

“You Have to Deconstruct Narrative Just Like Narrative Therapy Deconstructs People’s  
Problems”: Exploring Critical Anticolonial Narrative Therapy with Sexualized Violence

Practitioners

by

Alina Reed

BA, Douglas College, 2016

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

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## Abstract

This qualitative study draws on intersectionality, antiracism, and anticolonialism to unpack the long history of colonial violence in the mental health and social service fields, such as counselling, victim services, social work, and child and youth care. In addition, this thesis explores and interrogates the use of narrative therapy by white and Indigenous sexualized violence practitioners who work specifically with Indigenous girls and women. Narrative therapy is a non-individualistic and non-pathologizing approach that has shown potential with Indigenous girls and women. However, while it holds promise, how sexualized violence practitioners interact with narrative therapy and critical frameworks is less known.

In this study, experienced practitioners were asked how they draw on narrative therapy and critical frameworks, how they grapple with narrative therapy's complicity in colonial violence, and how they resist, contest, and reproduce colonial violence in their own practice. Three themes emerged from the interviews: (1) narrative therapy as useful but not enough; (2) deconstructing and unsettling narrative therapy; and (3) smuggling practices and double practice. Discussion of these themes demonstrates and explores the complex and multifaceted issues practitioners are engaging with in their practice and suggests great promise for a future narrative therapy that involves critical frameworks and attends to body, ethics, accountability, and ongoing colonial violence.

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## Acknowledgments

I currently live on, and conducted my research on, the lək'wəḡən and WSÁNEĆ peoples' traditional and ancestral lands, which were never surrendered, and of which they are the original caretakers. I honour and acknowledge the ongoing resistance of First Peoples in the face of colonial violence and displacement, from which I benefit daily, for example, by living and gaining graduate education from an institution that occupies stolen lands, by having access to healthcare without discrimination, and by not experiencing the systemic racism that Indigenous people are subjected to. I also acknowledge the violence, displacement, and resistance that are so closely connected to sexualized violence against Indigenous women and girls (Clark, 2016a, 2016b; Kuokkanen, 2008; Savarese; 2017).

In writing this thesis, I sat with the tension between being another white settler writing about colonial violence against Indigenous people and the harm it inflicts, and believing that it is necessary for white settlers to play an active role in remembering, naming and contesting this violence. To exclude these issues from my thesis is to silence both the violence and the resistance to it. While my intention is not to speak for or cause more harm by addressing colonial violence, I still risk contributing to what Natalie Clark (2016b) refers to as the “shock and awe” campaign against Indigenous peoples (p. 3). Clark states that ongoing colonization happens as the “trauma discourse, [and] policies and practices . . . perpetuate statistics of horror and shock in order to justify child protection intervention and ongoing colonial control and intervention” (p. 3). Similarly, Mary Eberts (2017) stresses that narratives around Indigenous girls and women living a “high-risk lifestyle” lead to blame and the individualization of “bad decisions” (p. 71). To readers who have personal experiences with colonial violence and racism, I want to extend my apologies that my writing may be a form of violence on you.

I extend my deep gratitude to Dr. Mandeep Kaur Mucina, whose dedication to me during my thesis journey does not go unnoticed. You have inspired me and challenged me in ways that I couldn't have imagined when my journey began. Your commitment to marginalized communities reflects clear ethics of justice-doing (Reynolds, 2010b, 2012a, 2012b) that I strive to embody, and I am excited for what our future might hold. Thank you immensely for your patience and creativity in supporting my thesis completion. It gives me hope that CYC can continue to push colonial standards of academia.

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My intention in this thesis is not to focus on or critique individual practitioners, but rather to interrogate the frameworks and systems that shape mental health and social services practice,

often in concealed ways. These fields are rooted in white supremacy and systems of power, and I believe it is difficult for practitioners to fully interrogate and dismantle white supremacy within them because it is purposely woven throughout our education, regulatory bodies, codes of ethics, counselling theories, policies, procedures, and spaces—which all take place on stolen lands. However, I want to acknowledge the resistance of Indigenous, Black, and racialized practitioners who do not see white supremacy in our field as hidden but as very much visible through their daily experiences of violence and racism. I also want to acknowledge white settler practitioners who are committed to antiracism and anticolonial work in their personal and professional spaces and who challenge the deep legacy of white supremacy in our field, while recognizing that there is no way for us to fully understand the magnitude and impacts of racism.

Finally, the work in this thesis stands on the shoulders of many practitioners, scholars, mentors, and knowledge keepers who are Black, Indigenous and People of Color who have been writing about, advocating for, and building community around these issues for decades, some of whom are cited in this thesis and others who are not. The fact that my positionality, privilege, and influence in practice and academia bolster their voices “is related to the very forces of oppression that are taken up in this work (Dupuis-Rossi & Reynolds, 2018, p. 294). I chose to use my privilege—and my voice, which is likely to be taken seriously due to this privilege—to purposefully seek out those writers who have made their stories public for the purpose of sharing with others, and to use my platform to shine a light on those whose work/writing tends not to be cited in academia. More importantly, my work also stands on the shoulders of the Indigenous young people who have graciously allowed me to walk alongside them in their journey to (re)locate their points of power and acts of resistance in this colonial space called “the helping field.”

## Researcher Location

To outline one's self-location and epistemological views is to own who or what one represents and, consequently, to expose what one does not represent. In other words, "to locate is to make a claim about who you are and where you come from, your investment and your intent. To put yourself forward means to say who you are, give yourself voice, and claim your position" (Absolon & Willett, 2005, p. 112). Thus, I situate myself and then explore the politics of researcher location.

### Situating Myself

I identify as a white settler and occupier with Irish, English, and Swedish ancestry. On my father's side I am Irish and English with a long history of ancestral occupation in Canada. As far as I can trace, some of my ancestors go back at least eight generations (early-mid 1700s). While my ancestors first settled on the east coast, they slowly moved to the west coast. My great-grandfather was given "free" land in Mission, British Columbia, land that was appropriated on his behalf after a Japanese family was forcibly removed by the government during the Japanese Canadian internment in World War II.<sup>1</sup> This is one of many ways my family benefitted from, and continues to benefit from, colonization and racist governmental policies that serve white supremacy. I was born in Calgary, Alberta, on Treaty 7 Territory, and moved with my parents when I was two years old to x<sup>w</sup>məθkwəyám (Musqueam), Sk̓wx̓wú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tseil-Waututh) territories that were never surrendered. When I was eight years old, I moved to Sweden with my immediate family.

---

<sup>1</sup> Twenty-two-thousand Japanese Canadians were removed from their homes and put into internment camps or forced back to Japan in the name of national security (Oikawa, 2002).

On my mother's side, I am Swedish. My mother came to Canada from Sweden as a young adult and married my father. As mentioned, when I was eight years old, my family and I moved to Sweden where I lived until I was 22 years old. I grew up in a small, very white town in the very southern part of Sweden. My municipality was governed by conservative-liberal politics, and the racist policies in place made it (purposely) difficult for immigrants (often racialized) to find housing, live, and work there. For most of my childhood and early adulthood, I was surrounded by white Swedish people and knew very little, if anything, about the history of colonization in both Sweden and Canada. I bought into the romanticized narratives around Canada being open and multicultural and Sweden being a safe haven for refugees and immigrants.

When I moved back to Canada, I lived in a variety of places on the x<sup>w</sup>məθkwəyəm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) territories, and most recently lived and went to postsecondary school on the ancestral traditional homelands of the Kwikwetlem First Nation (Coquitlam). I currently live on, and conducted my research on, the Lkwungen and WSÁNEĆ peoples' traditional and ancestral lands that were never surrendered, and of which they are the original caretakers.

I write as a middle-class, able-bodied, heterosexual, cisgender woman with a high level of mainstream education that is rewarded and seen as “legitimate” in our society. I name these social locations to make visible the places and spaces where I have privilege, and by doing so, I make visible where I can use these privileges, both theoretically and practically, first and foremost to challenge white practitioners to unsettle our own systems and practices that often harm Black, Indigenous, and racialized people, whose social locations interlock with oppression in different ways than our own. My privileges afford me many safe spaces and protect me in

many ways, and I have not experienced the same degree of violence and oppression that others may have. I therefore have many blinders in doing this research and I have limited knowledge of others' deep embodied understanding of colonial violence—and their ongoing *resistance* against this violence. I locate myself as an attempt to keep myself accountable in this thesis, knowing that the ideas I explore in this space were learned off the backs of others in often violent ways (Everett et al., 2013). This knowledge has created a sense of responsibility to speak back to colonial violence and create circles of anticolonial practice with other white practitioners.

### **The Politics of Location**

Self-location is a political act that reveals and can mitigate Euro-Western ethnocentrism. It can also simply recenter an empty performance of whiteness (S. de Finney, personal communication, May 17, 2020). Yet, it is important for authors to locate themselves to make visible their connection, difference, intention, historical context, accountability, and responsibility to their research or knowledge production (Absolon & Willett, 2005; herising, 2005). Anishinabe author Kathy Absolon and Cree/Irish/British author Cam Willett write about how self-location, by researchers and those contributing to knowledge creation, is a practice that promotes accountability, ownership, and responsibility. They point out that self-location is an “essential” part of research, saying that while it is often Indigenous authors who locate themselves, it can be useful for “all researchers who see their position, history, and/or experiences as pivotal to their research process” (2005, p. 97). Fairn herising (2005) similarly argues that in critical research practice, interrogating and challenging power, privilege, and authority is vital in order to do research politically and ethically. They refer to these acts as the “politics of location” and stress that researchers must attend to “intersecting trajectories of power, authority, identity, difference, subjectivity, agency, dissent, resistance, and suspicion” (p.

127); this includes attending to multiple histories in what is colonially called Canada, and tracing meaning making, ways of knowing, and power. If researchers do not engage in political self-location that takes history and context into account, then we depoliticize history. Herising further highlights that self-location is an active political engagement and thus entails more than simply listing off a variety of identities (which can result in homogenizing and universalizing ideas of identity). They also caution that attending to the politics of location does not mean the research is necessarily “better” (p. 131).

When I began the literature review for this research, I found myself frustrated by the lack researchers use of self-location in many of the books and articles I read. When authors did locate themselves, they were almost always Indigenous, Black, and racialized authors. White authors not locating themselves in their work centers and reinforces whiteness while also allowing it to seem invisible. In Western society, for example in media, the government, and in social services, whiteness is made to *seem* neutral and a universal experience; when a white person is referred to in literature, their race is not often mentioned. Racialized people always seem to be seen by their race first. White scholar Robin DiAngelo (2018) writes about how white authors are often seen as “just authors,” while authors who are, for example, Black or Indigenous, are often located in their writing as such, and thus not as “just authors.” This, DiAngelo writes, “allows white (male) writers to be seen as not having an agenda or any particular perspective, while racialized (and gendered) writers do” (p. 57).

Taking this into consideration, I choose to locate authors in this thesis as they locate themselves, if this information is accessible in either their writing or in professional online spaces. Locating authors makes visible what Absolon and Willett (2005) and Herising (2005) outline around the politics of self-location, and as an act of resistance to the invisibility of white

supremacy in writing. However, if the information is not accessible, I choose not to locate authors based on how they are “read” in society as a way to resist colonial ways of visually categorizing and essentializing people; further, I do not have the right to claim and define other people’s identities or locations.

### **Final Thoughts on Location**

I have struggled deeply with my desire to be one of the so-called good woke white people (DiAngelo, 2018). As I self-locate and reflect, I am consciously and continuously resisting, sometimes glaringly and sometimes sneakily, feelings and beliefs that are what Indigenous scholar Eve Tuck of the Unangax peoples and her colleague Wayne Yang (2012) call “settler moves to innocence” that try to alleviate the settler of “feelings of guilt or responsibility [around colonization]” (p. 10). Other scholars have highlighted similar concepts; for example, Sherene Razack (2002) refers to “white settler innocence” as the idea that settlers “merely settled and developed the land” (p. 5) without acknowledgement or awareness of historical and ongoing colonial violence, and she and her coauthor Mary Louise Fellows (Fellows & Razack, 1998) refer to a “race to innocence” (p. 335) when women perceive and claim their experiences of gender oppression as most important and deny that they are contributing to other women’s and gender fluid people’s oppression. I draw on these frameworks throughout this thesis.

## Notes on Language

In my research, I have struggled to reconcile my use of language and terminology. Because language and its meanings are constructed through power relations and politics, are constantly shifting, and are usually contested (hooks, 1989; Tatum, 2017), I would like to explain my use of certain terms I use in the thesis to attend to some of the problematics and reasoning around this language.

**Indigenous.** I recognize that all First Peoples have names and terminology for themselves, their territories, and their practices that I do not adequately capture in my writing. I use the term *Indigenous* to refer to the First Nations, Métis, and Inuit peoples (status and nonstatus) who are the original peoples of North America and who have both distinct histories, ontologies, and experiences with colonization and a shared colonial history that goes beyond politically constructed borders. Indigenous, however, is an English-language, colonial term that “encompasses hundreds of distinct Indigenous Peoples, or Nations, who have their own political organizations, economies, cultures, languages, and territories” (National Inquiry, 2019a, p. 59). Using the term erases these unique perspectives, traditions, and ways of knowing and being. However, I use it in the thesis for practical reasons. Other terms, such as Aboriginal, Native, Native American, and Indian are only used when I am quoting literature or my research participants.

**Settler / white settler.** The term settler is debated in many academic spaces (e.g., Lawrence & Dua, 2005; Lowman & Barker, 2015; Sharma & Wright, 2008) and has different meanings to different people. *Settler* has been used to describe non-Indigenous people who have migrated to Canada and who benefit from the Canadian colonial project. The term is valuable because it highlights that settlement and colonization are not historical but ongoing (Vowel,

2016). It also calls for some form of responsibility from settlers. However, Métis writer Chelsea Vowel points out that the term tends to hide the complexity of how colonialism created conditions where people need to migrate, including during the early settlement period in Canada when poor Europeans immigrated in vast numbers. Vowel asserts that the term “is a relational term, rather than a racial category” (p. 16), which allows for some fluidity and complexity. Who is considered a settler, then?

