenous people demands a shift in practice, necessitating a two-eyed lens integration. I will introduce my own eye as well as my own mixed ancestry and intersecting identities. I will also delineate my decolonizing and Indigenous paradigm positionality, as it serves to demonstrate a many-eyed lens. How practitioners can integrate two-eyed seeing is explored further, given that doing so is essential in the understanding, awareness, and reflexivity of the self, self-in-relation, and *felt sense*, described as the sensory and relational experiences of which people make meaning (Gendlin et al., 1968). Through this transformation process, counselling practitioners develop a many-eyed lens, which I believe is necessary for practitioners who walk alongside Indigenous people. The many-eyed practice-based lens stems from my years of clinical experience walking alongside Indigenous youth and families, knowledge and theoretical lenses gained from Western and Indigenous practices, as well as my own intersecting identities. A many-eyed lens can transcend to include non-Indigenous families and communities by holding and honouring another's eye and, moreover, their

world view, in Western case conceptualization, change, and healing. I will close by including a many-eyed lens illustration in practice involving my work with an Indigenous family, which brings to life the path for non-Indigenous practitioners to walk alongside Indigenous people. A many-eyed lens provides novice and intermediate counsellors with practical change-producing paths for walking alongside Indigenous people and a way to join wholeheartedly in reconciliation, liberation, connectedness, rippling, healing, and hope. If we as counselling practitioners acknowledge that, as helpers and healers, we must honour a person's lens to provide space for voice, choice, restorying, and hope, then a shift in practice and two-eyed seeing integration is imperative when counselling practitioners walk alongside Indigenous people.

For the purpose of this journal article, the term *Indigenous* will be inclusive of First Nations, Métis, and Inuit peoples of Canada, a place that was originally named and has now been reclaimed by Indigenous Peoples as Turtle Island (Dupuis-Rossi, 2018; Duran, 2006).

A Call for Change

Indigenous people continue to experience oppression, injustice, marginalization, and health disparities with overrepresentation in practically every system, including medical, justice, and child welfare (Danto & Walsh, 2017; Drost, 2019; Kotalik & Martin, 2016; Marsh et al., 2016; Nabigon & Wenger-Nabigon, 2012; Wesley-Esquimaux & Snowball, 2010). It is no wonder that Indigenous people face significantly higher rates of addiction, self-harm, suicide, and intergenerational trauma, experienced collectively as a *soul-wound* (Duran, 2006; Gone, 2010; Marsh et al., 2015), than non-Indigenous people typically do. This soul-wound or cultural fracture is reasonable as you imagine, reflect, and try to comprehend the magnitude and ripple of more than 500 years of colonization, marginalization, oppression, historical trauma, and genocide of Indigenous Peoples (Dupuis-Rossi, 2018; Duran, 2006; Marsh et al., 2015; Wesley-Esquimaux & Snowball, 2010). Healing requires a political and spiritual awakening, which has begun for Indigenous Peoples (Duran, 2006; Gone, 2010; Marsh et al., 2015). This beginning must include healing approaches that take into account the socio-cultural and contextual impacts of this ongoing history of oppression, including health and justice disparities and the systems that perpetuate such colonizing practices (Benning, 2016; Bojuwoye & Sodi, 2010; Kotalik & Martin, 2016; Martin, 2012; Oulanova & Moodley, 2010; Province of British Columbia and First Nations in British Columbia, 2018). Understanding these impacts is crucial, as is understanding and valuing Indigenous world views of healing and spirituality. Therefore, such an understanding must be included in Western case conceptualizations when non-Indigenous counsellors walk alongside Indigenous people.

It is noted herein that the term “case conceptualizations” is purely a Western construct, with much of the English language signifying ongoing colonial and dehumanizing practices. This further illustrates continued power imbalances, one this author chooses to change going forward. Even the term “work” implies a Western lens of doing to someone, and thus, the term “walking alongside” throughout this article refers to and honours Indigenous world views of collaboration and a shared journey between counselling practitioners and Indigenous people. This decolonizing practice begins with such awareness, insight, and curiosity to explore language, specifically terms such as “client,” “case,” and “file,” and calls upon non-Indigenous practitioners to do their own research and to learn from and listen with Indigenous people. When asked about these specific Western words, Elders within this writer’s community voiced no such words. Having learned some Cree and Michif (the official language of the Métis People) alongside my kids and my husband, who are of Cree and Métis descent, I include in this article a few Cree and Michif words as a way to give voice to Indigenous constructs. Doing so demonstrates an application of how non-Indigenous practitioners can integrate into their work the decolonizing and many-eyed lens described throughout this article. These terms include *kahkiiyaw* (Cree) and *kaahkiiyow* (Michif), which mean “the entire thing,” “integral,” or “whole”; *tôtâtowin* (Cree) and *kayeshkimiwew* (Michif), which mean “mutual treatment” or “counselling”; *otahkosiw* (Cree) and *pa balaansii* (Michif), which refer to a sick, unbalanced person/patient; *miyo-mahcihoyān* (Cree), which refers to physical, emotional, mental, and spiritual well-being; *miyooyaayan* (Michif), which means “wellness”; and *tānisi wāpahtaman pimātisiwin* (Cree), which means “world view” (Gabriel Dumont Institute of Native Studies and Applied Research, n.d.; Graham & Martin, 2016; Online Cree Dictionary, n.d.). These terms will be used alongside Western case conceptualization constructs in order to further a decolonizing and reconciliation practice.

Furthermore, there is currently a gap in conceptualizing the integration of traditional practices for health professionals, even though there is agreement that restoring this integration would be fundamental for Indigenous healing and improved health care inequities (Danto & Walsh, 2017; Kotalik & Martin, 2016; Marsh et al., 2015; Oulanova & Moodley, 2010). Despite the fact that there are similarities and differences among Western and Indigenous healing practices, Western secular practices are still favoured over sacred Indigenous cosmologies (Auger et al., 2016; Benning, 2016; Bojuwoye & Sodi, 2010; Crowe-Salazar, 2007; Fiedelley-Van Dijk et al., 2017; Gone, 2010; Kotalik & Martin, 2016; Moorehead et al., 2015; Oulanova & Moodley, 2010). What is missing and devalued within Western practice is the spiritual, and excluding it has removed the balance of mental, physical, emotional, and spiritual aspects of the self that are imperative for Indigenous wellness or *miyo-mahcihoyān/miyooyaayan* (Bojuwoye & Sodi, 2010; Fiedelley-Van Dijk et al., 2017; Marsh et al., 2015; Moorehead

et al., 2015; Nabigon & Wenger-Nabigon, 2012). The removal of this spiritual aspect inhibits change, recovery, and healing for Indigenous people, leads to the reduced effectiveness of non-Indigenous counsellors, and fails to address the emotional, cognitive, social, and physical functioning of the person, the family, and the community (Fiedeldey-Van Dijk et al., 2017; First Nations Health Authority, n.d.; Nabigon & Wenger-Nabigon, 2012). Spirituality is connection. Connection is foundational to Indigenous world views or *tānisi wāpahtaman pimātisiwin*. Connection is imperative for effective and meaningful counselling. The inclusion of spirituality in counselling work with Indigenous people is integral to the balancing of mental, physical, emotional, and spiritual parts, or *miyo-mahcihoyān/ miyooyaān*, and doing so supports change, recovery, and healing. However, clinicians must understand and appreciate that there is much complexity and diversity among non-Indigenous and Indigenous people, even within a particular territory, and that there is no one cookie-cutter spiritual aspect that will fit all Western and Indigenous world views or *tānisi wāpahtaman pimātisiwin*.

For non-Indigenous counsellors, exploring spiritual practices that resonate for Indigenous families with humility, respect, a not-knowing stance, and a genuine interest in deep or lifelong learning can lessen fears of cultural appropriation or taking of one's culture for profit (Haig-Brown, 2010). Non-Indigenous counsellors can explore these forms of knowledge and understanding with the Indigenous families they work with as well as through their own research, connections, and immersion within a specific Indigenous culture. They must be gifted or taught these forms of knowledge and understanding by Elders, knowledge holders, or Indigenous communities, with understandings of healing and connection, a view of betterment for all without malice or greed, and a naming of such teachings and ceremonies learned. For non-Indigenous counsellors, a discussion with clients or *otahkosiw/pa balaansii* and/or families as to what fits or does not fit is imperative, especially in light of diverse Indigenous traditional practices and genuine reconciliation. Diversity exists among territories or even within territories concerning the holding and valuing of protocol around Indigenous traditional practices, ceremony, and healing. There are protocols and teachings concerning cultural aspects such as the land, ceremony, smudging, drumming, medicines used, responsibilities of healers versus monetary gain of services, and life and death. For example, in some territories following a death, a person must remain neutral or cry early in the morning at first sunrise in order to walk through the day with ease or must bathe in the ocean for the cleansing or cutting of hair. I have heard many times from Elders and knowledge keepers of the Lkwungen territory in which I reside that hair is sacred, and the cutting represents grief and being in a sacred place that is very close to the spirit realm. These teachings symbolize rich history, deep meaning, and uniqueness, and they must be honoured if non-Indigenous counsellors integrate them into practice, especially as part of a collective work toward reconciliation. Non-Indigenous counsellors must seek

guidance regularly from local Indigenous Elders, knowledge keepers, and communities in which they seek and must be mindful and intentional when they incorporate Indigenous traditional practices. Non-Indigenous counsellors must walk slowly and cautiously with respect, humility, intentionality, patience, and integrity. They must connect regularly with Elders, knowledge keepers, and the community to honour Indigenous peoples and to avoid cultural appropriation. They must position cultural safety centrally within the therapeutic relationship or *totâtowin/kayeshkimiwew*.

Further, non-Indigenous counsellors can create culturally safe spaces for Indigenous people with an understanding of past and ongoing systemic racism that impacts Indigenous people, an awareness of the intergenerational impacts of colonialism and the seven generations of healing (Institute for Integrative Science & Health, n.d.), and an acknowledgement of individual and/or collective colonial experiences. It must be acknowledged as part of decolonizing practice that spiritual colonization has conceivably had the most devastation for Indigenous people, whose ceremonies and culture were forbidden, made illegal, and policed by any means necessary until very recently, with the last Residential School closing in 1996 (Hanson et al., 2020; Llewellyn, 2002; Rahman et al., 2017). Spiritual colonization continues to have a real impact on Indigenous people and communities, and non-Indigenous counsellors must be conscious of the historical and present-day relevance of these impacts in therapeutic practice.

Non-Indigenous counsellors must allow for ongoing conversation and consent to use Indigenous therapeutic techniques in practice with clients or *otahkosiw/pa balaansii* and families and the community, so as to walk gently and to cause no further colonial harm. They must understand that even their most genuine healing intention with integrating Indigenous traditional practices may be guarded with concern, worry, or fear. However, by starting from a place of not-knowing, curiosity, and an intention of genuine reconciliation, connection, and hope, counselling practitioners can move closer to creating culturally safe spaces in therapeutic relationships or *totâtowin/kayeshkimiwew* and healing. Including the realm of spirituality allows for connection and cultural safety. The term *cultural safety* comes directly from Maori nurses who walked alongside the *Tangata Whenua*, New Zealand Indigenous Peoples, and centres on principles of participation, protection, partnership, and empowerment for both practitioners and patients or *otahkosiw/pa balaansii* (Richardson & Williams, 2007). Cultural safety means a reflective, thoughtful, and intentional understanding that each person's identity is unique, and therefore both cultures interact with each other, its members recognizing inherent power imbalances, beliefs, and assumptions (Richardson & Williams, 2007). This notion has expanded widely from nursing practices throughout the world as a concept and framework for health care practitioners to examine their own cultural beliefs in order to provide safe care as defined by the client or *otahkosiw/pa balaansii* (Richardson & Williams, 2007). Non-Indigenous counsellors

can contribute further to creating culturally safe places for Indigenous people by listening and by using their voices against ongoing colonizing practices. This is vital in light of the fact that non-Indigenous people are called to this action by virtue of being on Turtle Island and to join in healing, reconciliation, and hope (Truth and Reconciliation Commission of Canada [TRC], 2015).

Ethical Imperative

As do many other practitioners, advocates, scholars, and change agents, Fijal and Beagan (2019) call upon all Canadians to recognize, value, and understand the Truth and Reconciliation Commission's *Calls to Action* (TRC, 2015) in reimagining relationships with Indigenous Peoples through listening and respectful dialogue. The TRC brings forth 94 calls to action for reconciliation that recognize, value, and identify ways to honour Indigenous traditional healing, thus closing the health and wellness gaps for Indigenous people (TRC, 2015). The Canadian Counselling and Psychotherapy Association (CCPA, 2020) has also joined in this call to action in response to the TRC and, as a first step, has included updated sections on ethics, standards of practice, and considerations for honouring and reflecting upon the experiences and colonization of Indigenous Peoples. The CCPA (2020) includes a wise practice lens, which is the two-eyed lens, for counsellors and therapists working with Indigenous people. Practitioners should follow a code of ethics, whether that is provincial or national, the Traditional Native Code of Ethics (Hulitani Family & Community Services Society, n.d.), and the CCPA (2020) has provided a way forward for ethical practice with Indigenous people. Non-Indigenous counselling practitioners, counselling practitioners as a whole and as a collective are called to honour and respect Indigenous cultures and practices, to answer the call to action and change, and to adjust their lens when they walk alongside Indigenous people in the counselling journey as part of reconciliation, walking in liberation and hope, together. While the call to action supports a two-eyed lens approach, I argue for a many-eyed lens. As noted earlier, the many-eyed lens requires a more thorough understanding of a lens of self, in addition to the two-eyed lens, which leads to a many-eyed lens.

Lenses

My Eye and My World View

I begin this section by positioning the self, my eye, within this article as the heart of a many-eyed understanding and a necessary practice for walking alongside all peoples in counselling relationships or *totâtowin/kayeshkimiwew*. I introduce myself as a cisgender, heterosexual being who uses she/her pronouns and is a person of mixed ancestry, with Scottish, Dutch, German, and Russian ancestors on my father's side and Macedonian and Romanian ancestors on my mother's side. I hold dual citizenship in Australia, where I was born in Melbourne, on the Kulin

nation (City of Melbourne, n.d.), and in Canada. I grew up poor, not in poverty, but I shared a room with my two brothers and had a first-hand understanding of the working-class conditions of never having enough and of always worrying about money, stability, and having a home. Things continued to change as we became a divorced family and then a blended family, with the addition of my stepmother and the birth of my sister. These experiences inevitably shaped how hard I worked to finish my undergraduate degrees and to build a stable home life.