Scholars Bonita Lawrence (Mi'kmaw) and Enakshi Dua (India) argue that “people of color live on land that is appropriated and contested, where Aboriginal peoples are denied nationhood and access to their own lands” (2005, p. 134); therefore, in their opinion, they are settlers. They argue that to not consider people of colour as settlers romanticizes Canada’s global narrative as being multicultural and erases any responsibility people of colour have in benefitting from living on stolen lands. In their article, however, they do not identify whether they categorize Black people in their definition of people of colour. Nandita Sharma and Cynthia Wright (2008), as well as Vowel (2016), contend that Black people who have come to North America in often violent ways through, for example, slavery, did not come by choice; these scholars argue that “settling” requires choice and agency. Similarly, Black professor Ashley Marshall expressed in an article called “Who Is a Settler, According to Indigenous and Black Scholars,” written by Jamaican writer Ashleigh-Rae Thomas, “the language that I prefer is ‘stolen people on stolen land.’ I’m not a settler. I’m actually a member of a diaspora that is here against their will” (2019, para. 13). While some immigrants may state that they did not come to North America by choice due to poverty or other awful situations, many racialized immigrants became indoctrinated and convinced that their only way to survive and thrive is to integrate into the continent’s white nation-building project.

The complexity of the term settler is further highlighted by scholars Sherene Razack, Malinda Smith, and Sunera Thobani (2010), who identify as women of colour. They discuss how non-Indigenous women of colour have to navigate their own histories of colonization and colonial violence while also being on stolen lands where Indigenous people “bear the ongoing violence of dispossession on their bodies . . . as [women of colour] struggle to understand [their] own oppression as well as [their] relatively increased access to social power” (p. 2).

In this thesis, I purposely use the terms *white settler* and *white* interchangeably to refer to settlers with European ancestry. I do this to call attention to the responsibility and history white settlers have in the colonial project, and to the fact that they benefit most from the “white settler state” (Coulthard, 2014, p. 8; Razack, 2000a, p. 155). White settler scholar Scott Morgensen (2014) proposes that the term white settler “suggest[s] a potential tactic in current discussions to illuminate the power relations producing white settlers, our [white settlers’] investments in the singular term ‘settler,’ and how our use of that term can reinforce rather than challenge our power” (para. 6). Thus, I use the term white settler to highlight responsibility and invite accountability and critical analysis for myself, in my research, and for other white settler practitioners. By doing so, I also recognize that by making whiteness visible throughout this thesis, I am simultaneously centering whiteness (DiAngelo, 2018), and this tension I want to make visible. I choose not to claim who should, and should not, be called a settler. Thus, I use the term settler when it is used in the literature, and I use white settler when I specifically speak about white people.

**Whiteness.** White author Paul Kivel (2017) defines whiteness as an ideology, a concept, and a shifting boundary that structures who benefits from white supremacy and racism, and who experiences exploitation and violence due to not fitting within whiteness. Sara Ahmed (2007)

describes whiteness as “an ongoing and unfinished history, which orientates bodies in specific directions, affecting how they ‘take up’ space” (p. 150). Likewise, Donna Jeffery (2015) states that whiteness is a “set of locations that are historically, socially, politically, and culturally produced and are fundamentally linked to relations of domination” (p. 52). Whiteness and the white-person category are constructs that have shifted historically and continue to change in society (DiAngelo, 2018; Kivel, 2017). In Ahmed’s (2007) terms, bodies are shaped by colonialism and whiteness, which makes the world “‘ready’ for certain kinds of bodies” (p. 153). The way whiteness is constructed and reinforced as the norm allows it to be—and stay—invisible (often to white people) while being visible to many who are racialized. (For a more in-depth exploration of racial identity development, see, for example, Black scholar Beverly Daniel Tatum [2017] and DiAngelo [2018]).

**White supremacy.** DiAngelo (2018) describes white supremacy as “an overarching political, economic, and social system of domination . . . [that] is circulated globally” (p. 29); she considers it to be a “useful term to capture the all-encompassing centrality and assumed superiority of people defined and perceived as white and the practices based on this assumption” (pp. 28–29). White supremacy has shaped Western political and social policies, laws, and health services, to name a few, which is discussed and challenged now in some academic and social-service spaces. These challenges have been reiterated in the Truth and Reconciliation Commission of Canada’s (2015a) calls to action that demand that Canada as a settler state step up and fully implement these vital calls in all levels of society and government. Although the existence of white supremacy is relatively recent within some white settlers’ understanding, many BIPOC (Black, Indigenous, People of Colour), trans, and nonbinary folks have known and resisted it for centuries. In other words, anyone who does not fit the white norm cannot deviate

from it without being policed, controlled, and punished (DiAngelo, 2018). Understanding then, that social services are rooted in white supremacy is vital in order to understand how this field is used as a means of policing, punishment and control (Richardson & Reynolds, 2014), and to maintain and reinforce interlocking hierarchies that protect the white nation.

**Racialized.** With the understanding that identity politics are highly debated and complex and that there are no terms without limitations, I draw on Black scholar Beverly-Jean Daniel's (2019) writing and use the term *racialized* in this thesis to refer to people who do not fit under the terms *Indigenous*, *Black*, or *white settler*. Specifically, Daniel refers to people who are "negatively racialized" (p. 23) to denote the social construct of race that imposes negative racial markers. Daniel further states that "whiteness is also a marker of race; however, it is typically imbued with 'positive' racial characteristics such as beauty, intelligence, power, etc." (Daniel, 2019, p. 24). Although Daniel specifies negative and positive racialization, in this thesis I use the term racialized when referring to negatively racialized people and, as mentioned before, I use the term white settlers to refer to those who are positively racialized as white. I acknowledge that these labels I use risk becoming fixed categories that do not leave much room for those who identify as "both" and/or as "in the middle", and to acknowledge that Indigenous and Black people are also negatively racialized. Although I name the important limitation of fixed categories, none of my research participants identified as having mixed ancestry; therefore, I do not engage with this limitation further in this study.

**Girls and women.** Prior to colonization, many Indigenous cultures had their own distinct, fluid, nonhierarchical ideas around gender identity and roles in families and communities (Hunt, 2016), including recognition of 2-Spirit and gender nonconforming people. According to Maliseet/Ojibway scholar Sandrina de Finney (2014), Kwagw'ł scholar Sarah Hunt (2016), and

Indigenous Foundations (2009), colonization produced gender binaries rooted in white cis-heteropatriarchy, as well as racialized binaries such as white as civilized and Indigenous as “savage Others.” Gender binaries were forced onto many Indigenous communities through tactics of colonization, including policies, laws, and the dehumanization, objectification and sexualization of Indigenous women (this is further explored in Chapter 2). The violence of imposed gender binaries further “aimed to erase and exclude 2SLGBTQQIA identities and cultural roles” (National Inquiry, 2019a, p. 448), which continues today. In this thesis, I use the terms *self-identified girls and women*, or just girls and women, depending on what the literature states. While doing this means I uphold the colonial gender binary, I do so with the underlying assumption that gender is “not simply a matter of First Nations people who identify as men versus those who identify as women, but rather [is] another site where settler colonialism effectively operates through heteropatriarchy” (Arvin et al., 2013, p. 22). In other words, violence against Indigenous girls and women is often conceptualized in relation to colonial concepts such as “heterosexuality and their relation to Western archetypes of womanhood and femininity” (Cervantes-Altamirano, 2015, p. 8).

The English language confines us in expressing fluidity within constructs and concepts, particularly when these constructs have been the product of systemic forces and (re)enforced by those in power. Like de Finney and her colleagues Loiselle and Dean (2011), because we are “immersed in language that reasserts dominant discourses, [I] have been limited in [my] ability simultaneously to write about [Indigenous girls] and contest gender norms and dichotomies” (p. 75). Because our field and its policies, funding, and programming are deeply connected to the recognition of gender, we cannot fully escape this construct.

**Sexualized violence.** Sexualized violence is very complex, but is often defined as “any violence, physical or psychological, carried out through sexual means or by targeting sexuality” (University of Ottawa, n.d., para. 1). This includes coercion, sexual exploitation, trafficking, rape, sexual assault, and childhood sexual abuse, among others. However, Binnizá scholar Eren Cervantes-Altamirano (2015) argues that “the primary issue with how sexual violence is conceptualized in policy, the media and human rights-centric circles is that the definitions do not transcend the actual physical aspect of rape and murder” (p. 4). Further, Cervantes-Altamirano asks: “How does this definition impact the experiences of women of colour, particularly Indigenous women?” (p. 4). As Muscogee scholar Sarah Deer argues, sexual violence has always been “part and parcel of colonization” (2009, p.150) and therefore cannot be extricated from intersecting forms of colonial violence. Cervantes-Altamirano also emphasizes that sexualized violence against Indigenous girls and women cannot be defined without including colonialism, race, and coloniality; sex, heteronormativity, and gender; neoliberal capitalism, globalization, and the state; epistemology, knowledge and sense of being; and the oppressions of patriarchy(ies), feminism(s), and antiracist movements that neglect Indigenous sovereignty. *This* is how I define sexualized violence in this thesis.

**Language that conceals violence and resistance.** Response-based practice, a violence-informed therapeutic approach developed by Allan Wade, Linda Coates, and Nick Todd and further developed by other practitioners and activists such as white-settler scholar/activist Vikki Reynolds (2008) and Métis scholar Cathy Richardson (2016, 2021) pays particular attention to the power of language in relation to all forms of violence, including interpersonal, cultural, structural, and political violence. Coates and Wade (2004, 2007) and Richardson (2016) argue that often the language surrounding violence “draws attention to misrepresentations of

violence . . . which tend to benefit perpetrators and further social inequalities” (Coates & Wade, 2007, p. 199). Specifically, misrepresentations in language (a) conceal violence, (b) mitigate perpetrators’ responsibility, (c) conceal victims’ resistance, and (d) blame or pathologize victims.

I choose not to use terms such as *victims* or *survivors* of sexualized violence but rather people experiencing or who have experienced sexualized violence, because the terms victim and survivor can be totalizing and can misrepresent how people view their experience. Further, I am intentionally moving away from terms that can become an identity or locate trauma/violence within the person. I also acknowledge that by using *experiences with sexualized violence*, I am complicit in concealing the violence and keeping the gaze on the ones being harmed rather than on the people and systems responsible for the harm.

**We.** I use the term *we* to refer to those who identify as being part of the larger social service, mental health, and research disciplines, but I recognize that this usage does not account for the many multilayered, complex, fluid social locations that are implicated in different ways through these systems. In using this term, I reproduce the notion that practitioners and researchers are homogenous groups and thus that we are somehow universal and neutral, a notion that is “often invoked by Euro-centric, Western writers” (herising, 2005, p. 148). Further, universality and neutrality are driven by white supremacy, which, in turn, allow “white settlers to cut off, turn off, numb out, and ignore the impacts of systemic violence” (MacKenzie, 2019, p. 62). Thus, the term “we” has significant implications for racialized and Indigenous bodies who experience the everyday effects of settler colonialism and white supremacy.

**Practitioner.** In this study I use the term *practitioner* as an overarching term for professionals who work with the issue of sexualized violence in a therapeutic manner. This

includes victim service workers, counsellors and therapists, child and youth care workers, and social workers, among others.

## Chapter 1: Setting the Stage

Sexualized violence against Indigenous girls and women in Canada is an epidemic (Amnesty International, 2004; Anaya, 2013). The National Inquiry into Missing and Murdered Indigenous Women and Girls, during its three-year truth-gathering process from 2016 to 2019, heard from 2,380 people, including Knowledge Keepers, family members, and survivors (National Inquiry, n.d.c), and then reported on the direct impacts of colonial violence on Indigenous women, girls, and 2SLGBTQIA<sup>2</sup> people, as well as their acts of resistance (National Inquiry, 2019a, 2019b). The National Inquiry looked at the “systemic causes of all forms of violence against Indigenous women and girls, including sexual violence” (n.d.a, para. 1), with the vision to “build a foundation that allows Indigenous women and girls to reclaim their power and place” (para. 5). The National Inquiry’s calls for justice (2019b), as do the calls to action of the Truth and Reconciliation Commission of Canada (2015a), call directly for the mental health and social services fields to ensure that service providers (1) understand colonialism, Canada’s colonial history, and the racialization of gendered and sexualized violence, (2) are trained in antiracism, (3) attend to the ongoing colonial violence against Indigenous people, and (4) support Indigenous people’s resistance work to reclaim sovereignty over their bodies and lands. The Inquiry’s final report asserts that “ideologies and instruments of colonialism, racism, and misogyny, past and present, must be rejected” (National Inquiry, 2019b, p. 174).

This thesis aims to respond to the National Inquiry’s (2019b) call for “an absolute paradigm shift . . . to dismantle colonialism within . . . all levels of government and public

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<sup>2</sup> That is, 2-spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual.

institutions” (p. 174). The intention behind this study stems from my own training in narrative therapy and my work as a child and youth care counsellor and an outreach worker for young people who were, or were at risk of, being sexually exploited and/or experiencing sexualized violence. Seeking to address gaps I witnessed in the helping field, and specifically in relation to narrative therapy, I designed this study to explore how sexualized violence practitioners are responding to the calls to action and for justice, both theoretically and in practice. My analysis seeks to make visible the hidden white supremacy that underpins the mental health and social services fields. I critically analyze the ways in which practitioners of all backgrounds attend to how their social locations influence how they engage in critical self-reflection and development and how they engage in their practice based on the theories, training, and education they received. I also highlight the lack of engagement with anticolonialism in professional development initiatives in the so-called helping professions.

In this introductory chapter, I provide some background for my research, highlighting the white supremacist foundation of mental health and social services in Canada, as well as my own professional journey as a white practitioner within these services. Narrative therapy has been pivotal in my child and youth care practice and is a focus of this research. After briefly introducing it—and my evolving relationship with it—I specify my research questions and provide an overview of the thesis.

## **Background**

### **White Supremacist Social Services**

The helping field in Canada is founded on a colonial system, and there is little interrogation of powerful systemic forces such as colonialism, and gendered and sexualized racisms. As practitioners, we have a responsibility to approach our work through mitigating

harm, not perpetuating it (Saraceno, 2012). In my view, this requires naming and understanding the white supremacist basis of social services.

As noted above, sexualized violence against Indigenous girls and women in Canada has reached epidemic proportions (Amnesty International, 2004; Anaya, 2013), creating an urgent need for mental health and social services to support those who have experienced sexualized violence. Under current Canadian settler-state logics that govern mental health and social services policies and practices, Indigenous self-identified girls and women<sup>3</sup> may have little choice but to access Euro-Western services (e.g., victims services, violence prevention programs, counselling, policing, legal services) when they need supports around sexualized violence. The options for services are often limited, particularly in rural or remote communities, and they may range from the very mainstream/colonial to a more multicultural approach or to blended Indigenous/Euro-Western modalities.

Many Western counselling approaches and mental health interventions, such as some trauma-informed practices (e.g., Child Welfare Information Gateway, n.d.), cognitive behaviour therapy (Beck, 1967), and suicide interventions (e.g., Centre for Suicide Prevention, n.d.; J. White, 2017), are centered around whiteness (see Notes on Language) and tend to privatize/individualize problems and depoliticize trauma (Haugaard, 2015). In other words, within Western approaches and interventions, problems are “typically described as individual pathologies attributable to distinct biological or characterological conditions” (Nylund & Nylund, 2003, p. 388). These approaches are commonly assumed to be universally applicable (Agius & Hamer, 2003; Hansen, 2006), or they are further developed through “cultural competency” or “multicultural” models that often recenter and hide whiteness and colonial

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<sup>3</sup> See “Indigenous” and “girls and women” in Notes on Language.

violence. These models are discussed and critiqued in chapter 5. Due to dominant “evidence-based” practices being thought of as normal (Hernandez & McDowell, 2010) they often lack a deep structural analysis of power (Saraceno, 2012). Approaches such as cognitive behaviour therapy (CBT) have also largely excluded Indigenous issues and worldviews (S. de Finney, personal communication, December 7, 2017). I recognize that many Indigenous cultures and communities have their own healing traditions and ceremonies that differ across nations, and these need to be recentered and upheld first and foremost (Linklater, 2014; S. de Finney, personal communication, December 7, 2017). However, while Indigenous approaches are often preferred and called for (S. de Finney, personal communication, May 16, 2020), many services and service providers are non-Indigenous; therefore, it is essential for services to be(come) safe enough for Indigenous women and girls by engaging practitioners in antiracism and anticolonialism work and in discussions about how their work often can perpetuate harm and further the colonial agenda.

Euro-Western therapeutic approaches often go unquestioned by many practitioners and have become the gold standard because of how Western society heavily relies on Euro-Western-centric scientific epistemologies and evidence-based practices that are seen to be universal. Even the terms *Western*, *modern*, *evidence*, and *mainstream* are problematic in that they ignore the political context in which these terms are used, which is one of white supremacy (i.e., the belief that white people and “white” ideologies are better, more valuable, and superior; DiAngelo, 2018). I believe these terms not only foster white fragility (DiAngelo, 2018) but also keep the violence of white supremacy concealed while upholding white settler-state formations. In order to adhere to my own ethics of justice-doing (Reynolds, 2010b, 2012a, 2012b), resistance (Clark, 2012, 2016b; Collins, 2000; Heron, 2005; hooks, 1989, 2015; Lorde, 1984), and truth-telling, in

this thesis I use the term *white supremacist* to describe the Euro-Western therapeutic concepts, ideologies, practices, and policies that permeate social services (see Notes on Language).

Some white supremacist approaches—such as CBT (Bennett-Levy et al., 2014; Nowrouzi et al., 2015; Renfrey, 1992) and trauma-informed practice (Government of British Columbia, 2017), as they are commonly understood and taught by many institutions in Canada—have been theorized or shown to be potentially useful with Indigenous people. For example, Bennett-Levy et al. (2014) found that Indigenous counsellors in their study in Australia reported that CBT “enhanced their [Indigenous] clients’ well-being, their own clinical skills, and their own well-being, and it reduced burnout” (p. 1). However, this study is limited in that it does not include the voices of the Indigenous clients. Other researchers (e.g., Nowrouzi et al., 2015; Renfrey, 1992) failed to locate themselves in their articles, so it is difficult to know whose voices are being privileged. This lack of positioning in turn centers whiteness and implies neutrality, which limits the usefulness of these studies. In contrast to the claims made in these studies (i.e., Bennett-Levy et al., 2014; Government of British Columbia, 2017; Nowrouzi et al., 2015; Renfrey, 1992), many Indigenous practitioners and scholars (e.g., Aguis & Hamer, 2003; Drahm-Butler, 2015; Jeffery, 2015; Linklater, 2014; Stewart, 2009) argue that most white supremacist mental health approaches and interventions are potentially ineffective or pose barriers for Indigenous people, and can be a form of continued control and colonial violence.

Given the predominance of Western services using Western approaches, Indigenous people often do not have access to (or may choose not to engage in) cultural healing practices. Therefore, other useful approaches are needed and called for. Narrative therapy, developed in the 1980s by white Australian and New Zealander social work practitioners Michael White and David Epston (1990), appears to be one such useful approach. Developed in response to the

limitations of many biomedical therapies that privatize problems within persons and do not unpack dominant discourses (Besley, 2002), narrative therapy has been argued by both Indigenous and non-Indigenous scholars to be a useful Western (colonial) approach to counselling for Indigenous and non-Indigenous practitioners working alongside Indigenous people (Aguis & Hamer, 2003; Bacon, 2007; Denis-Friske, 2013; Drahm-Butler, 2015; Haring, 2013; Stewart, 2009). Early in my career I encountered narrative therapy, which appeared to hold great promise in countering the white supremacist foundation of other Western therapies. Narrative therapy also gave me the language and permission to merge not only social justice work, but politics in therapeutic settings. In my view it represents a productive therapeutic framework for white practitioners who are mindful of the ethical limitations of using and appropriating Indigenous approaches. However, as I describe below, narrative therapy remains a Euro-Western therapeutic model with important gaps and limitations, and understanding these has been a focal point of my thesis research.

### **My Narrative Therapy Journey**

I have worked since 2011 in the CYC field as a youth counsellor for young people who are trying to reclaim their lives from problematic substance (mis)use, and as an outreach worker for young people who were, or were at risk of, being sexually exploited, being trafficked, experiencing sexualized violence, and/or doing sex work under exploitive and violent conditions. I was introduced to narrative therapy in 2011 and have since completed foundational and advanced levels of narrative therapy trainings, attended narrative therapy conferences, and I currently access online narrative therapy trainings on a regular basis. During my youth work I often drew (and continue to draw) from narrative therapy, and I once held it on a pedestal. In narrative therapy I had found my theory (and community)—a political theory that depathologizes

people and locates problems within structures and systems of power (Drahm-Butler, 2015; Stewart, 2009) rather than in individuals. However, I do not feel this way anymore—narrative therapy has been taken down from the pedestal. I was challenged by BIPOC colleagues to interrogate narrative therapy’s whiteness in literature and trainings. I now see how narrative therapy can be useful, critical, and political—but I know it can also not be.

Many young people on my caseload identified as Indigenous, and I often wondered how I could make my practice a safe(r) space when I embody white supremacy (Menakem, 2017) and colonial and structural violence as a white settler and occupier. I understood I needed to do my own anticolonial and antiracism work and turn the gaze on myself as a white settler rather than complete more cultural competency trainings where the gaze is often on the “other.” I found myself looking for answers in narrative therapy. Something was missing, so I began to explore elsewhere for places I could grow and become a “better” practitioner. It was not until recently that I realized my antiracism work is not about making me a better practitioner or engaging in self-improvement work, it is about making spaces safe(r) for Black, Indigenous, and racialized people (L. Saad, personal communication, March 28, 2019). Antiracism work is also about unsettling whiteness from within my own white positionality rather than relying on Black, Indigenous, and racialized people to do this work (S. de Finney, personal communication, May 17, 2020). Thinking that antiracism was about me really highlights how I continue to center whiteness.

The Master’s in Child and Youth Care Program at the University of Victoria gave me the language to begin to unsettle myself and my own white supremacy—knowing that this is a never-completed process (S. de Finney, personal communication, May 17, 2020). It gave me space to understand how I *embody* colonial and structural violence in my research and practice

based on my social locations and history. It also showed me how white supremacy is alive and well within CYC literature, practice, and institutions, and how primarily Black, Indigenous, and racialized practitioners and scholars frequently smuggle in subversive acts of resistance (e.g., Daniel, 2021; Kouri, 2019; Loiselle et al., 2012; Saraceno, 2012; Skott-Myhre, 2017; Yoon, 2012). I came to this research with frustration around a lack of critical professional development, primarily in narrative therapy. There was and is a disconnect for me in both literature and professional development in person and online between narrative therapy being held up as an ethical, political, and critical therapeutic framework (e.g., Aguis & Hamer, 2003; Bacon, 2007; Denborough et al., 2006; Denis-Friske, 2013; Drahm-Butler, 2015, Haring, 2013; Monahan & Twining, 2007; Smith et al., 2017; Stewart, 2009) and what is really happening on the ground (e.g., Akinyela, 2002; Drahm-Butler, 2015; Heath, 2018). For instance, how can narrative therapists claim we do narrative therapy from an anticolonial framework and not name narrative therapy's own complicity in the colonial project? How can we provide training in narrative therapy where social justice is claimed to be at the center, yet not locate ourselves at all? Whose agenda are we protecting by using the term *culturally sensitive narrative practice*?<sup>4</sup>

### **Research Questions**

This research was guided by the following questions:

- How do Indigenous and non-Indigenous sexualized violence practitioners who work with Indigenous self-identified girls and women theoretically and practically engage with critical frameworks and, in particular, narrative therapy?

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<sup>4</sup> Culturally sensitive narrative practice was the name of a training I participated in in November 2019 through the Narrative Therapy Initiative (based in the US).

- In what ways does white supremacy influence how narrative therapy is developed, taught, understood, and practiced, and (how) are practitioners resisting white supremacy's influence and calling it out?

In addition, the following sub-questions will be explored throughout this thesis:

- How can we reimagine narrative therapy in light of white supremacy's grip on it?
- What other theories, frameworks, or ways of knowing and being do practitioners draw from in their sexualized violence practice? What contributions and tensions might these offer?
- How are practitioners attending to antiracism, anticolonialism, and intersectionality, and (how) do these show up in their practice and supervision?
- What are practitioners naming as missing or not being attended to in our field?

In the context of my research, “critical frameworks” refers to theories, ontologies, and epistemologies that are interested in analyzing intersecting power relations to oppression: how power plays a role in how realities are constructed; how knowledge is socially and historically created (Collins & Bilge, 2016; Held, 2019; Reid et al., 2017). Critical theories with an anticolonial focus are concerned with “undoing . . . the harms of colonialism, and with promoting the self-determination and sovereignty of Indigenous peoples” (Malcoe & Morrow, 2017, p. 9). In this thesis, “critical frameworks” refers to, for example, Indigenous and intersectional feminisms (e.g., Clark, 2012, 2016a; Collins & Bilge, 2016; Crenshaw, 1994; Koukkanen, 2017), antiracism (e.g., Daniel, 2021; Sefa Dei, 2000a), anticolonialism (e.g., Carlson, 2017; Clark, 2016b; Sefa Dei, 2000b; Simpson, 2004), and Indigenous ways of knowing and being (e.g., Clark, 2012, 2016a, 2016b; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Linklater, 2014).

## Overview of Thesis

In this chapter, I have introduced the background for my research study and outlined my guiding questions. I also expanded on my self-location in relation to the research topic as a practitioner and as a white settler on the traditional and ancestral lands of the Lkwungen and WSÁNEĆ peoples. In Chapter 2, I provide a literature review that anchors my study in the context and the effects of sexualized violence against Indigenous self-identified women and girls under colonization and provides an overview of narrative therapy, including its potential and its limitations for working alongside Indigenous people with experiences of sexualized violence. In Chapter 3, I outline the theoretical and methodological framework that informed the research and describe how I collected my data and conducted my analysis, while Chapter 4 presents my research findings. In Chapter 5 I discuss these findings in relation to the literature, both in writing and through a video discussion, and I suggest areas for further exploration and study.

## Chapter 2: Seeking Knowledge

In this chapter, I review a variety of literature that explores colonization and its connection to sexualized violence. I begin by giving a brief overview of colonization and the historical and ongoing discourses that sexualize and dehumanize Indigenous girls and women. Next, I highlight the effects of these discourses, particularly how they contribute to the normalization of violence against Indigenous girls and women, and to the internalization of racism, shame, and blame.<sup>5</sup> I then introduce narrative therapy and explore its possible usefulness with Indigenous self-identified girls and women experiencing sexualized violence, as well as limitations.

### **Sexualized Violence Toward Indigenous Girls and Women Under Colonization**

In modern Canadian society, there is common narrative that colonization is in the past. However, colonization remains one of the most damaging forces impacting the lives and communities of Indigenous peoples (Kubik et al., 2009; Reeves & Stewart, 2014). Colonization is not an event, but rather a process that began when European settlers and occupiers came to what is now called Canada, and never left (Tuck & Yang, 2012). South Asian scholar Ania Loomba (2005) defines colonization as “the takeover of territory, appropriation of material resources, exploitation of labour and interference with political and cultural structures of another territory or nation” (p. 11). Tuck and Yang (2012) assert that in countries where settlers never left (such as Canada, America, and Australia), we are talking about *settler* colonialism. Settler

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<sup>5</sup> These issues are extremely layered and complex, and this summary is intended to map out the key factors and issues for the purpose of this study. The deep and ongoing colonial violence and genocide against Indigenous girls, women, and 2SLGBTQQA people is explored in depth in Amnesty International’s (2004) *Stolen Sisters* report, Human Rights Watch’s (2013) *Those That Take Us Away*, and the National Inquiry’s final report (2019a, 2019b), to only name a few. I also acknowledge that my analysis does not encompass all of the layers of all of the reports, forms of advocacy, studies, and calls for change that have been going on for decades.

colonialism requires a specific analysis, because colonialism, occupation, and settlement continue to displace Indigenous peoples and communities, as well as perpetrate violence against Indigenous people, particularly self-identified girls, women, and 2SLGBTQQIA people.