Now, this stable home life is created together with my husband and our three children, who are Cree and Métis as well as Scottish, Russian, and Ukrainian, adding to our family's mixed ancestry of intersecting identities and world views or *tānīsīsi wāpahtaman pimātisiwin*. For almost 40 years, we have lived, learned, and played on the southern tip of Vancouver Island, which is on the traditional unceded territories of the Lkwungen nation, of the Coast Salish people (Indigenous Perspectives Society, n.d.). We were genuinely welcomed by the Métis Nation and by an urban Indigenous community at Hulitan when my husband and his family embraced their roots, and we were gifted many Indigenous teachings and traditional knowledge about how to uphold an Indigenous world view or *tānīsīsi wāpahtaman pimātisiwin* of balancing the mental, physical, emotional, and spiritual parts or *miyo-mahcihoyān/miyooyaayan* (Nabigon & Wenger-Nabigon, 2012; Wesley-Esquimaux & Snowball, 2010). As a non-Indigenous practitioner, I have been taught to smudge, to hold healing circles, to honour another's passing into the spirit world, and to hold many other celebrations that I bring forth, with knowledge named, honoured, and taught in practice, as well as with our children. Our children have also all been raised with Indigenous traditional knowledge and teachings from the Journeys of the Heart (JOH) Indigenous preschool program (Hulitan Family & Community Services Society, n.d.) and continue to learn and navigate the current Western public school systems with a multicultural lens. My own navigation of the Western school systems has also included Camosun College and the University of Victoria during my undergraduate degrees and, recently, Athabasca University, where I completed my graduate degree. For our family, this means holding intersecting identities with both privilege and oppression with having multicultural identities. We also know what it is like to experience both the working-class need for multiple jobs and also the upper-middle-class status of completing higher education and having financial stability.

My world view or *tānīsīsi wāpahtaman pimātisiwin* and eye are also shaped by years of experience walking alongside youth and families within community, school, justice, and hospital systems, where my understanding of privilege and oppression has provided both insider and outsider perspectives. These practice settings also assisted in my understanding of the privilege of Western interventions and the disregard for Indigenous healing needs. A colleague once told me I am a *two-earth walker*, not only valuing Western and Indigenous forms of knowledge but also living them, having borne Indigenous children and being non-Indigenous

myself. I prefer to say a *many-eyed* walker, given that I cherish, honour, and hold multiple views and understand that we are all connected, each piece valuable and necessary, as in the puzzle of life. This understanding is continually guided by walking alongside Indigenous and non-Indigenous communities in which I practise. I remain curious and reflexive in learning each day as I join in ceremony, community, and celebrations and as I walk alongside Indigenous youth, families, and communities in healing and hope. I am still consistently humbled by the transformation that I witness in the families I walk alongside and that I experience as a practitioner. I have been fortunate to have had work experiences as part of my graduate training in community and non-profit sectors: one site was affordable and faith inclusive, and in the other, an Indigenous family and community agency, I was immersed in Indigenous culture, connection, and spirituality and embraced four organizational pillars of integrity, connectedness, respect, and humility (Hulitan Family & Community Services Society, n.d.). This comes full circle for me and my journey, given that my children attended JOH, and now, I walk alongside Indigenous children, families, and communities. These experiences have shaped my eye in holding space for multiple world views or *tānisi wiwāphtaman pimātisiwin* while navigating multiple systems with humility, voice, and heart.

It is with genuine intention, respect, and humility that I wholeheartedly embrace a decolonizing and Indigenous paradigm in which a decentring of dominant views occurs (Drost, 2019; Dupuis-Rossi, 2018; Fijal & Beagan, 2019; Graveline, 2000; Marsh et al., 2016; Martin, 2012; Peltier, 2018; Rowett, 2018). Decolonizing creates space for respect, humility, reflexivity, co-learning, reclaiming, reconciliation, and hope. How I understand, reflect upon, and synthesize the literature, make meaning, and provide arguments for a many-eyed lens stems from a decolonizing and Indigenous positionality (Graveline, 2000; Rowett, 2018). It is important for me to be transparent and reflective about my intersecting identities of privilege and oppression, since this transparency illustrates a decolonizing approach that places at the centre Indigenous knowledge and voices that have been silenced by systemic racism and ongoing colonization, with a further understanding that each person has their own individual, family, and community lived experiences of such. It is with deep honour that I share voices, teachings, learnings, wisdom, and experiences, gifted and received, with a ripple effect in reconciliation, hope, healing and my *eye* in practice to make a genuine difference in the life of another. In addition to my eye, a two-eyed lens honours Indigenous voices and healing.

A Two-Eyed Lens

A two-eyed seeing lens (Iwama et al., 2009) answers the call for practitioners to commit to walking alongside Indigenous people in transformation, change, reconciliation, healing, and hope. Two-eyed seeing or *Etuaptmumk*, coined

by respected Mi'kmaw knowledge keepers, educators, and Elders Albert and Murdena Marshall (Iwama et al., 2009), is drawn from healer, guide, and Chief Charles Labrador of the Acadia First Nations in Nova Scotia. Elders Murdena and Albert's two-eyed seeing lens is a way of understanding, respecting, honouring, and weaving diverse world views or *tānisi wāpahtaman pimātisiwin* of Western and Indigenous worlds, to address Indigenous health inequities, reconciliation, hope, and healing (Bartlett et al., 2012; Fijal & Beagan, 2019; Iwama et al., 2009; Marsh et al., 2015; Marsh et al., 2016; Martin, 2012; Rowett, 2018). It is an approach or a way of life that allows a practitioner to use both eyes to see, value, and honour Western and Indigenous methodologies for the greater good (Duran, 2006; Martin, 2012). Elder Albert described two-eyed seeing as learning to see the strengths and ways of knowing from each eye, of Western and Indigenous knowledge, with the purpose of using both together for integrative, transdisciplinary, or collaborative knowledge work (Institute for Integrative Science & Health, n.d.). Two-eyed seeing motivates Indigenous and non-Indigenous people to use all their knowledge and understanding, with awareness of the multitude and complexities of Indigenous and Western scientific world views or *tānisi wāpahtaman pimātisiwin* (Institute for Integrative Science & Health, n.d.).

With a two-eyed lens in practice, a person weaves back and forth between calling upon strengths of Indigenous sciences and Western sciences, as each is distinct, and no one piece is understood in its entirety (Institute for Integrative Science & Health, n.d.). In collaborative settings, counselling practitioners extend two-eyed seeing within counselling practice and can honour their client or *otahkosiw/pa balaansii* by asking questions about ethnicity, culture, social location, privilege and/or oppression, self-in-relation to others, gender identity, and the many other intersecting identities that they have, with Western and Indigenous methodologies as understandings of healing knowledge. A two-eyed integration means being curious about a client or *otahkosiw/pa balaansii* and a family's cultural or spiritual practices, since intentionally cross-cultural collaborative work negates only one way of viewing or knowing (Institute for Integrative Science & Health, n.d.). This means inviting collaborative and feedback-informed dialogue regarding therapeutic integration decisions (Miller et al., 2015), specifically by exploring relevance and alignment to Western or Indigenous ways of healing practice. Two-eyed seeing embraces a relationship of mutual cultural respect for all involved in the healing journey (Bartlett et al., 2012; Iwama et al., 2009; Marsh et al., 2015; Marsh et al., 2016). It is about honouring the self and person-in-relation, with the many complexities and cultural diversities in Western and Indigenous world views or *tānisi wāpahtaman pimātisiwin*. A two-eyed lens is essential in counselling practice with Indigenous people and a way that non-Indigenous counsellors can use Western and Indigenous knowledge traditions, respectfully and appropriately, in a co-learning and co-sharing way (Abu et al., 2020; Bartlett et al., 2012). A two-eyed lens is required for counselling practitioners to walk alongside Indigenous

people in the ways described here and is a necessary foundation and framework for a many-eyed approach.