Since first contact with Europeans over 400 years ago, Indigenous people have been subjected to genocide (cultural, human, and land) and murder, forced assimilation, systemic racism, pervasive sexual trafficking, sexual slavery and abuse, and having their children stolen under government legislation and policies (Loiselle, de Finney, Khanna, & Corcoran, 2012; Reeves & Stewart, 2014). Despite the fact that the Truth and Reconciliation Commission of Canada (2015a) and the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a, 2019b) have named these acts a genocide, the Canadian government has not officially acknowledged the scope of its genocidal policies and practices, which maintains ongoing colonial violence (Reynolds, 2019).

Residential schools, that were operated as federal government policy from the 1870s to the late 1990s, have been identified as one of the settler states' most "devastating" assimilative policies (Mitchell, 2017, p. 145; see also Kubik et al., 2017; TRC, 2015a). Kanien'kehá:ka (Mohawk), Algonquin, and 2 spirit scholar Riel Dupuis-Rossi and Vikki Reynolds (2018) name the era of the residential schools as "political kidnapping" (p. 309), and Cathy Richardson and Alan Wade (2009) refer to residential schools as "prison camps" (p. 206). Similarly, Cree scholar Robyn Bourgeois (2017) calls the era of residential schools and the historical and ongoing child welfare crisis "Canadian state engagement in human trafficking" (p. 264).

The Indian Act of 1876 is a piece of patriarchal colonial legislation that continues to govern Indigenous women's lives in many aspects, including access to their land, status, political roles, and community through whom they married and took away Indigenous women's rights to

leadership positions within their community (Eberts, 2017; Linklater, 2014).<sup>6</sup> These colonial policies and acts of legislation were specifically put in place, often with force and violence, to eradicate Indigenous peoples and their cultures and connections to land; many of these policies were (and are) patriarchal, violent, and harmful to Indigenous women. Consequently, the legacies of residential schools and colonialism have resulted in Indigenous women's roles in their communities and families shifting to be conceptualized as inferior and invisible (Lajimodiere, 2013).

### **Indigenous Women and Land as Property of the White Male**

Kubik and colleagues (2009) argue that “race and gender are social constructions and are not only a product of colonization, but a requirement since the oppression of one group over another relies upon the creation of inequality” (p. 20). Simply put, white cis-heteropatriarchy is a social-political system that is rooted in colonialism where heterosexual cis-male dominance is perceived as natural, desired, and normal and the “male gender is perceived as strong, capable, wise, and composed and the female gender is perceived as weak, incompetent, naïve, and confused” (Arvin et al., 2013, p. 13). This definition serves white feminism and does not account for the experiences of Black, Indigenous, and racialized people that further include the intersecting forces of white supremacy and colonialism. Thus, the intersection between cis-heteropatriarchy and colonialism adds a layer to the already complex issue of gendered sexualized violence, in particular for Indigenous girls and women.

Due to the enforcement of a patriarchal system during the early years of colonization in Canada, Indigenous women were often viewed and treated as the hypersexualized property of

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<sup>6</sup> Since it was created, the Act has gone through many amendments that have reduced its patriarchal nature somewhat, but it continues to control and harm Indigenous women (National Inquiry, 2019a, 2019b; TRC, 2015).

men, especially of colonizers (de Finney, 2014). During settlement, Indigenous women were either seen as “subhumans” who were often taken to be colonizers’ slaves (Lajimodiere, 2013, p. 105) or objectified as beautiful “Indian princesses” who were ready and “willing” to be seduced by white men (Indigenous Foundations, 2009, para. 12). In addition, Indigenous communities had to “make women available” to colonizers to receive food and supplies (Razack, 2002, as cited in de Finney, 2015, p. 172). Furthermore, as de Finney’s (2014) research with Indigenous young women demonstrates, under a colonial ethos of terra nullius that saw Indigenous bodies as subhuman and Indigenous lands as ripe for colonial expansion and extraction, both Indigenous women *and* land became colonial property. These representations and claims elevated sexualized violence against Indigenous girls and women for centuries. Cervantes-Altamirano (2015), Clark (2016a, 2016b), Sámi scholar Rauna Kuokkanen (2008) and Josephine Savarese (2017) similarly contend that to understand the violence experienced by Indigenous girls and women, it is essential to position the violence in the context of gendered forms of ongoing colonialism, both in the dispossession of lands and through policies such as the Indian Act.

### **Ongoing Discourses of Indigenous Girls and Women**

Elizabeth Bird (1999) brings attention to the dichotomy of representations of Indigenous women; on one side women are represented as wise and spiritual and on the other side as “lustful savages” (p. 62). No matter what representation is being portrayed, Bird argues that Indigenous women have not had a say in these representations and they are produced and reproduced by white men to serve white patriarchal hegemony. To illustrate, there is the famous story of Pocahontas, who was an Indigenous young woman who saved the life of a colonist, defied her tribe, and gave up her cultural identity “for the good of the new nation” (Bird, 1999, p. 72). Another example is the movie *Avatar* (Landau & Cameron, 2009), where the fictional Na’vi

people are portrayed as mystical and spiritual and the Na'vi princess falls in love with a white colonizer who becomes "one of them." Bird asserts that these types of romanticized stories serve to justify ongoing colonization, appropriation and domination of Indigenous girls' and women's bodies and lands because they alleviate colonizers' anxiety and foster false entitlement to Indigenous worldviews.

Indigenous scholar Denise Lajimodiere from the Turtle Mountain Band of Chippewa brings attention to Indigenous women's portrayal in the media. Damaging stereotypes, such as "squaw," "Indian princess" (Bird, 1999; Lajimodiere, 2013), and "drunken Indian" (de Finney, 2014), are all too familiar to Indigenous girls and women. de Finney's (2015) participatory research on Indigenous girlhood highlights examples of Indigenous young women's experience with these stereotypes:

Let's see . . . there's the drunk, the ho, like all Native girls are on the street.

There's the dirty Indian, broke. There's the whole Indian woman in a blanket thing, with the braids, like 200 years ago. The whole Pocahontas thing. That's what we have to choose from. (Rianna, 15, First Nations, as cited in de Finney, 2014, p. 17)

Cindy, a 16-year-old First Nations young woman, expressed: "We're NOT shown to be strong, or beautiful, or even worth much" (de Finney, 2014, p. 9). Stereotypes of "princess" and "sexy exotic Indian" may seem more positive than "savage" and "s\*\*\*," but Bird argues that these representations are equally dehumanizing.

## **Current Climate of Sexualized Violence**

According to Kubik et al. (2009), Indigenous women are the most “marginalized, poor and unhealthy population in Canada” (p. 20). Due to intersecting factors such as poverty, rape culture, and colonial cis-heteropatriarchy, statistics for sexualized violence, sexual exploitation, and murder are all higher for Indigenous women compared to non-Indigenous women (de Finney, 2015, 2017; Kubik et al., 2009; National Inquiry, 2019a, 2019b).

The widespread sexualized violence has been brought to light through media attention to the Highway of Tears, a highway in northern British Columbia where dozens of Indigenous women have gone missing over decades, and the Robert Pickton case, where Indigenous women were found murdered and buried on his farm in Port Coquitlam (Kubik et al., 2009; Kuokkanen, 2008), as well as through the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a, 2019b). de Finney points out that these are the highest profile and extreme cases of violence, yet many other everyday acts of violence get minimized and forgotten by society—including micro-acts of violence that continue in colonial settings (personal communication, December 7, 2017).

Although these examples shed light on the scope of sexualized violence against Indigenous girls and women, the epidemic (Anaya, 2013) is not prioritized by the Canadian government (de Finney, 2017), and it is ignored across multiple sectors including legal justice systems, law enforcement, health, and child welfare (S. de Finney, personal communication, May 24, 2020). As de Finney’s research participant Cindy (16, First Nations) stated, “it’s like, how loud do we have to yell? Hello, there’s a problem here, there’s a lot of violence against us First Nations girls and women. A lot. It’s a problem, hello” (as cited in de Finney, 2014, p. 9). These examples of willful ignorance, denial and “forgetting”—along with displacement of communities

and making Indigenous people appear to be a population of the past—illustrate what Tuck and Yang (2012) refer to as “ghost[ing]” (p. 6). Ghosting, as de Finney (2015) argues, fosters entitlement among settlers to both land and Indigenous bodies. The erasure of Indigenous girls and women perpetuates colonial and sexualized violence while normalizing it and holding girls and women accountable for the violence they experience (Bourgeois, as cited in National Inquiry, 2019a; Razack, 2016). Indigenous girls’ bodies become “exploitable and ungrievable” (de Finney, 2015, p. 173). Thousands (National Inquiry, 2019a, 2019b) of Indigenous girls and women have gone missing and been murdered with very little reaction from law enforcement and the government. de Finney (2015) argues that had thousands of white girls and women gone missing, there would be a national outcry. Instead, as Indigenous girls’ and women’s bodies are dehumanized, and portrayed as ungrievable and anonymous, they are seen as less deserving of public empathy and governmental interventions. This is highly apparent in a comment made by then prime minister Stephen Harper in response to the thousands of missing and murdered Indigenous girls and women: “It’s not really on our radar, to be honest” (CBC News, 2014, as cited in de Finney, 2017, p. 14).

### **Normalization of Violence**

de Finney (2014, 2017), Kuokkanen (2015), Debra Merskin (2010), and the National Inquiry (2019a) maintain that as sexualized violence against Indigenous women goes unchallenged by mainstream society, law enforcement, and the government, the violence will continue to be normalized. Moreover, Kuokkanen (2017) argues that intersecting patriarchy, sexism, and internalized colonialism contribute to the blaming of Indigenous women by their own communities and by authorities tasked with providing violence prevention supports. Hunt (2016) highlights in her research with Indigenous women the lack of responses to sexualized

violence from law enforcement. The normalization of sexualized violence and the blame placed on Indigenous women create moments where, for example, a police officer, in response to a disclosure of sexual harassment, stated that “she should be flattered to get that kind of attention” (Hunt, 2016, p. 6). Additionally, Hunt’s (2011) research on sexual exploitation made visible the normalization of violence, as Indigenous youth expressed that violence was expected and part of life, and “just the way things are” (p. 32). For example, Hunt (2016) offers an example from her practice of an Indigenous young woman who ended up in the hospital after being raped by several men at a party. When Hunt asked her if anything like this had happened before, “she said she’d been sexually assaulted about a dozen times in the past year but that she didn’t tell anyone because ‘it wasn’t that bad’” (p. 6).

### **Internalization of Shame, Blame, and Racism**

de Finney (2014) highlights the many ways that Indigenous girls internalize shame, blame, and racism. Some express deep shame over being Indigenous or lack interest in their culture, while others express shame over losing their culture and language; some Indigenous girls do not feel entitled to claim an Indigenous identity or do not want to be viewed as Indigenous because of stereotypes, racism and discrimination. Moreover, some girls have expressed shame and guilt over not resisting the violence enacted on them (de Finney, 2017). Cara, a 14-year-old girl in de Finney’s (2015) participatory research, expressed: “I feel so robbed of my culture. . . . For a long time I was really ashamed of being First Nations” (p. 178). Moreover, self-blame and shame towards their community is also common; by internalizing racism and misogyny, Indigenous girls often justify the violence their families and ancestors have endured (de Finney, 2015). These few examples demonstrate some ways Indigenous girls are taught and encouraged to normalize sexualized violence and internalize blame, shame and racism. What is important to

note here is that these experiences are *directly* shaped by colonial forces that “produce disconnection, shame, and lateral and internalized racisms” (de Finney, 2014, p. 19).

As I have outlined above, historical and ongoing colonial violence is directly connected to sexualized violence against Indigenous self-identified girls and women. Correspondingly, Dupuis-Rossi and Reynolds (2018) stress that not only do we have to recognize that these ideas are internalized due to the force of colonialism, we must then constitute a human response to dehumanization. Considering the multiple intersecting forms of violence that Indigenous girls and women experience, practitioners in the area of sexualized violence *must* be equipped to know and engage with this knowledge on a critical level. Imagine if our language boldly made visible the responsibility for violence, and called it for what it is? What possibilities might this invite for practitioners? How might white fragility show up in me and other white settler practitioners if we used such language, and how might using language that exposes violence in all its forms inspire me and other practitioners to “do better?” In centering these crucial questions for practitioners, I wonder, what issues does this raise for current counselling services –what kinds of services are available and what do they produce and foreclose, and where does narrative therapy fall in this spectrum? What kinds of questions and issues are important for narrative counsellors to consider given the history and context of white supremacy and specifically, gendered and sexualized violence? Although narrative therapy is argued and theorized to challenge colonialism, to overlook that narrative therapy is rooted in the very same colonial system it seeks to challenge, is to reinforce colonial violence. What follows is an exploration of narrative practice.

## **Narrative Therapy**

In this section I give a brief introduction to narrative therapy, including its origins, potential, and limitations. This section is not intended to engage with all aspects of narrative therapy but rather speaks to the parts that are pertinent to my research. For further discussion of narrative therapy, see, for example, Madigan (2011), Morgan (2000), Tilsen (2018), White and Epston (1990), and Wingard, Johnson, and Drahm-Butler (2015).

### **Origins of Narrative Therapy**

As mentioned in Chapter 1, narrative therapy was developed by Michael White, an Australian social worker, and David Epston, a family therapist from New Zealand, in the 1980s. According to Cheryl White (2009), the field of family therapy in Australia at this time was becoming receptive to postmodern, feminist, race, and anticolonial theories, all of which greatly informed the development of narrative therapy. Narrative therapy is envisioned by its practitioners as

a collaborative and non-pathologizing approach to counselling and community work which centres people as the experts of their own lives. A narrative approach views problems as separate from people and assumes people as having many skills, abilities, values, commitments, beliefs and competencies that will assist them to change their relationship with the problems influencing their lives. It is a way of working that considers the broader context of people's lives particularly in the various dimensions of diversity including class, race, gender, sexual orientation and ability. (Narrative Therapy Centre, n.d., para. 1)

In developing narrative therapy, White and Epston (1990) drew strongly from French philosopher Michael Foucault's ideas around power and knowledge (Besley, 2002). Foucault (1980, as cited in White & Epston, 1990) concluded that power and knowledge are inseparable and multidirectional, and that we all fluidly exercise power in relation to others. Foucault stressed, however, that while we all experience the effects of power, we do not all have access to the same power nor do we experience the same effects. Black feminist social theorist Patricia Hill Collins and her coauthor Sirma Bilge (2016) similarly write about power as a complex system that is not solely an act of "power over" by the oppressor on the oppressed; like white family therapist Allan Wade (1997), they stress that when there is power *over* there is always power *in response to* oppression, which Wade refers to as acts of resistance.<sup>7</sup> In other words, people and communities are not passive receptors of oppression and violence, but rather active agents who resist oppression and violence in a variety of ways. Thus, in focusing on power relationships, narrative therapy is argued to be a political act that pays close attention to the intersections of power with gender, race, class, ability, identity, and sexuality (Haugaard, 2015, 2016; Nylund & Nylund, 2003).

White and Epston consulted closely with Indigenous Australian families and practitioners during the development of narrative therapy, and many Indigenous and non-Indigenous practitioners throughout the years have contributed to further developing narrative practices and ideas (e.g., Tileah Drahm-Butler, Vikki Reynolds, Jill Freedman, Rosa Elena Artega, Julie Tilsen, Barbara Wingard). The fact that White and Epston appropriated Indigenous ideas without properly crediting their sources, while narrative therapy became a celebrated method, is in itself

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<sup>7</sup> Wade did not introduce the concept of acts of resistance. Prior to Wade, Foucault spoke to this, and acts of resistance been shared and documented by many BIPOC communities.

a reproduction of the very power structures narrative therapy is said to challenge (S. de Finney, personal communication, May 18, 2020). This is a central issue I return to throughout the thesis.

### **Potential and Limitations of Narrative Therapy**

Because narrative therapy views storytelling as the vehicle through which we make meaning of our experiences and its primary focus is on the power of stories (Combs & Freedman, 2012; Morgan, 2000), it is viewed as holding potential for use with Indigenous people seeking therapy. Morgan (2000) explains that the purpose of narrative therapy is to restory people's lives and relationships by bringing forward alternative stories and modes of explanation and experience. Due to its focus on power structures and storytelling, narrative therapy is considered to be a promising therapeutic modality, both when working with girls and women who have experienced gender-based and sexualized violence (Draucker, 1998; Gowen & Paravicini, 2005; Hung & Denborough, 2013; Maarof et al., 2012; Pederson, 2015; Yau Cheuk-wai, 2004) and when working therapeutically with Indigenous people (Aguis & Hamer, 2003; Bacon, 2007; Denis-Friske, 2013; Drahm-Butler, 2015; Haring, 2013; Stewart, 2009). In this section I look at narrative therapy's potential and limitations in relation to interrogating power, using conversational strategies, highlighting acts of resistance, valuing outsider witnesses, and (re)storying with Indigenous girls and women.

***Interrogating power.*** Two key principles of narrative therapy call practitioners to view people as the experts of their own lives and to collaborate with them as coauthors rather than experts (Madigan, 2011). However, although narrative practitioners approach the therapeutic process as coauthors, it is recognized that one cannot fully reverse or cancel power in therapy. Rather, narrative practitioners strive to interrogate the power dynamics within the relationship and engage in a reciprocal process of power sharing. For non-Indigenous counsellors working

with Indigenous peoples, attending to power in the relational space is essential (Agius & Hamer, 2003; Stewart, 2009). Nylund and Nylund (2003) highlight that power relations are not only deconstructed in the clients' and practitioners' lives but within the therapeutic relationship. In addition to attending to power within the relationship, Nancy Rothenberg-Williams (2009) and Danish psychologist Christoffer Haugaard (2016) state that practitioners are encouraged to deconstruct their own cultural stories and taken-for-granted knowledges and engage in reflexivity that serves to critically deprivilege their own narratives. Yet, it is important to acknowledge that a fully reciprocal process may not be possible if the Indigenous person is walking into a Euro-Western therapeutic environment, speaking English, and existing in a Euro-Western social and political context (S. de Finney, personal communication, December 7, 2017).

Further, while narrative therapy can provide space to challenge harmful discourses, the power structures that produce these dominant discourses (e.g., racism, white supremacy, sexism, patriarchy) are not always identified and fully explored in counselling spaces and within narrative therapy. As Dumaresque et al. (2018) insist, "simply naming problems does not interrogate or destabilize the political and social context that breeds oppression" (p. 120). Further, Indigenous women need an extra layer of analysis to understand why they experience higher rates of violence that warrant minimal reactions and interventions from government authorities and legal systems, and how this inaction is systemically different than the active responses white women receive (S. de Finney, personal communication, December 7, 2017).

***Conversational strategies.*** Although narrative therapy is proposed to be an ethical and political framework rather than a set of prescribed counselling skills (such as CBT, for instance), it does put forward conversational strategies that "aim to objectify problems" rather than people (Haugaard, 2016, p. 3). Haugaard (2016) explains that "the problem is described in political

terms of relationships, agendas, and tactics, rather than an inner psychological realm” (p. 3). That is, the problem is separated from the identity of the person (Haugaard, 2015) through conversation or other means. Externalizing conversations are argued to be valuable with some Indigenous peoples (Drahm-Butler, 2015). Yamatji scholar Violet Bacon (2007), Durrumbal practitioner Tileah Drahm-Butler (2015), and Algonquin practitioner Darlene Denis-Friske (2013) all contend that externalizing the experience of violence allows the power of the experience to be freed and offers a perspective to trauma that provides new possibilities for healing.

Specifically, externalizing conversations allow for different meaning making about feelings such as shame, self-blame, guilt, and fear that are common after one experiences sexualized violence (Draucker, 1998; Pederson, 2015). Externalizing conversations provide “a context and the necessary space for . . . young women to more easily take note of their achievements in standing up to the effects of sexual abuse” (Yau Cheuk-wai, 2004). This process challenges the notion that women are helpless or “do nothing” in response to violence, and highlights their acts of resistance, as I discuss further below. It can be beneficial for Indigenous girls and women in particular to link their experience of shame, self-blame, guilt, and fear to colonialism (Dumaresque et al., 2018) in order to move away from attributing these experiences to deficits within themselves.

***Highlighting acts of resistance.*** Narrative therapy makes space for acts of resistance both at the time of the violence and in the present, and highlights these acts as political actions (Pederson, 2015). Attending to acts of resistance is something Drahm-Butler (2015) maintains is crucial when working with Indigenous people. Richardson (2015) broadly defines resistance as “any act through which a person strives to maintain their dignity, connection, relationship,

culture and family against forms of oppression, real or anticipated” (p. 149). Richardson and Wade (2010) see resistance as fluid and as a response that can happen holistically, that is, spiritually, culturally, physically, psychologically, and emotionally. They assert that resistance is often present over time and space rather than in single acts, and can be individual and collective. Acts of resistance, however, are often not overt due to the likely (dangerous) retaliation against those who experience oppression and violence. Therefore, hidden acts of resistance are much more common (Wade, 1997).

In response-based practice (e.g., Richardson, 2021; Richardson & Wade, 2010), acts of resistance are specifically explored in relation to the experiences and effects of violence and oppression. While narrative therapy attends to acts of resistance (as described in response-based practice), narrative therapy extends beyond violence and oppression. For example, responses such as self-harm and drug and alcohol use are often individualized and pathologized in the mental health field. In narrative therapy, these responses can be framed as acts of resistance against, for example, oppression, dissociation, racism, perfectionism, or anxiety. Natalie Clark names these responses as forms of *resistance for survival* (personal communication, December 4, 2014). By naming these responses as acts of resistance rather than as individual pathology, colonial violence can become exposed and less invisible (Burstow & LeFrancois, 2014; Dupuis-Rossi & Reynolds, 2018).

Acts of resistance are often pathologized or labeled as mental illnesses, aggressiveness, defiance (e.g., Linklater, 2014; Reynolds & Hammoud-Beckett, 2018), or “any other number of terms that reinforce the blaming of people as victims” (Akinyela, 2002, p. 39). Sandrina de Finney (personal communication, December 7, 2017) argues that Indigenous women in particular are medicalized and policed for surviving and resisting violence. Approaching narrative therapy

through the lens of resistance is congruent with many Indigenous communities where “storytelling and other forms of creative writing have always been a political act and have provided an important way for Indigenous women to resist and replace the colonial images, and to challenge the complacency” (Clark, 2016a, p. 53). Thus, when practitioners bring forward experiences of sexualized violence and trauma as acts of resistance, we can create space for dignity and liberation.

***Outsider witnesses.*** Both narrative therapy and many Indigenous communities place importance on outsider witnesses (Clark, 2016a) and in finding a way in which an “audience can be invited to play a part in authenticating and strengthening the preferred stories that are emerging” (Aboriginal Health Council, as cited in Bacon, 2007, p. 73). Similarly, Aguis and Hamer (2003) and Denborough et al. (2006) argue that acknowledging and supporting new narratives and preferred ways of being can be developed by having an outsider witness. Traditional healing ceremonies and elders can act as outsider witnesses to promote cultural healing practices (Stewart, 2009). In therapeutic settings, outsider witnesses can also be the practitioner, and in some cases family or community members who are invited to join the setting. Witnessing is a form of decolonial feminist work that Mack and Na’puti (2019) argue is a way of building connections and allyship across oppressed groups and across difference. Engaging in acts of witnessing in counselling practice from both insiders and outsiders to Indigenous communities, practitioners are invited to understand colonial gendered violence and build coalitions with “humility and respect” (Mack & Na’puti, 2019, p. 9). The power of witnessing people’s stories of survivance and resistance has been captured by multiple scholars (e.g., Clark, 2012, 2016a, 2016b; Clark & Hunt, 2011; de Finney, 2014, 2015), as well as within narrative therapy (e.g., Drahm-Butler, 2015; Morgan, 2000; Wingard et al., 2015).

***Storytelling and anticolonialism.*** In terms of the connection between storytelling modalities in Indigenous worldviews and in narrative therapy, there are fruitful overlaps that can be identified. Indigenous people who come from cultures that center storytelling as a primary mode of meaning making and communicating experiences and worldviews, may listen to and internalize harmful dominant narratives about themselves and/or their culture that can be shifted and challenged through restorying (Drahm-Butler, 2015; Reeves & Stewart, 2014). Conversely, power structures and dominant discourses influence people's narratives, and, through a narrative framework, practitioners can provide space to challenge harmful discourses (Dumaresque et al., 2018). Thus, while narrative therapy creates space for alternative narratives (White & Epston, 1990), alternate narratives and meaning making are not enough. By challenging dominant discourses while bringing forward silenced knowledge and values, alternative stories can go beyond creating new meaning for an individual and become alternative *discourses* (Dumaresque et al., 2018).

Having noted these positive connections, it is also important to problematize storytelling in narrative therapy, as it is argued to have been appropriated from many Indigenous cultures' traditional practices, and has received legitimacy in social services only because it was taken up by people and structures of authority (Dumaresque et al., 2018). It is important to note that narrative therapists did not invent the concept of storying and restorying self and experiences. Long before the creation of narrative therapy, Indigenous communities have engaged storytelling as a central methodology in meaning making, communication, transmission of knowledge, and governance (de Finney, 2021, personal communication). Numerous Indigenous scholars bring forward storytelling and center the experiences of communities, Nations, spirit, and nonhuman

beings and things as valid ways of understanding multiple truths and Indigenous ways of knowing and being (e.g., Linklater, 2014; Clark, 2012, 2016a, 2016b; Simpson, 2004).

Many Indigenous scholars (e.g., Linklater, 2014; Simpson, 2004) have also critiqued the colonial ways in which Western therapeutic research claims objectivity and truth, and Indigenous people and communities have resisted colonial research and social services for centuries. Further, although narrative therapy draws from postmodernism and social constructionism, which problematize the idea that we can access an objective truth through research (Lather, 2006), postmodernism and social constructionism do not in themselves bring forward the historical and deeply entrenched impacts of the numerous colonial policies that create trauma (de Finney, Palacios, Mucina, 2018; de Finney & Mucina, in press). Trauma and violence are not produced through a co-constructed “cultural lens”; they are produced by the colonial state through violent policies, laws, practices, and colonial ontologies of ignorance and denial (de Finney & Mucina, in press; Tuck & Yang, 2012). Postmodernism and social constructionism alone are insufficient to address these issues, and these crucial limitations are not adequately addressed in the narrative therapy literature.

Finally, Indigenous scholar and practitioner Suzanne Stewart (2009) from the Yellowknife Dene First Nation reminds us that pointing to commonalities between narrative therapy and Indigenous worldviews is problematic, because Indigenous worldviews are diverse and cannot be generalized. Stewart stresses that although commonalities exist across many Indigenous cultures (e.g., the importance of community, family, and storytelling) significant differences exist across communities and traditions, based on factors such as geographic location, histories of contact and colonialism, involvement in Western cultures, and diverse storytelling and ceremonial practices.

## **Gaps in Literature and Practice: Intersectionality, Anticolonialism, Antiracism**

While there are multiple gaps in narrative therapy literature that go beyond this research, I find it compelling to highlight, in particular, how intersectionality, anticolonialism, antiracism, are missing. In this section, I give a brief description of these theories as they further develop throughout upcoming chapters.

**Intersectionality.** Intersectionality was coined by Black critical race theorist and legal scholar Kimberlé Crenshaw in 1989, as a theory of oppression where we cannot view Black women's social locations of oppression as separate entities; rather, they must be understood as fluid and deeply intertwined (Crenshaw, 1994). Surya Nayak (2015) reminds us that "[...] intersectionality is not just theoretical, but rather, the process of surviving the intersectional experience needs to be understood in the context of Black women's lives" (p. 96). Crenshaw argues that identity politics fail to address the complexity of oppression based on how multiple identities and structures, such as race, gender, and sexuality, intersect. People do not experience marginalization, violence, and oppression because they are, for example, queer, Indigenous, or poor; they experience these things because of structures of power, such as homo/transphobia, racism, colonialism, and sexism. This is particularly important for practitioners and researchers to understand as our fields are primarily rooted in viewing people's experiences as essentialized and located in their social locations (i.e., privatizing and individualizing them) and thus not putting responsibility on social forces. According to the notion of intersectionality, structures of oppression and power need each other to in order to function; that is, one cannot exist without the other (Dhamoon, 2015; Fellows & Razack, 1998). For example, colonialism cannot exist without heteropatriarchy, racism, sexism, or other systems of power to back it up.