Researchers and practitioners are increasingly using Elders Albert and Murdena's key concept of a two-eyed seeing lens as a framework for practice and knowledge reconciliation (Abu et al., 2020; Bartlett et al., 2012; Marsh et al., 2016; Peltier, 2018). It is a practical way to bridge Western and Indigenous approaches by filling holes and gaps of each without overpowering the other (Abu et al., 2020; Bartlett et al., 2012). Rowett (2018) explored how two-eyed seeing has been described throughout research as a methodology, a lens, a practice approach, and a way of being. It has been illustrated through Seeking Safety, Cape Breton University's integrative science research program (Bartlett et al., 2012; Rowett, 2018), which is a well-studied model for Indigenous healing of trauma, substance use, and addiction (Marsh et al., 2015; Marsh et al., 2016; Rowett, 2018), a wise practice model for community health and change (Wesley-Esquimaux & Snowball, 2010), and a decolonizing framework (Martin, 2012; Rowett, 2018). Elders Albert and Murdena's two-eyed seeing has expanded exponentially beyond the Integrative Science department at Cape Breton University and has been adapted by numerous institutes, initiatives, and governments as part of informal and formal environmental and educational policies, plans, and projects for the best of both worlds (Ermine et al., 2004; Institute for Integrative Science & Health, n.d.). The CCPA (2020) has also included ethics and competencies to guide counselling practitioners in their work with Indigenous people, with a wise practice lens using Etuaptmumk or two-eyed seeing that is drawn from Wesley-Esquimaux and Snowball's (2010) decision-making model for practitioners following the seven sacred grandfather teachings. These examples highlight that two-eyed seeing offers a path in which diverse Western and Indigenous world views or *tānisīsi wāpahtaman pimātisiwin* can work together for the betterment of Indigenous health, healing, and hope (Martin, 2012). Not only this, but also, a two-eyed lens invites and values the spiritual, which is vital for Indigenous world views or *tānisīsi wāpahtaman pimātisiwin*, and provides a therapeutic pathway to Indigenous wellness and a "good" life or *miyo-mahcihoyān/ miyooayaan* (Nabigon & Wenger-Nabigon, 2012). A two-eyed lens honours the spiritual and is an essential piece for both practitioner and client or *otahkosiw/pa balaansii*, within a many-eyed lens.

A two-eyed lens honours the journeys of the Indigenous client or *otahkosiw/pa balaansii* and of the counselling practitioner. The counselling practitioner also implements and practices with both eyes and respects Western and Indigenous healing practices. It is with both our eyes that we as counselling practitioners must acknowledge the self and self-in-relation in a two-eyed integration of practice. A two-eyed approach can provide the path and the lens for therapeutic change by respecting, honouring, and embracing that there is more than one way of knowing or healing. Yet it is up to us to know that we are the eyes behind the lens. We

are the ones who see through, recognize, and decide to call upon the strengths of Western or Indigenous methodologies in practice. The two-eyed seeing principle speaks to these distinct lenses, but research is limited in illustrating and depicting how the “seer” comes into play, especially in counselling practice. With this understanding, it is essential to expand the self within a two-eyed seeing principle as we reflect, think critically, wonder, make meaning, and transform our selves, our selves-in-relation, and our felt senses within counselling practice. We as counselling practitioners can then model this reflexivity with the clients or *otahkosiw/pa balaansii* and families with whom we collaborate within the therapeutic relationship or *totâtowin/kayeshkimiwew*. By adding reflexive practice of self, self-in-relation, and felt sense, we as counsellors can move closer to a many-eyed lens.

Self, Self-in-Relation, and Felt Sense Lenses

When it comes to integrating a two-eyed lens, it is necessary to acknowledge that it is we as counsellors who are looking through this lens. We are not only seeing through the lens in practice but also feeling and sensing. As we share space with our clients or *otahkosiw/pa balaansii* in a joint therapeutic journey or *totâtowin/kayeshkimiwew*, we experience emotions, thoughts, and feelings that guide us in two-eyed seeing practice. This two-eyed practice brings forth spirituality that is included constantly in Indigenous traditional practices and ceremonies, in process and in outcomes, as part of the therapeutic exchange. It is through a therapeutic exchange that we sense, reflect upon, make meaning of, and listen to our own *felt sense*, a term coined by Eugene Gendlin (Gendlin et al., 1968), and this exchange guides our therapeutic endeavours and change processes. Felt sense involves having an internal awareness, insight, and connectivity of all bodily sensations. Peace and Smith-Adcock (2018) provided a conceptual framework for counsellor preparation of felt sense, defining it as the reflection and articulation of thoughts, emotions, and sensations that guide decision-making and therapeutic success. Noticing in session how our bodies receive, feel, and sense information allows us as counsellors to have a heightened awareness of therapy and an ability to transform practice from unconscious to conscious. What is accomplished with a reflexive and felt sense counselling practice, and what is necessary for a many-eyed lens, is presence, mindfulness, congruence, and co-regulation for the self and for others (Christopher et al., 2006; Peace & Smith-Adcock, 2018; Rosin, 2015).

Despite this understanding and despite extensive research on the importance of the therapeutic alliance and common factors, there is little in the mainstream literature on conceptualizing these present-moment, felt sense client/therapist experiences (Geller et al., 2010; Peace & Smith-Adcock, 2018). I wonder if this type of conceptualization is challenging given that there are many factors such as mindfulness, presence, self-awareness, and congruence that are experienced simultaneously and weaved together and that name client/therapist experiences

a felt sense experience. Each seems to be truly important for healing and transformative practice.

Christopher et al. (2006) defined mindfulness practice as being present and in the moment with whatever is occurring, just noticing without judgment. Mindfulness has been practised for thousands of years, stemming from various traditions including Hinduism, Buddhism and further Indigenous world views of presence and connection with every living thing (Kirmayer, 2015; Sun, 2014). Mindfulness helps transform the counselling experience or *totâtowin/kayeshkimi-wew* by helping practitioners gain awareness of present-moment experiences and increase connection and insight about felt sensations. Rosin (2015) noted that counsellor self-awareness is essential to reflexive practice and that heightened emotional intelligence increases awareness and brings forth the unconscious to the conscious. Peace and Smith-Adcock (2018) noted that congruence and presence allow for reflection, insight, and self-examination of internal state, whereby practitioners notice, regulate, and choose practices based on their reflexivity. It seems to me that through the sharing of experiences with transparency, authenticity, and mindfulness, felt sense does emerge. When we as counsellors honour our felt experiences with curiosity, a non-judgmental and empathic space arises, allowing clients or *otahkosiw/pa balaansii* to have felt experiences as well (Peace & Smith-Adcock, 2018). This self-work exists within and outside of the counselling session by inviting us as counsellors to be open to felt sense experience as a tool, to feel grounded to learn and to know, and genuinely to lean in to the client/counsellor experience (rather than avoid it) while regulating ourselves and the client or *otahkosiw/pa balaansii* (Geller et al., 2010; Peace & Smith-Adcock, 2018). As counsellors, we can share our own felt sense experience by checking in with clients or *otahkosiw/pa balaansii* and families to see if the experience fits and thus can provide a model for body awareness and for a path to reconnecting back to our bodies and our selves. This process involves us as counselling practitioners simultaneously sensing the other while having our own emotional experiences and having the relationship occur between us and our clients (Geller et al., 2010). This simultaneous felt sense experience signifies a deeper and spiritual implicit connection versus a cognitive connection between two individuals that is needed for healing and change. It also illustrates a dynamic process of leaning in and leaning out within session and noticing what is happening, which guides the self and the client or *otahkosiw/pa balaansii* in the process. Therefore, felt sense is key to a many-eyed approach and to counselling practitioners who walk alongside Indigenous people as it brings forth the self and the self-in-relation, furthering and expanding a two-eyed methodology. Felt sense is integral and completes the wholeness, or *kahkiyaw/kaahkiyyow*, for a many-eyed lens.