**Anticolonialism.** Columbian scholar Pilar Hernandez and her coauthor Teresa McDowell (2010) propose that an anticolonial framework is rooted in analyzing the intersections of power, privilege, and oppression. Anticolonial theory is defined as “a theorization of issues, concerns and social practices emerging from colonial relations and their aftermath” (Sefa Dei, 2000b, p. 117). As a theoretical perspective, Ghanaian scholar George Sefa Dei (2000b) writes, “anti-colonialism interrogates the power conjurations embedded in ideas, cultures and histories of knowledge production and use” (p. 117). While narrative therapy literature attends to concerns of power, privilege, and oppression, it does not often do so with the complexities around narrative therapy’s own role in the colonial project. Considering that the TRC (2015a) and the National Inquiry (2019b) have called for social service providers to be trained in antiracism in order to better attend to colonial violence, I unpack racism and antiracism below.

**Racism.** Racism is widely discussed and defined in many ways. However, Derman-Sparks and Phillips (1997) define it as:

a web of economic, political, social, and cultural structures, actions, and beliefs that systemize and ensure an unequal distribution of privilege, resources, and power in favor of the dominant racial group and at the expense of all other racial groups. (as cited in Corneau & Stergiopoulos, 2012, p. 263)

Racism exists on a continuum from subtle forms of discrimination to overt forms of violence and oppression. Because racism is rooted in colonialism, it has created a binary of racialization where white people have privilege based on the positive racialization of whiteness (Daniel, 2019) and racialized people are oppressed based on negative racialization (Corneau & Stergiopoulos, 2012). How racism and other forms of oppression manifest differs depending on many intersecting factors, such as history, class, gender, geography, culture (Sefa Dei, 2000a), language, religion

(Corneau & Stergiopoulos, 2012), and colonial contact. Further, a common argument about racism is that it is a combination of both prejudice and power (Berman & Paradies, 2010), which makes it different than discrimination, prejudice, and stereotyping—which all people can do regardless of who they are. Expanding on this distinction, Tatum (2017) argues that racism goes beyond prejudice and power to include systematic advantage and disadvantage. Critical whiteness studies scholars such as Kivel (2017) highlight whiteness as an ideology, a concept, and a shifting boundary between people who benefit from white supremacy and racism and those who experience exploitation and violence due to not fitting within whiteness. (For more on whiteness and white supremacy, see Notes on Language.)

*Antiracism.* Antiracism grew out of critical race theory as a social movement and traditionally has focused on anti-Black racism (Corneau & Stergiopoulos, 2012). Although there are a wide variety of definitions, antiracism has been broadly defined by Bonnett (2000) as “forms of thought and/or practice that seek to confront, eradicate and/or ameliorate racism” (as cited in Berman & Paradies, 2008, p. 5). Similarly, Simon Corneau and Vicky Stergiopoulos (2012) state that antiracism literature addresses oppression towards cultural and ethnic groups, in addition to race, while Kivel (2017) describes antiracism as a commitment to, and process of, interrogating racism through decentering whiteness and centering racialized voices.

Lawrence and Dua (2005) contend, however, that antiracism continues to be rooted in anti-Black antiracism, whose literature highlights how slavery is often presented as the defining moment in North American racism, thus erasing Indigenous peoples, their survival, and their resistance to colonialism. Further, Lawrence and Dua argue that within antiracism the issue of “land as a contested space is seldom taken up” (p. 126). In fact, the erasure of Indigenous issues in antiracism changes how race and racism are conceptualized, and can also contribute to “moves

to innocence” (Tuck & Yang, 2012) on the part of racialized people. Lawrence and Dua call for antiracism to attend to how racialized people are complicit in the settlement project, because in current antiracism, racialized people can be positioned as innocent. As I stated in Chapter 1, however, Sharma and Wright (2008) trouble the notion of racialized people being considered settlers. Indigenous scholars Maile Arvin, Eve Tuck, and Angie Morrill (2013) add that “Indigenous communities’ concerns are often not about achieving formal equality or civil rights within a nation-state, but instead [are about] achieving substantial independence from a Western nation-state—independence decided on their own terms” (p. 10).

## **Conclusion**

In this chapter, I described ways that narrative practice can be useful for practitioners working with Indigenous self-identified girls and women, and I discussed salient limitations and critiques, including narrative therapy’s colonial roots, and the inextricable connection between Western helping and counseling fields, and the maintenance of white power. I further introduced intersectionality, anticolonialism and antiracism which will be further explored throughout this thesis.

As Cyndy Baskin (2016) of the Mi’kmaq and Celtic Nations asserts, oral traditions are deeply rooted in Indigenous histories and resistance, thus stories are vital in decolonization, resurgence, and insurgence. Therefore, despite its promise, narrative therapy is limited in its potential to be considered anticolonial. Since narrative therapy originated at the intersection of social work, therapy and whiteness (Dumaresque et al., 2018), fully separating it from its roots in a colonial ideology of assimilation is not possible in mainstream settings, particularly with white practitioners. It is evident that a full integration of intersectional, antiracist, anticolonial frameworks is essential to the ethical practice of narrative therapy; the literature review reveals a

gap in available resources and literature on how practitioners -and white practitioners in particular- are theoretically and practically doing this critical work. In Chapter 5, I return to these important questions in relation to my study findings and key recommendations. Next, in Chapter 3, I describe my methodology and research methods.

### Chapter 3: Gathering Wisdom and Truth

In this chapter, I describe my processes of gathering *wisdom* and *truth*. When I name truth here, I am not referring to the white supremacist idea that one universal and objective truth exists. Rather, I am acknowledging that people hold multiple, fluid, and ever-shifting truths, and I honour my research participants as truth-tellers in that way.

Using language typically used in academic theses, this chapter is about theory and method. In other words, I outline the theoretical framework that informed my research and describe my methodology and methods, including how I collected my data and conducted my analysis. Collins and Stockton (2018), in discussing the relationship between methodology and theoretical framework, explain that research requires a “theory of method” (p. 2) that guides the researcher to “make sense of what methods will actually help answer the research questions” (p. 2). These choices are not merely practical ones. Because research “exists within a system of power” (Tuhiwai Smith, 2012, p. 357) and within “a set of political and social conditions” (Tuhiwai Smith, p. 36), choosing a theoretical framework and a methodology is political (Reid, Greaves, & Kirby, 2017, p. 6).

Research and practice are not separate entities, but research *is* praxis, and praxis *is* research. In other words, critical and political research informs praxis, and critical and political praxis influences how theories may change (Brown & Strega, 2005; Lather, 1986). I approach my research-as-praxis as an act of resistance to what J. N. Little (2011) calls the “theorist/practitioner and academy/community [divide]” in child and youth care (p. 7).

In writing this thesis, I have grappled with a number of questions in relation to ethics: How does the Institutional Review Board (IRB) process contribute to a move to innocence and replicate white supremacy? If researchers are not asked to attend to power, language, social

locations, history, and justice-doing, are we really engaged in ethical research? White researchers are afforded the option to not attend to these questions, while Indigenous and racialized researchers must. Have I used the IRB process as a move to innocence? How? And how have I also resisted this turn? Therefore, before I discuss the strands of my theoretical framework and describe my methodology and methods, I briefly consider mainstream research ethics as a tool to uphold colonialism.

The ethics review researchers currently undergo is rooted in white supremacist, heteropatriarchal, and colonial ideologies, and assuming that the values the IRB review is based on are universal replicates colonial violence (Garcia et al., 2017). Similarly, practice codes of ethics—which is discussed in later chapters—are rooted in the same ideologies (Everett et al., 2013; Garcia et al., 2017; J. White, 2011). These research ethics have been part of my process, and while they have a place in research, they reinforce certain research values and exclude others. My research extends beyond a mainstream ethical code and is grounded on ethical praxis; ethics is therefore weaved throughout my thesis rather than framed as a separate entity. Engaging with anticolonialism and intersectionality, although imperfectly (Reynolds, 2010b), is fundamental to my ethics, and to my praxis of justice doing (Collins & Bilge, 2016; Reynolds, 2008, 2012a). I therefore strive to embody critical and political ethics as a way of going beyond the ethical standards expected by the institution.

Researchers go through a rigorous ethics approval process from IRBs. At the beginning of the research process, they apply for approval; once it is granted, it is assumed that the researcher will carry out ethical research from then on. But according to *whose* ethics? The ethical stipulation the IRB is interested in is that the researcher respects the rights of all human participants, which involves obtaining their voluntary informed consent and following measures

to prevent harm and risk and protect their confidentiality and anonymity (Lune & Berg, 2017). I do not mean to say these ethics are not useful, but rather, they are incomplete (J. White, 2011). As Brown and Strega (2005) explain, IRBs “fail to consider ethical questions that are vitally important . . . such as voice, representation, and collaboration” (p. 4). They also fail to consider values that are central to many Indigenous worldviews, such as community and connection to land (Garcia et al., 2017). Harjeet Badwall (2016b), who identifies as a woman of colour, questions whether the IRB process “actually protect[s] against ethical harm” (p. 17). Critical researchers do not view ethics as static, objective, universal principles (Birrell, 2006; Swauger, 2009) but as fluid, messy, and continuous, involving involve heart, spirit, solidarity, community, and care.

### **Theoretical Frameworks**

My theoretical framework combines postmodernism (e.g., Foucault, Derrida), critical theory (e.g., Almeida, 2017; Kovach, 2005; Potts & Brown, 2005), anticolonialism (e.g., Carlson, 2017), and intersectionality (e.g., Clark, 2016; Crenshaw, 1994) to inform a praxis of justice-doing and resistance. While these theoretical strands may appear to be separate, I view them as intertwined and fluid, and as theories supporting other theories while simultaneously attending to limitations. White settler Mirjam Held (2019) points out that “research paradigms are not given but constructed,” which highlights their fluidity and complexity.

### **Critical Theory**

The critical paradigm is concerned with problematizing and politicizing interactions and negotiations of power and privilege both in the context of the researcher and participant and in a larger social justice context (Lincoln, Lynham, & Guba, 2011). The critical paradigm is “oriented

towards critiquing and changing society as a whole, in contrast to traditional theory [which is] oriented solely to understanding or explaining it” (Wodak & Meyer, 2009, p. 6). However, Cree and Saulteaux scholar Margaret Kovach (2005) stresses that critical research can be “emancipatory—or *not*—depending on where you want to take it”; either way, critical research is political (p. 2). Similarly, Karen Potts and Leslie Brown (2005) contend that critical research must go *beyond* critiquing and *into* social justice and action. To provoke thought about the widely used term *social justice*, Adjoa Florencia Jones de Almeida (2017) reminds us that our work “is actually much more than just ‘social’—it is also personal and political, and about money and privilege, and about sexuality, race, and gender, and about the relationship between our minds, bodies, and spirit” (p. 194).

While critical theory is often located in Western epistemologies and may attend to single issues rather than multiple “truths” (Moosa-Mitha, 2005), it also has the potential to support Indigenist and anticolonial epistemologies that challenge white supremacy and colonialism and center Indigenous sovereignty. Since some theories in the critical paradigm, such as feminism, have histories of exclusion and harm, anticolonialism is crucial in challenging these ideologies.

### **Anticolonial Theory and Research**

Drawing on what I described in Chapter 2 about anticolonial theory, I focus here on anticolonial research principles. Carlson (2017) suggests eight principles to guide settlers in their anticolonial research.<sup>8</sup> Six of them in particular informed my research:

(1) Resistance to settler colonialism. Anticolonialism resists the colonial project in and with governments, institutions, organizations, communities, relationships, and peoples. It problematizes both historical and ongoing impacts of settler colonialism. In my study, I look for

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<sup>8</sup> See Carlson (2017) for a description and discussion of all eight principles.

ways that both myself and my participants are challenging and resisting colonialism as well as when colonialism sneaks in, for example, with choice of words (e.g., Western). Further, my study aims to disrupt ongoing colonial violence in the “helping” field and in particular within narrative therapy.

(2) Relational and epistemic accountability to Indigenous peoples. Indigenous peoples’ experiences, knowledges, perspectives, standpoints, and epistemes are honoured, valued and foregrounded. When possible, Indigenous knowledges were valued and brought forward by carefully choosing whose academic and nonacademic work I quote and draw upon.

(3) Reciprocity. Research focuses on what can be given and expanded, rather than on one’s own advancements. This research is focused on the narratives of practitioners in order to make changes in the field and within narrative therapy. Further, my committee, a community-based practitioner, and I engaged in a recorded Circle<sup>9</sup> conversation where we discussed the implications of my research. This video that is part of Chapter 5 is also part of Dr. Sandrina de Finney’s research project *Kinship Rising: Reclaiming Indigenous Gender Sovereignty*. While these are ways of giving back, I am, however, gaining a master’s degree by completing this research.

(4) Self-determination, autonomy, and accountability. Anticolonial research allows participants to make their own choices about anonymity, participation, and involvement. In this research, participants were given agency in how they located themselves both in the interviews and in the thesis. Some chose to use a pseudonym and others chose to use their real name.

(5) Social location and reflexivity. In this thesis, I engage with what Carlson argues is vital, that researchers explicitly state their social location in relation to settler colonialism, and

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<sup>9</sup> The video project will be called the Circle video from here on in.

engage in critical reflexivity around how their social location might impact their research. Further, critical reflexivity entails engaging with how they themselves are complicit in reproducing colonialism.

(6) Wholism: Anticolonialism attends to history, context, values, emotion, and the heart, spirit, body, and mind. I believe my study reflects wholism in all aspects, from development to completion. I interrogate history of colonialism in narrative therapy within colonial states of Canada, America, and Australia, while centering on narratives of practitioners who attend to the messiness of narrative therapy. I came to this research seeking to understand how to balance the work that narrative therapy does do well, while holding a critical eye to how colonialism and white supremacy shapes its origins and complacency.

Indigenous scholars and practitioners Bonnie Duran (Opelousas/Coushatta) and Eduardo Duran (2000) argue that researchers “must address the colonial attitude of our [social and human services] discipline” (p. 88). To attend to white supremacy, researchers must also acknowledge how the “seemingly innocent practices” in the mental health and social service field (re)produce colonial violence (Yee, 2017, p. 68). Doing so, Michael Hart, Silvia Straka, and Gladys Rowe (2017) contend, requires “the ability to tolerate discomfort and one’s personal pain at one’s complicity in colonial systems” (p. 341).

### **Intersectionality and Research**

Intersectionality is a framework developed in the late 1980s by a Black American lawyer, Kimberlé Crenshaw (1989), to highlight “how a feminism that focuses on women—without also addressing the fact that women come from different classes, and are marked by differences in ethnicity, sexuality, ability and more—favours the needs of those who are white, middle-class, heterosexual and able bodied” (D’Cruz, 2019, para. 2). The framework has been further

developed to include and contextualize the experiences of Indigenous women (e.g., Natalie Clark's Red intersectionality, 2016). According to gender sexuality and diversity studies scholar Carolyn D'Cruz (2019), intersectionality "can be hard to define and easy to abuse. Still, it remains essential for analysing and changing patterns of inequality and injustice" (para. 1).

Intersectionality is a way to attend to power and oppression in both research and practice. When used as an analytic tool, it is rooted in six core ideas: "inequality, relationality, power, social context, complexity, and social justice" (Collins & Bilge, 2016, p. 25) and is concerned with examining the complexity of how power is resisted and maintained. For example, Clark et al. (2009) center intersectionality throughout their research process by deconstructing and exploring how their intersecting identities shift and influence their research. Olena Hankivsky and colleagues (2010) maintain that intersectionality cannot be considered merely a theoretical approach to analysis; it is also a way of *being with* research as living and fluid, while attending to the spaces in-between. Hankivsky et al. caution that researchers often use intersectionality as a framework to understand or make meaning of data but fail to apply it to their own process.

***The colonizing and whitening of intersectionality.*** While intersectionality provides practitioners and researchers with a way of viewing the world that is necessary in their work around violence against Indigenous girls and women (Clark, 2012, 2016a, 2016b) and Black women (Collins & Bilge, 2016; Crenshaw, 1994)—and when attending to colonial violence within policies and social services—there is tension around white people colonizing and appropriating the term intersectionality and using it to serve their agenda (e.g., Bilge, 2013; Lopez, 2017; Utt, 2017). In fact, Sirma Bilge (2013) cautions that intersectionality "has been systematically depoliticized" (p. 405) and "colonized for neoliberal regimes" (p. 407). A direct

example of the colonization of intersectionality to serve neoliberalism and capitalism is a website where you can “calculate your oppression and check your intersectionality”; the website states:

You may have heard of intersectionality—the theory that the overlap of various social identities, such as race, gender, and sexuality, define your level of systemic oppression—but don’t know how to compare your oppression with others. Now, you can! ( <https://intersectionalityscore.com/> )

This misuse of intersectionality to invite people to “compare [their oppression] with others” trivializes the framework and implies that it measures differences without rooting those differences in oppression and power. An additional risk with using intersectionality as a theory of difference is that it serves our field as an instrument to “other” in the name of diversity (Bilge, 2013; Lopez, 2017). Further, Elisa Lopez (2017) states that the colonization of intersectionality is demonstrated when it is used as lip service. I would add that it is also used as a “move to innocence” (Tuck & Yang, 2012) without actually challenging white supremacy (Utt, 2017).

Bilge (2013) refers to the “whitening” of intersectionality (p. 412) by obscuring colonialism’s role in violence and oppression. Bilge asserts:

What I mean by “whitening intersectionality” does not refer to the embodiment, skin color or heritage of its practitioners, nor does it attempt to police the boundaries of who can legitimately do intersectionality and who cannot. Whether scholars are “whitening intersectionality” refers to ways of doing intersectional work. . . . One does not need to be White to “whiten intersectionality.” (p. 413)

To counter this effect, Bilge argues that intersectionality should be tied to anticolonialism. These critiques about the whitening of intersectionality raise questions in relation to my work.

For example, I ask myself: In what ways can I use the framework of intersectionality while doing as little harm as possible? How can I stay centered around my ethical and political practice, or, more broadly, praxis, while knowing that I appropriate or do harm by being part of the very systems I strive to challenge? Answering questions will require reflexivity, as I outline below.

### **Critical and Radical Reflexivity**

*I wonder: Why am I, knowing that reflexivity cannot be done alone, still quiet?*

*And how can I invite people into collective accountability and solidarity?*

As discussed in Chapter 1 and above, locating myself in anticolonial and intersectional research requires self-reflexivity. There are a multitude of debates around reflexivity—how it is defined, ways to engage with it, and what this process does (or doesn't do). While this discussion goes beyond the scope of my thesis, I highlight some of these tensions, and how and why reflexivity was central to my process. Drawing on what has already been discussed in my thesis regarding the importance of reflexivity in anticolonial and intersectional research, below I describe the concepts of critical reflexivity (Fook & Askeland, 2006; Fook, White, & Gardner, 2006; Gardner, 2006) and radical reflexivity (D'Arcangelis, 2017).

***Critical reflexivity.*** Critical reflexivity calls for an interrogation of how the alliance between power and knowledge shape discourses that directly contribute to systems of oppression (Fook & Askeland, 2006; Fook et al., 2006). In terms of my research, this interrogation includes not only how these systems show up in my data, but also how they sneak into my own research process and practice. Within a praxis of resistance to white supremacy, critical reflexivity requires the researcher to pay attention to acts of resistance and how they and the research participants resist in a variety of ways.

The way reflexivity is framed in most spaces suggests it is a process rooted in individualism—and that somehow we can (and should) engage in reflexivity alone (Fook et al., 2006). Critical reflexivity is different from critical reflection in that *reflexivity* requires action. It involves praxis—both theory and practice—and does not separate the two. Within narrative therapy, for example, critical reflexivity corresponds with the central notion of unpacking discourses and exploring how these dominant stories may be working for, or against, our ability to engage with ethical and critical practice (Fook et al., 2006). In other words, critical reflexivity can create space to question if we are enacting the ethical praxis we strive to enact, or if there are contradictions between our values and what we are actually doing. To honestly assess ourselves in this way requires that we engage with our heart and with others whom we know will lovingly hold us accountable while standing with us.

***Radical reflexivity.*** Adding to the notion of critical reflexivity, white settler scholar Carol-Lynne D’Arcangelis (2017) refers to radical reflexivity, arguing that we must look beyond the individual to the *structures* of privilege and oppression. D’Arcangelis asserts that it is not enough to engage with reflexivity around our own personal experiences; rather, we need to foster “a collective act of reflexivity” (p. 14). I relate this idea to Leanne Betasamosake Simpson’s (2017) notion of radical practice. Simpson speaks about radical practice as “requir[ing] us to critically and thoroughly look at the roots of the settler colonial project—capitalism, white supremacy, heteropatriarchy, and anti-Blackness” (p. 48). My intention in contributing my wonderings throughout this thesis is to make visible the structures of power I embody, to resist the isolation that white supremacist reflexivity requires of us, and to call practitioners who may have similar wonderings into collective solidarity and accountability.

*Reflexivity as a move to innocence.* While critical and radical reflexivity are pivotal to critical and political research, I want to bring forward how reflexivity might constitute a move to innocence (Tuck & Yang, 2012). First, the risk of reflexivity is that it can suggest that the self is “knowable” and transparent to others, which can falsely alleviate the need to attend to the complexity of structures of power and knowledge (herising, 2006). Second, Badwall (2016a) contends that reflexivity, while important, “works to re-install whiteness through the colonial production of moral superiority and innocence” (p. 1). Reflexivity calls on practitioners and researchers to examine their social locations and thus “mark themselves” (p. 1). Indigenous and racialized practitioners are not unfamiliar with being marked bodies. However, when white practitioners are encouraged to mark themselves, it centers whiteness and can easily uphold white supremacy (Badwall, 2016a; D’Arcangelis, 2017).

Badwall (2016a) further argues that critical reflexivity “collude(s) with the operation of daily racism” (p. 2). White fragility and critical reflexivity can become harmful to Indigenous and racialized practitioners when they are asked to engage in this process while their experiences of racism are at the same time silenced by white supremacy. Similarly, Leigh Patel (2014) cautions that reflexivity can be self-serving rather than “answerable to structures of coloniality” (p. 62). Wanda Pillow (2003) asks, “*Who* gets to be reflexive?” (p. 177, italics added). Being encouraged and able to be reflexive in research and practice without much penalty makes visible my intersecting privileges. Being able to show emotion and to call out racism—something Indigenous and racialized people have always done yet are often penalized for—recenters whiteness. Reflexivity becomes a move to innocence for white practitioners that is not offered to Indigenous and racialized practitioners in the same way (Badwall, 2016a). It’s a move I am familiar with:

I sit with a pit in my stomach as I read and reread Badwall's work. I know too well this feeling of moving to innocence. It's constantly knocking on my door. Sometimes I let it in. I am rewarded for it, after all. Other times it doesn't even knock and sneaks in somehow—even with the alarm system in place. Sometimes it forces its way in even though I don't want it to, and other times I can hold the door closed long enough to call on the people who shoulder me up.

My awareness of my moves to innocence is what fuels my praxis of resistance and justice-doing.

### **Resistance and Justice-Doing**

Reynolds (2010b, 2012a), informed by Crenshaw (1994), Robinson (2005), and other critical race theorists, offers a perspective I identify strongly with, which is *justice-doing*. Justice-doing involves what Reynolds calls guiding intentions. These include centering ethics, doing solidarity, fostering collective sustainability, addressing power, critically engaging with language, and structuring safety (Reynolds, 2010a). Throughout my thesis I attend to these intentions in one form or another.

As a part of justice-doing in my research, I strive to pay attention to and highlight acts of resistance—within myself, the practitioners who shared their truths with me, and as a collective. I ask: How did practitioners who shared their truth also engage in acts of resistance against my process? Against colonial ideologies? How am I both resisting and exerting white supremacy in my process?

Brown and Strega (2005) write that research that highlights acts of resistance contributes to individual, social, political, and collective change by “challeng[ing] existing relations of dominance and subordination and offer[ing]s a basis for political action” (p. 9). An ethic of resistance is understanding that it is crucial to collectively name and expose injustices because

“not naming them is equally political” (Reynolds, 2008, p. 5). Importantly, Tuck and Yang (2011) ask “Does resistance do what we think it does? No, almost never” (p. 526). They speak to resistance as fluid, and to how it is not just what marginalized people “do towards justice” but also what those with power do to keep their privileges (p. 526). Fine, Tuck, and Yang (2014) likewise state that oppression is a site for violence *and* for acts of resistance.

### **Methodology and Methods**

Below I describe how I conducted my research, including truth-teller recruitment, wisdom and truth collecting processes, and my approach to analyzing the narratives through a critical thematic analysis, and attending to the complexity of representing voice. As a reminder, the research questions I sought to answer were

- How do Indigenous and non-Indigenous sexualized violence practitioners who work with Indigenous self-identified girls and women theoretically and practically engage with critical frameworks and, in particular, narrative therapy?
- In what ways does white supremacy influence how narrative therapy is developed, taught, understood, and practiced, and (how) are practitioners resisting white supremacy’s influence and calling it out? (see Chapter 1 for additional sub questions)

#### **Truth-Teller Recruitment**

In recruiting truth-tellers to participate in my research, I intentionally looked for sexual violence practitioners who identified as drawing on narrative therapy in their practice from a critical perspective (including Indigenous perspectives) and were working or had worked in some therapeutic capacity with Indigenous self-identified girls and women who had experienced sexualized violence. During the recruitment process, I decided to include practitioners who met

these criteria but not necessarily at the same time. I did this in order to reach more practitioners and because I believe practitioners have wisdom to share regardless if they meet my criteria all at once.

I circulated my recruitment poster (Appendix A) to a variety of nonprofit agencies and government agencies that offer counselling in some capacity around sexualized violence (e.g., BC Association of Clinical Counsellors, BC College of Social Workers, BC Association of Social Workers) and to postsecondary child and youth care, social work, and counselling programs, all in BC's Lower Mainland or on southern Vancouver Island. In total, I sent the poster to more than 30 places. One agency circulated the poster on their Facebook page. I also sent the poster to practitioners in the field who, I know draw on narrative therapy and critical theories, and asked them to share the poster with their agency or other practitioners if they wanted to.

It was difficult to find practitioners who expressed interest and decided to share their wisdom and truths with me, because of the narrow scope of my research. Several practitioners expressed interest but chose not to participate in the end. I found myself frustrated at times with the recruiting process because it was so difficult to find participants. Monique Guishard and Eve Tuck (2014) write about resistance and research in a way that allowed me to reframe this experience. They state that "refusals in . . . research are needed to mark forms of knowledge that the academy does not deserve" (p. 190). Most of the practitioners who reached out and subsequently chose not to participate identified as racialized or Indigenous. Considering the long and harmful history of research with racialized and Indigenous peoples, I consider their decisions to not participate as acts of resistance.

Ultimately, five white practitioners and one Indigenous practitioner came forward and participated in the research, a total of six practitioners. By the end of my recruitment process, I

had transcribed the initial interviews and sent them to the participating truth-tellers to review. At that time, I let these truth-tellers know I was looking to interview at least one more Indigenous practitioner and asked them to pass on my recruitment poster if they knew of anyone who might want to participate. Unfortunately, no other Indigenous practitioners chose to participate, and no racialized practitioners participated. This is a large limitation of my research and I recognize that my analysis and ideas that emerge from these narratives are limited in how they can be generalized. However, I did take the time to focus on the rich narratives from those who did participate and allow the depth of the narratives come through in chapter 4 and 5.

I assigned the truth-tellers pseudonyms to protect their anonymity, and for confidentiality I assured them I would not report any identifying information about them, such as their Nation, workplace, or specific geographical location. When I sent the truth-tellers the summary of preliminary findings, I gave them the option to identify how they wanted to be referred to in my thesis.