A *Many-Eyed* Lens

Acknowledging the self and the self-in-relation starts with us as counselling practitioners being aware of who we are and is the missing piece that completes the circle of integrating a two-eyed methodology necessary for work with Indigenous people. I acknowledge and bring my “self” into counselling practice, along with my mixed ancestry, my social and political upbringing, my experiences, and my knowledge gained as a daughter, a sister, a mother, an auntie, a wife, a friend, a harvester, and a healer. A *many-eyed* lens extends beyond a two-eyed lens understanding through the acknowledgement of people’s many intersecting identities, sites of privilege and/or oppression, social locations, forms of power, experiences, values, world views or *tānisi wāpahtaman pimātisiwin*, and stories. I coin this term, *many-eyed*, to acknowledge and voice that people see, feel, and know through many eyes and lenses with integrating a two-eyed seeing methodology, and thus, I believe it is a necessary approach for us as counselling practitioners to use when we walk alongside Indigenous people. It is through our own selves, selves-in-relation, and felt sense that we can bring forth a third-eye, of higher consciousness, to a two-eyed lens practice. It is through us, our eyes, that we can decide to integrate a many-eyed lens. It is not only through our eyes but also through our senses and our bodies that we as counselling practitioners can feel, think, know, and notice, which defines a *many-eyed* approach to doing counselling practice with Indigenous people.

Graveline (2000) defined *self-in-relation* as a way for people to locate themselves within relationships, experiences, families, communities, and interconnections. It begins when people define their cultural-locatedness influenced by self, values, world view or *tānisi wāpahtaman pimātisiwin*, experiences, work, practice, and paradigm (Graveline, 2000). Who am I? What are my ethnicities, social locations, intersecting identities, privileges and/or oppressions, values, cultural practices, spirituality, and self-knowledge? DiVirgilio (2018) shared that a competent therapist engages in self-reflective practices of self-awareness and self-knowledge that thereby enhance the therapeutic relationship or *totātowin/kayeshkimiwew*. As counselling practitioners, we must connect to our roots and look deeply inside ourselves, find our values, listen to our dreams, and explore every stone or deep nook and cranny within, to know ourselves and to acknowledge our connectedness or disconnections. What are our potential stuck points, sticky areas, gauntlets thrown that we must pick up, or barriers that get in our way within the counselling relationship or *totātowin/kayeshkimiwew*? Personal therapy and commitment to personal growth allow for effective counselling processes and the development of self-awareness (Malikiosi-Loizos, 2013). Moreover, self-awareness and self-reflection can be learned and cultivated at a deeper, more spiritual level, moving from cognitive self-exploration to an implicit, insightful third-eye felt sense experience. In fact, many graduate and training programs in counselling implement personal therapy and promote heightened self-awareness to bring

the unconscious to consciousness, as mandatory for counselling professionals (Malikiosi-Loizos, 2013). Self-immersion proactively triggers the processing of anger, sadness, pain, suffering, loss, and disconnection and allows the healer to heal. I believe that triggers can be an opportunity or gift to open, to explore and look at within ourselves, to process, and to release. What are our unconscious hot spots that need to be unpacked and resolved? What are the blocks in our channels that potentially impact the counselling relationship or *totâtowin/kayeshkimiwew* and the healing space? It is our own spiritual journey of healing, strength, resilience, and knowing ourselves that we bring to a *many-eyed* lens.

Helpers and healers must be grounded and committed to a personal and spiritual journey. By understanding and aligning with Indigenous traditional practices, with examples such as the medicine wheel and the seven grandfather teachings of balance and virtues to live by, helpers and healers in counselling practice can work from the heart, thus creating partnerships and healing with Indigenous people (Danto & Walsh, 2017; Kotalik & Martin, 2016; Nabigon & Wenger-Nabigon, 2012; Wesley-Esquimaux & Snowball, 2010). The evolution of personal healing is imperative for healers and therapists who desire to integrate a many-eyed lens and is valuable within Indigenous and Western world views or *tānisi wāpahtaman pimātisiwin*. Practitioners must prepare themselves spiritually, with strength and vision, throughout their own growth and change (Nabigon & Wenger-Nabigon, 2012) and maintain their own spiritual wellness or *miyo-mahcihoyān/miyooayaan* (Moorehead et al., 2015). It is the healer's own journey that provides the space for understanding, knowledge, and cultural connectedness, which enables healing.

Duran (2006) called this healing journey soul work, one that is necessary for the soul wound of unprocessed generational trauma. This soul work is necessary for understanding the space between therapist and client or *otahkosiw/pa balaansii*, which influences the mind, the body, the spirit, and the heart of both individuals bidirectionally (Duran, 2006). Gone (2010) explored Duran's work further, noting heightened transformation for both client or *otahkosiw/pa balaansii* and practitioner within a "therapist-centred" approach in which practitioners do their own work, grounding their selves and their spirituality in a way that provides the necessary healing space. According to Duran, the therapist's role is to guide a centring process through awareness of their own soul's healing. This process creates and allows modelling, a path, and the centring of the journey of a client or *otahkosiw/pa balaansii*. Given that clinicians do bring themselves and all their humanness into the healing process, this process invites compassion, connection, and the healing of the soul wound (Duran, 2006). What is central to soul work is the belief that all humans and forms of life are connected, which further transcends to a collective harmonious and spiritual experience. This is explained further as a re-storying from the psychological to the spiritual and a shift in relationship to the root (Duran, 2006; Gone, 2010). This can be done

through relational, mindful, and grounding practices, when therapists can invite clients or *otahkosiw/pa balaansii* to explore their senses and their safety and to re-author safety experiences (Dupuis-Rossi, 2018). Questions are also guided by curiosity, humility, respect, and non-judgment regarding the client's or *otahkosiw/pa balaansii* conceptualizations of the mind–body–spirit–heart relationship, and this cultivates mutual cultural collaboration and healing (Benning, 2016). This process of self-healing gives practitioners the necessary space to walk alongside others' healing and hope and is a lifelong process of patience, introspection, and counsellor reflexivity (Malikiosi-Loizos, 2013). It is with this awareness, understanding, reflection, critical thought, and bringing in of our own selves that we as counselling practitioners can conceptualize a *many-eyed* lens of integration in practice with Indigenous people.

The Websters and a *Many-Eyed* Lens

It is with much honour, respect, kindness, humility, and heart that I share the story of the Webster family (pseudonyms herein) as an illustration of a many-eyed lens. I hope to provide a voice and a space for the Websters' healing and to do justice with a many-eyed lens in relationship building, Western case conceptualization or *kahkiyaw/kaahkiiyow*, reconciliation, and an impactful ripple-effect of healing. I hope the many-eyed case lens will provide examples of bringing self, self-in-relation, and felt sense within the therapeutic relationship or *totâtowin/kayeshkimiwew* that honour the family, as well as me, in the transformational and healing journey. This story that I tell demonstrates how the many-eyed approach unfolds as I share when my own lens shows up, when the two-eyed focus comes forward, and how the integration and relationship of both creates the many-eyed lens. My hope is to inspire others in practice to see that a many-eyed lens is possible and practical when counselling practitioners walk alongside Indigenous people.

The Webster Family

Frank Webster was a 40-year-old individual of mixed ethnicities (Chinese and Métis ancestry) who used he and him pronouns and was a cisgender male. His two children both identified as male: Jacob, who was 12 years old, and Sam, who was 11. The boys' mother, Lily, was of Cree and Ojibwe descent and had been in and out of the boys' and Frank's lives when she passed away from an overdose a few years earlier. Frank, Jacob, and Sam all live together in a two-bedroom apartment. Jacob was referred by his father, since he was "acting out" at home and refusing to attend school consistently.

As an interim youth and family therapist within a family and community agency supporting Indigenous people, I received the child and youth referral for Jacob and began my many-eyed lens understanding. I read the file, the collateral,

the presenting problem, and the reason for the referral, and I reflected with curiosity upon the story already told. I wondered about what had come up for me, in my “self” lens, in mind, body, spirit, and heart, and I took note of questions regarding resilience, strengths, and struggles that I wanted to explore with the family.

Even before the first session, I prepared to bring my eye and my many-eyed practice forth as I walked alongside the Webster family. With my ongoing awareness of my “self” lens, of my own cultural identities and upbringing, of oppression and privilege, as well as of my healing journey, I took time to reflect, to wonder, to meditate, to get out in nature, to breathe, to connect with loved ones, and to ground myself. Doing so provided me with the space for acknowledging a two-eyed methodology, understanding and self, and the space for the Webster’s family story and healing. I picked out stones or rocks to take into the session when meeting the Websters for the first time, with words written of strength, healing, happiness, and obsidian stones to keep me grounded and connected to my roots, allowing space for myself and others in session. Holding stones reminds me of my healing, my strength, and my resilience and to listen intently. In practice, I align with a strength-based, feedback-informed (Miller et al., 2015), family-narrative approach (Suddeath et al., 2017). My core Western philosophy, although of note, narrative therapy stems from Indigenous world views of storytelling and teachings (Dumaresque et al., 2018), and based on this, I chose to meet and work with the Webster family as the “client” or *otahkosiw/pa balaansii*. With years of experience, I have seen that change happens in relationships and that family sessions often have a larger ripple-effect outside of the session. Sometimes we as counselling practitioners cannot comprehend the magnitude of such healing ripples.

I began the family session by introducing myself as a person of many intersecting identities and as a many-eyed practitioner, which set the stage for a many-eyed practice. I engaged in mutual cultural collaboration as I shared myself as a practitioner and my values of holding multiple voices and creating space to honour theirs. Through multiple lenses in session—my own eye, Western lenses, Indigenous lenses, and felt sense experiences—we explored the family’s culture, world view or *tānisi wāpahtaman pimātisiwin*, values, beliefs, and story, and the process of doing so illustrates a *many-eyed* dialogue of respect, humility, integrity, and connectedness, the agency’s four pillars. We explored how the family members had had struggles and barriers throughout their lives, with a history of child welfare involvement and a history of substance abuse and trauma for both Frank and Lily. There were intergenerational traumas and soul wounds (Duran, 2006) present in both Frank’s and Lily’s extended families. At the time of the appointment, Frank was on employment assistance and was still in post-rehab recovery for addiction, and the family was still grieving the loss of Lily. They did have the support of Frank’s parents, and at times the two boys had lived with them. They had limited economic stability, with low income, and used the bus for transportation to counselling sessions. These factors made me aware of the

power and the privilege present between the Websters and me, and this awareness brought forth the self, self-in-relation, and felt sense lens.

I reached for my stone in session, with the word “strength” written on it, and reminded myself of who I am. I was reminded that standing in solidarity means to have a deep sense of myself and my roots, to share power, to give up privilege, and to use such space for the benefit and voice of others. Noting both understandings of privilege and oppression with experiences, lessons, knowledge, and wisdom received, I took a breath, leaned back in, and revisited the presenting problem with genuine presence and interest. With a many-eyed understanding and lens, we explored Jacob’s “acting out” and deconstructed the stories, values, experiences, and world views or *tānisi wāpahtaman pimātisiwin* that the Webster family held. I conceptualized Western and Indigenous lenses in which a strength-based, family narrative–based approach is the path to deconstructing socio-cultural and intergenerational factors, externalizing the “acting out” and re-authoring stories and narratives (Suddeath et al., 2017). The “acting out” shifted from individual to systemic understandings of grief, loss, sadness, trauma, coping, resilience, strength, and hope. We explored the family’s mental, physical, emotional, and spiritual well-being or *miyo-mahcihoyān/miyooyaana*, through the medicine wheel teachings, given that the family members also identified with these specific Indigenous healing practices, and we made note of strengths and struggles to rebalance the family. Doing so allowed for spirituality and connection. We collaborated on family goals of healthy coping and calming, communication, and emotional processing, and we created expectations and guidance based on re-storied values, healing, and strength. We also acknowledged a simultaneous goal, which was to hold a healing ceremony, since the family had been unable to have closure for Lily.

Through bringing myself and the many-eyed lens approach into the session, I created safety, humility, respect, trust, and space for healing, which is necessary for therapeutic alliance or *tōtātowin/kayeshkimiwew*, Western case conceptualization or *kahkiyaw/kaahkiyow*, and treatment efficacy. Through this process, collaboration and goal setting occurred from a many-eyed lens, honouring a two-eyed methodology of Western and Indigenous world views or *tānisi wāpahtaman pimātisiwin* as well as my own many-eyed lens in practice. For the Webster family, a strength-based, feedback-informed, family-narrative approach, as well as an Indigenous world view or *tānisi wāpahtaman pimātisiwin* and lens, were simultaneously valued and integrated with feedback and voice for problem definition, goals, and strategies to achieve said goals. Through strength-based, feedback-informed, family-narrative approaches (Dumaresque et al., 2018; Miller et al., 2015; Suddeath et al., 2017), we explored the Websters’ values of connection and spirituality, shared their stories of strength and exceptions, and deconstructed socio-cultural and historical colonization. Through an Indigenous lens, we made meaning through stories, the exploration of balancing the medicine wheel, and integrated Indigenous practices of ceremony and the Indigenous

spiritual practice of smudging (Danto & Walsh, 2017). For the Webster family and for me, smudging is a consistent and meaningful Indigenous practice of burning sacred medicines that allows for a release of emotions, feelings, thoughts, prayers, and hopes that are sent to the creator and to ancestors. This is a two-eyed seeing lens integration in practice.

Integration was also guided by the family and by listening to self, self-in-relation, and the felt sense noted. With many goals and many systemic factors for us to consider, integration was thought, sensed, felt, known, and decided by awareness, reflection, mindfulness, presence, congruence, and my heart. It was through this many-eyed lens of integrating a two-eyed methodology and understanding that the Webster family chose to implement a healing circle and closure ceremony for Lily's passing, honouring Cree and Ojibwe traditions (Danto & Walsh, 2017). Through conversation and exploration with Frank's family and with Lily's family, Frank and his sons chose to honour her in a special way. This included choosing a memorable ceremony place, incorporating important protocols of smudging, selecting Lily and the boys' favourite food and drinks as medicine, setting a plate of food for Lily at the ceremony, and offering and sharing food with others passing by and voicing the meaning behind the spiritual family ceremony. For Indigenous people, food is medicine, and often food is provided to a deceased loved one, set out on the table, and then sent back to the land, possibly placed by a tree. For Frank and the boys, this acknowledgement and ceremony allowed for the closure they needed and allowed healing to begin. It was with a many-eyed lens that I explored, unpacked, and understood the familial, systemic, cultural, historical, and intergenerational factors from a Western, Indigenous, and felt sense approach, that collaboration, reconciliation, rippling, healing, and hope occurred. Viewing the Websters' presenting problems with improving communication, relationships, and family life through a many-eyed lens allowed for collaborative and holistic case conceptualization or *kahkiyaw/kaahkiyyow* created with the Webster family. My being present, mindful, and congruent while I integrated a many-eyed methodology resulted in healing, connectedness, and hope occurring for the Webster family, and a new connected family story of strength and hope was reimagined with the family members, which created everlasting ripples.

Conclusion

If our hope and passion as counselling practitioners is to make a genuine difference in the life of another, we must find creative, innovative, and heartfelt ways to walk alongside them. As a self-described many-earth walker, I wholeheartedly embrace a position of curiosity, a not-knowing stance, and I realize with humility that the more knowledge I gain, the less I seem to have. What I do know from my mixed ancestry and from years of experience walking alongside others is that in genuinely honouring a person and healing, we as counselling practitioners must acknowledge, value, and honour another's "eye." So, it makes sense to me that a

many-eyed lens in practice—one that honours Western and Indigenous world views as well as the self in all its identities—is necessary and vital for counselling practitioners who walk alongside Indigenous people, not only as a call for reconciliation as an ethical imperative but also for wholeheartedly acknowledging the connectivity of it all: the heart of life.

This work is truly not for the faint of heart. It is with our hearts that we find ways to connect with others and to walk gently alongside them. Really connecting with others and their hearts, at a genuine implicit level, creates a spiritual connection. The many-eyed lens allows for such a connection by honouring a two-eyed methodology—moreover, spirituality—in process and in outcome. With this, felt sense emerges and a heart sense is experienced. We must do our own healing for a deep, implicit connection to walk alongside others in transformational change and healing. This is compulsory for counselling practitioners to bring the self within a two-eyed understanding and to walk their talk. So, I offer these suggestions so that readers and counselling professionals can find ways to become a many-eyed walker: write your own personal cultural story, life-changing experiences, privilege and/or oppression, socio-cultural impacts, and journal your feelings, sensations, strengths and struggles for growth, healing, and ultimately, to heal others. Immerse yourselves in cultures and learn, with respect, traditional healing methods, naming and honouring the methods you have been taught and have received. Understand your own medicine wheel of balance and cultivate it. Find your grounding stones, techniques, and connection to roots. My hope is that I have inspired others in innovative ways to make their own many-eyed lens as an honour in walking alongside Indigenous people and others in reconciliation, rippling, healing, and hope.

References

- Abu, R., Reed, M. G., & Jardine, T. D. (2020). Using two-eyed seeing to bridge Western science and Indigenous knowledge systems and understand long-term change in the Saskatchewan River Delta, Canada. *International Journal of Water Resources Development*, 36(5), 757–776. <https://doi.org/10.1080/07900627.2018.1558050>
- Auger, M., Howell, T., & Gomes, T. (2016). Moving toward holistic wellness, empowerment and self-determination for Indigenous peoples in Canada: Can traditional Indigenous health care practices increase ownership over health and health care decisions? *Canadian Journal of Public Health*, 107, e393–e398. <https://doi.org/10.17269/CJPH.107.5366>
- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together Indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2(4), 331–340. <https://doi.org/10.1007/s13412-012-0086-8>
- Benning, T. (2016). Envisioning deep collaboration between psychiatry and traditional ways of knowing in a British Columbia First Nations setting: A personal reflection. *Fourth World Journal*, 15(1), 55–64. <https://www.cwis.org/fwj/volume-15-number-1/>

- Bojuwoye, O., & Sodi, T. (2010). Challenges and opportunities to integrating traditional healing into counselling and psychotherapy. *Counselling Psychology Quarterly*, 23(3), 283–296. <https://doi.org/10.1080/09515070.2010.505750>
- Canadian Counselling and Psychotherapy Association. (2020). *CCPA code of ethics*. <https://www.ccpa-accp.ca/2020-code-of-ethics/>
- Christopher, J. C., Christopher, S. E., Dunnagan, T., & Schure, M. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology*, 46(4), 494–509. <https://doi.org/10.1177/0022167806290215>
- City of Melbourne. (n.d.). *Aboriginal Melbourne*. <https://www.melbourne.vic.gov.au/about-melbourne/melbourne-profile/aboriginal-culture/Pages/aboriginal-culture.aspx>
- Crowe-Salazar, N. (2007). Exploring the experiences of an elder, a psychologist and a psychiatrist: How can traditional practices and healers complement existing practices in mental health? *First Peoples Child and Family Review*, 3(4), 83–95. <https://doi.org/10.7202/1069378ar>
- Danto, D., & Walsh, R. (2017). Mental health perceptions and practices of a Cree community in northern Ontario: A qualitative study. *International Journal of Mental Health and Addiction*, 15(4), 725–737. <https://doi.org/10.1007/s11469-017-9791-6>
- DiVirgilio, N. (2018). Therapist, know thyself: Self-reflective practice through autoethnography [Unpublished clinical research paper]. St. Catherine University. https://sophia.stkate.edu/msw_papers/840
- Drost, J. L. (2019). Developing the alliances to expand traditional Indigenous healing practices within Alberta health services. *Journal of Alternative and Complementary Medicine*, 25(S1), S69–S77. <https://doi.org/10.1089/acm.2018.0387>
- Dumaresque, R., Thorton, T., Glaser, D., & Lawrence, A. (2018). Politicized narrative therapy: A reckoning and a call to action. *Canadian Social Work Review*, 35(1), 109–129. <https://doi.org/10.7202/1051105ar>
- Dupuis-Rossi, R. (2018). Indigenous historical trauma: A decolonizing therapeutic framework for Indigenous counsellors working with Indigenous clients. In S. Collins (Ed.), *Embracing cultural responsiveness and social justice: Re-shaping professional identity in counselling psychology* (pp. 269–298). Counselling Concepts.
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other Native peoples*. Teachers College Press.
- Ermine, W., Sinclair, R., & Jeffery, B. (2004). *The ethics of research involving Indigenous peoples*. Indigenous Peoples' Health Research Centre. <https://www.fnuniv.ca/academic/indigenous-peoples-health-research-centre/>
- Fiedeldey-Van Dijk, C., Rowan, M., Dell, C., Mushquash, C., Hopkins, C., Fornssler, B., Hall, L., Mykota, D., Farag, M., & Shea, B. (2017). Honoring Indigenous culture-as-intervention: Development and validity of the Native Wellness Assessment. *Journal of Ethnicity in Substance Abuse*, 16(2), 181–218. <https://doi.org/10.1080/15332640.2015.1119774>
- Fijal, D., & Beagan, B. L. (2019). Indigenous perspectives on health: Integration with a Canadian model of practice. *Canadian Journal of Occupational Therapy*, 86(3), 220–231. <https://doi.org/10.1177%2F0008417419832284>
- First Nations Health Authority. (n.d.). *First Nations perspective on health and wellness*. <https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness>

- Gabriel Dumont Institute of Native Studies and Applied Research. (n.d.). *Michif words*. Virtual Museum of Métis History and Culture. https://www.metismuseum.ca/michif_dictionary.php?c=2
- Geller, S. M., Greenberg, L. S., & Watson, J. C. (2010). Therapist and client perceptions of therapeutic presence: The development of a measure. *Psychotherapy Research*, 20(5), 599–610. <https://doi.org/10.1080/10503307.2010.495957>
- Gendlin, E. T., Beebe, J., III, Cassens, J., Klein, M., & Oberlander, M. (1968). Focusing ability in psychotherapy personality, and creativity. In J. M. Shlein (Ed.), *Research in psychotherapy* (pp. 217–241). American Psychological Association. <https://doi.org/10.1037/10546-012>
- Gone, J. P. (2010). Psychotherapy and traditional healing for American Indians: Exploring the prospects for therapeutic integration. *Counseling Psychologist*, 38(2), 166–235. <https://doi.org/10.1177/0011000008330831>
- Graham, H., & Martin, S. (2016). Narrative descriptions of miyo-mahcihoiyān (physical, emotional, mental, and spiritual well-being) from a contemporary néhiyawak (Plains Cree) perspective. *International Journal of Mental Health Systems*, 10, Article 58. <https://doi.org/10.1186/s13033-016-0086-2>
- Graveline, F. J. (2000). Circle as methodology: Enacting an Aboriginal paradigm. *International Journal of Qualitative Studies in Education*, 13(4), 361–370. <https://doi.org/10.1080/095183900413304>
- Haig-Brown, C. (2010). Indigenous thought, appropriation, and non-Aboriginal people. *Canadian Journal of Education*, 33(4), 925–950. <https://www.jstor.org/stable/canajeducrevucan.33.4.925>
- Hanson, E., Gamez, D., & Manuel, A. (2020). *The residential school system*. Indigenous Foundations. <https://indigenousfoundations.arts.ubc.ca/residential-school-system-2020/>
- Hulitan Family & Community Services Society. (n.d.). *Acknowledgments*. <https://www.hulitan.ca/acknowledgments/>
- Indigenous Perspectives Society. (n.d.). *Territorial acknowledgement*. <https://ipsociety.ca/about/territorial-acknowledgement/>
- Institute for Integrative Science & Health. (n.d.). *Two-eyed seeing*. <http://www.integrativescience.ca/Principles/TwoEyedSeeing>
- Iwama, M., Marshall, M., Marshall, A., & Bartlett, C. (2009). Two-eyed seeing and the language of healing in community-based research. *Canadian Journal of Native Education*, 32(2), 3–23. <https://doi.org/10.14288/cjne.v32i2.196493>
- Kirmayer, L. J. (2015). Mindfulness in cultural context. *Transcultural Psychiatry*, 52(4), 447–469. <https://doi.org/10.1177/136346151559>
- Kotalik, J., & Martin, G. (2016). Aboriginal health care and bioethics: A reflection on the teaching of the seven grandfathers. *American Journal of Bioethics*, 16(5), 38–43. <https://doi.org/10.1080/15265161.2016.1159749>
- Llewellyn, J. J. (2002). Dealing with the legacy of Native residential school abuse in Canada: Litigation, ADR, and restorative justice. *University of Toronto Law Journal*, 52(3), 253–300. <https://doi.org/10.2307/825996>
- Malikiosi-Loizos, M. (2013). Personal therapy for future therapists: Reflections on a still debated issue. *European Journal of Counselling Psychology*, 2(1), 33–50. <https://doi.org/10.23668/psycharchives.1998>
- Marsh, T. N., Coholic, D., Cote-Meek, S., & Najavits, L. M. (2015). Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in northeastern Ontario, Canada. *Harm Reduction Journal*, 12, Article 14. <https://doi.org/10.1186/s12954-015-0046-1>

- Marsh, T. N., Cote-Meek, S., Young, N. L., Najavits, L. M., & Toulouse, P. (2016). Indigenous healing and seeking safety: A blended implementation project for intergenerational trauma and substance use disorders. *International Indigenous Policy Journal*, 7(2), 1–35. <https://doi.org/10.18584/iipj.2016.7.2.3>
- Martin, D. H. (2012). Two-eyed seeing: A framework for understanding Indigenous and non-Indigenous approaches to Indigenous health research. *Canadian Journal of Nursing Research*, 44(2), 20–42. <https://cjunr.archive.mcgill.ca/article/view/2348>
- Miller, S. D., Hubble, M. A., Chow, D., & Seidel, J. (2015). Beyond measures and monitoring: Realizing the potential of feedback-informed treatment. *Psychotherapy*, 52(4), 449–457. <https://doi.org/10.1037/pst0000031>
- Moorehead, V. D., Jr., Gone, J. P., & December, D. (2015). A gathering of Native American healers: Exploring the interface of Indigenous tradition and professional practice. *American Journal of Community Psychology*, 56(3–4), 383–394. <https://doi.org/10.1007/s10464-015-9747-6>
- Nabigon, H., & Wenger-Nabigon, A. (2012). “Wise practices”: Integrating traditional teachings with mainstream treatment approaches. *Native Social Work Journal*, 8, 43–55.
- Online Cree Dictionary. (n.d.). <https://www.creedictionary.com>
- Oulanova, O., & Moodley, R. (2010). Navigating two worlds: Experiences of counsellors who integrate Aboriginal traditional healing practices. *Canadian Journal of Counselling and Psychotherapy*, 44(4), 346–352. <https://cjc-rcc.ucalgary.ca/article/view/58946>
- Peace, P., & Smith-Adcock, S. (2018). A conceptual framework for felt-sense awareness in counselor preparation. *Journal of Humanistic Counseling*, 57(3), 208–222. <https://doi.org/10.1002/johc.12083>
- Peltier, C. (2018). An application of two-eyed seeing: Indigenous research methods with participatory action research. *International Journal of Qualitative Methods*, 17(1), 1–12. <https://doi.org/10.1177/1609406918812346>
- Province of British Columbia and First Nations in British Columbia (n.d.). *Joint agenda: Implementing the commitment document: Shared vision, guiding principles, goals and objectives*. https://news.gov.bc.ca/files/BC_FNLC_Vision.pdf
- Rahman, A., Clarke, M. A., & Byrne, S. (2017). The art of breaking people down: The British colonial model in Ireland and Canada. *Peace Research*, 49(2), 15–38. <https://www.jstor.org/stable/44779905>
- Richardson, S., & Williams, T. (2007). Why is cultural safety essential in health care? *Medicine and Law*, 26(4), 699–707.
- Rosin, J. (2015). The necessity of counselor individuation for fostering reflective practice. *Journal of Counseling and Development*, 93(1), 88–95. <https://doi.org/10.1002/j.1556-6676.2015.00184.x>
- Rowett, J. L. (2018). Etuaptmunk: A research approach and a way of being. *Antistasis*, 8(1), 54–62. <https://journals.lib.unb.ca/index.php/antistasis/article/view/25740>
- Suddeath, E. G., Kerwin, A. K., & Dugger, S. M. (2017). Narrative family therapy: Practical techniques for more effective work with couples and families. *Journal of Mental Health Counseling*, 39(2), 116–131. <https://doi.org/10.17744/mehc.39.2.03>
- Sun, J. (2014). Mindfulness in context: A historical discourse analysis. *Contemporary Buddhism*, 15(2), 394–415. <https://doi.org/10.1080/14639947.2014.978088>
- Truth and Reconciliation Commission of Canada. (2015). *Calls to action*. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf

Wesley-Esquimaux, C. C., & Snowball, A. (2010). Viewing violence, mental illness and addiction through a wise practices lens. *International Journal of Mental Health and Addiction*, 8(2), 390–407. <https://doi.org/10.1007/s11469-009-9265-6>

About the Author

Theresa Kauffman is a registered clinical counsellor with the BC Association of Clinical Counsellors (BCACC) at MHSU Discovery Youth and Family Services, Island Health, as well as Hulitan Family and Community Services Society in Victoria, British Columbia, and the First Nations Health Authority (FHNA) in Canada. She has been a youth and family clinical counsellor for almost 20 years, and her work has focused on mental health, substance use, and complex trauma with children, youth, families, and Indigenous communities. Her passion is to walk alongside youth and families in change, healing, hope, and reconciliation and to make a genuine difference in the lives of others by creating everlasting ripples.

A special thank-you to Dr. Patricia A. Kostouros, a long-time practitioner, professor, researcher, advocate, and cherished mentor, for gifting your time, guidance, and heart, my eldest daughter, Kaydence for cementing the heart of the article, connection, and to Hulitan Family and Community Services Society for honouring connection, culture, healing for the healer, and for always welcoming us home. My hope is to honour all the voices, hearts, and stories that have been silenced, especially the Indigenous children, youth, and community voices, that I have had the absolute pleasure and honour to walk alongside. Lastly, thank you to the loves of my life: my husband, Brent, and Makena, Kane, Kaydence, and Jacksonn, who always make me believe in connection, love, and hope.

Correspondence concerning this article should be addressed to Theresa Kauffman, Hulitan Family and Community Services Society, Station Avenue #104, Victoria, BC, Canada, V9B 5R5. Email: bt7kauffman@hotmail.com