To honour truth-tellers' agency in sharing what they felt comfortable sharing with me, I asked them to reflect on locations or identities that they believed were relevant to the research, if they chose to share them. I refrained from asking them specific questions about their gender, ancestry, sexuality, etc. One of the truth-tellers chose to identify as a European occupier, four as white, and one as Indigenous. One of the white practitioners identifies as *she/they* and prefers *they* in writing. Some practitioners did not self-identify their gender; others identified as cis females. There were no self-identifying males. In this thesis I refer to all of the practitioners as they/them in order to maintain confidentiality and resist the colonial gender binary. The truth-tellers had varying amounts of experience working alongside Indigenous self-identified women and girls, experience in working with sexualized violence, and experience and training in

narrative therapy. Collectively, they had experiences as youth workers, counsellors, psychologists, and social workers in nonprofit and government settings, as well as private practice. The truth-tellers all identified being interested in, and drawing on, narrative therapy and critical practice. What this looked like on the ground, however, was very individual.

### **Wisdom and Truth Collecting Processes**

To explore how sexualized violence practitioners practically and theoretically draw on narrative therapy and critical theories in their practice, I engaged in semistructured conversations with each practitioner. Once the practitioners decided to participate as truth-tellers, I sent them the consent form (Appendix B) to look over and asked if they had any questions or concerns; if they did, I answered them. I repeated this process again at the beginning of our conversation and made sure they understood the risks and benefits of participating in the research, the steps that were being taken to protect confidentiality and offer anonymity, and other details identified as important by the research ethics board. On the consent form they could voluntarily identify whether they wanted to receive a summary of the preliminary findings to look over and give feedback on, and all of the participants asked for this summary. Additionally, I gave them the conversation questions I was curious about (Appendix C) ahead of time and explained that these questions would serve as a guide and we could discuss anything they believed was relevant or they wanted to share with me around my topic. Tilley (2016) states that research rooted in critical and postmodern paradigms tend to share questions with the research participants ahead of time, knowing that these questions only guide the conversation.

I engaged in conversations with practitioners in a variety of settings; these settings were private, confidential spaces. I met or spoke with practitioners in their homes, on the UVic campus, over the phone, or via an online video conferencing platform. The conversations were

recorded and lasted between an hour and 90 minutes. The practitioners whom I met in person were offered food during our conversation, and all participants were given a gift to thank them for sharing their wisdom and time. This gift was handmade by a local Indigenous designer, Denise Williams from the Tla-o-qui-aht First Nation.

At the beginning of the conversations I acknowledged the traditional and ancestral lands of the Lkwungen and WSÁNEĆ peoples and discussed the direct connection between colonization and sexualized violence against Indigenous women and girls. I then located myself and shared how I came to this research. I offered the truth-tellers the opportunity to acknowledge whose land they were located on and locate themselves as they wanted to and felt comfortable with. The conversations were guided by the questions I had prepared, and the participants shared their experiences, wisdom, challenges. They were given an opportunity at the end of the conversation to add anything they thought we had missed or had not spoken to sufficiently. I later transcribed the conversations verbatim and sent each truth-teller a copy of the transcription so that they would have a record of their own wisdom and curiosities in relation to the research questions.

### **Analyzing the Narratives**

To analyze the data in a way that attends to truth and wisdom *and* to power relations and hegemonic discourses, I used critical thematic analysis (Lawless & Chen, 2019). Scholars Brandi Lawless and Yea-Wen Chen have developed a critical thematic analysis framework that looks at “the interrelationships between interview discourses, social practices, power relations, and ideologies” (p. 92). In other words, during critical thematic analysis the researcher “seeks to understand individual and shared experiences of participants while being acutely aware of economic, social, historical, and political contexts, social and hegemonic structures, institutional

power, and ideological impact” (p. 96). In developing critical thematic analysis, Lawless and Chen drew on conventional thematic analysis (Braun & Clarke, 2006) as well as William Foster Owen’s (1984) analysis criteria of *recurrence*, *repetition*, and *forcefulness*. Recurrence refers to when (perceived) meanings show up in multiple conversations, even if the same words are not used. Repetition is when key words or phrases are repeated in multiple conversations, and forcefulness marks the (perceived) importance participants attach to their language through their tone, body language, and volume. In my critical thematic analysis, I drew specifically on the approaches I discussed earlier: justice doing and witnessing acts of resistance, intersectionality, anticolonialism, critical reflexivity, and radical reflexivity.

I began my analysis in the data collection phase rather than waiting until all the data was collected. Sharan Merriam (1998) argues that data can be collected and analyzed simultaneously, and this becomes a fluid process rather than a rigid step-by-step process. In fact, Merriam suggests that the analysis never stops, but only becomes deeper and more intense once all the data is collected. Once all my conversations with truth-tellers were completed, I transcribed the conversations. During this process, I paid attention to what come up for me and what I noticed within myself and the data, and I wrote down questions and curiosities as they came up. To deepen my relationship with the conversations and transcripts, I listened to and read through them a few times. During this process, I was guided by Lawless and Chen’s (2019) methods of coding, as well as by Owen’s (1984) criteria of recurrence, repetition, and forcefulness. At first, I paid particular attention to conversational discourses and what these discourses spoke to, or didn’t speak to. I also looked for moments of resistance in the conversations—both on an individual basis and in the conversation as a whole. At this stage of my analysis, I looked at

individual and collective recurrences, repetitions, and forcefulness in conversational discourses in a way that brought forward preliminary themes.

After attending to conversational discourses, I shifted my analysis to one that connected the data and these discourses to broader societal, systemic, and hegemonic ideologies. Lawless and Chen (2019) state that in this coding phase, the researcher is centered around the question “What ideologies, positions of power, or status hierarchies are recurring, repeated, and forceful?” (p. 99). I specifically analyzed from a macro-political view to make visible the larger social and systemic ideologies that often shape practitioners’ narratives. This level of analysis allows for creating “pathways . . . for social justice” (Lawless & Chen, 2019, p. 103). Locating discourses in larger systems is also consistent with narrative therapy, which makes this form of analysis highly suitable.

Once I had identified preliminary themes, I solidified them by bringing forward quotes and parts of the conversations that spoke to these themes in addition to my research questions. I also highlighted areas in the conversations where I noticed acts of resistance and moments where white supremacy was challenged or upheld. The following themes emerged from my data: (1) narrative therapy is useful but not enough; (2) deconstructing narrative therapy; (3) and smuggling / double practice. In addition, the data showed a strong theme of a needed paradigm shift, which I explore in the discussion chapter and Circle video.

Once I had identified these themes, I shared a summary of the themes with the truth-tellers who had indicated on their consent form that they wanted this summary (i.e., all of them). I invited voluntary responses from all participants and received a response back from a couple of them.

## Attending to the Complexity of What Voice “Does” Rather Than What it “Is”

Critical approaches to research often treat voice as speaking truth to experience. Lisa Mazzei and Alecia Jackson (2012) problematize the notion of the ability to authentically represent voice in research as true or real. Rooted in postmodernism, these authors argue that research risks being simplified and thus ignoring the complexity surrounding the data and the researcher, such as time, space, history, and power (Mazzei & Jackson, 2012). In fact, Mazzei and Jackson assert that researchers’ own agendas and power interact in complex ways, shaping what questions they ask and what data they highlight and analyze. They argue that researchers “plug in” different voices as a process in research, including their own voice(s), voices from the literature, theory, and academia, and voices from mentors and teachers, to name a few (p. 747). Further, *what* participants say and *how* they say it are intertwined and influenced by time, space, history, location, structures of power and privilege, personal and collective experiences, and many other factors. Badwall (2016b) states that researchers’ underlying assumptions affect how they hear, interpret, and represent stories.

When we as researchers choose quotes from interviews to support our analysis, we often frame them as direct quotes without giving much thought to the complexity around voice. However, Tilley (2016) asks, “What is direct about a direct quote?” (p. 187). Similarly, Mazzei and Jackson question whose interests are being served and whose are further marginalized by particular quotes, asking, “Do participants ever *speak for themselves?*” (p. 746, italics added). Badwall (2016b) takes this questioning further, asking, “What do certain stories *do?* What are the taken-for-granted assumptions that underlie truth claims in our stories?” (p. 10, italics added). Unpacking the power relations that come into play during the research process, including in the

conversations, and understanding how the context of this power is weaved within research is important in addressing relational ethics.

### **Questioning Validity and Reliability**

Validity and reliability are typically issues that are congruent with positivistic research concerned with if research can be replicated and the measures are proper (Babae, Le, & Le, 2013). There are varying opinions about how to address these issues in qualitative research (Creswell & Miller, 2000; Yazan, 2015), and how these are addressed depends mostly on the researcher's paradigm(s). Patti Lather (1986) offers her perspective that at a minimum, reflexive subjectivity (i.e., documentation of how researcher's assumptions are intertwined with the data and analysis), face validity (i.e., member checks), and catalytic validity (i.e., the research leads to insight, and ideally activism), need to be incorporated into the research design. The critical paradigm calls to question the legitimacy of validity, and Maliheh Babae et al. argue for research rooted in the critical paradigm to ensure the research is purposeful, in depth, coherent, powerful, and social justice focused, and for the researcher to engage in reflexivity, transparency and self-questioning throughout the research process. Lather (1986) and Babae et al.'s suggestions mirror what Carlson (2017) argues for in her approach to ethical anticolonial research.

Moreover, member checking is a way within critical research to attempt respectful representation, some form of validity, and to communicate that what is being shared is being understood by the researcher. Member checking can happen at a variety of times during the research process (Tilley, 2016). During the conversations, I would paraphrase back and ask for clarification in order to make sure I was understanding what the practitioner was stating. In

addition to this way of member checking, as mentioned before, all practitioners expressed interest in receiving a summary on preliminary findings to give feedback.

## Chapter 4: Making Meaning of the Truths and Wisdom Shared

In my conversations with research participants, we delved into the usefulness of narrative therapy, what is missing in narrative therapy, as well as our practices with Indigenous women and girls experiencing sexualized violence. Participants shared their struggles, experiences, hopes, resistance to and knowledge around these topics in humble, critical, and curious ways—and I held space for these stories to emerge. As discussed in detail in the previous chapter, I approached the transcripts with a critical thematic analysis using an intersectional, anticolonial, and antiracism framework to shape the research findings.

In this chapter, I outline themes that emerged from my conversations with the participants. In analyzing the data, I sought to explore my research questions: *How do sexualized violence practitioners who work with Indigenous self-identified girls and women theoretically and practically engage with critical frameworks and narrative practice? In what ways does white supremacy influence how narrative therapy is developed, taught, understood, and practiced, and (how) are practitioners resisting this and calling it out?* These questions shape the focus of my research and analysis. In this chapter I share the stories and wisdom of the research participants around these and other themes.

I also explored the following questions: (a) *What other theories, frameworks, or ways of knowing and being do practitioners draw from in their sexualized violence practice? What contributions and tensions might these alternative ways of knowing offer?* (b) *How are practitioners attending to antiracism, anticolonialism, and intersectionality, and (how) do these show up in their practice and supervision?* The final question I sought to answer will be explored in Chapter 5, the discussion chapter: *How can we reimagine narrative therapy and what are practitioners naming as missing or not being attended to in our field?*

The themes that emerged through a critical thematic analysis of the data and personal reflections were (1) narrative therapy: useful but not enough; (2) deconstructing narrative therapy; (3) and smuggling/double practice. Within each theme, participants deeply explored their relationship with narrative therapy and unpacked their own and collective practices.

In the following section, I introduce the wisdom and truth-tellers (i.e., the participants). Then I discuss each of the themes using excerpts from our conversations.

### **Introducing the Wisdom and Truth-Tellers**

As part of the member-checking process, I asked the participants to express how they want to be identified in this thesis; three participants responded. Two of the participants wanted to use their own names and one requested a pseudonym. I chose pseudonyms for the participants who did not respond to my invitation. The participants are described below. Because participants were given the choice to self-identify as they wanted in the interviews, some participants shared more and some chose to share less about their backgrounds; therefore, the following introductions vary in detail.<sup>10</sup>

**Stefanie.** Stefanie, who asked to use her real name, is a cisgender woman who identifies as a Jewish, third-generation refugee and white settler. She works in a nonprofit agency as a counsellor with young people, many of whom are Indigenous and many of whom have experiences with sexualized violence. Her practicum in her graduate studies was a narrative therapy feminist immersion program.

**Cristina.** Cristina, who also requested to be identified by her real name, identifies as a white settler of German and Scottish descent whose family has been in Canada for three

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<sup>10</sup> When participants have not identified preferred pronouns, I use they/them.

generations. Cristina works in what is called private practice, but they prefer a different term: “*If you have your own business, it’s private practice. But I feel like I want to call it community practice . . . or alternative practice.*” Cristina went on to describe that they also have a small nonprofit connected to their community practice where they offer free services, which is one of the reasons why they prefer the term community practice. Cristina has experience as a counsellor working in live-in placements and Indigenous communities around sexualized violence and other forms of trauma.

**Tonie.** Tonie identifies as Cree-Métis/Scottish on their mother’s side and from a First Nation community in northern Alberta. They have experience working in nonprofit agencies and in First Nations communities with Indigenous young people who have experiences with sexualized violence. Tonie’s experience in the sexualized violence field spans across nonprofit agencies, First Nations communities, delegated Aboriginal agencies, and government.

**Sidney.** Sidney (French-Canadian/Estonian) is a white, straight, cisgender female, middle-class woman who lived in “*quite serious poverty*” until she was in her early teens. Sidney shared that her mother, whom she lived with until she was 13, was in the sex trade. This, Sidney said, informed her awareness around power relationships in society. The French side of her family settled in Canada in 1649 and worked in forestry and logging. Sidney’s grandparents on her Estonian side fled oppression in Estonia when they came to Canada. She shared that her grandmother was a refugee, living in camps in both Estonia and Germany when she was a teenager. Sidney stated that she has a “*deep connection to marginalization*” in addition to taking her legacy as a colonizer “*very seriously.*” Sidney’s work has been in the context of nonprofit agencies and government, as a youth worker and counsellor.

**Oda.** Oda is a cisgender woman who identifies as a white occupier of European descent. Her work with Indigenous self-identified women was at a nonprofit agency that partners with MCFD, where she worked with Indigenous mothers involved in the child protection system.

**Kai.** Kai (they/them) is a white settler with Irish, British, Welsh, and French ancestry. Their ancestors settled in 1880 on Mi'kmaq territory and in the 1700s in Bermuda, moving from Bermuda to Cree territory. Kai reflected on their legacy of colonial violence and stated: "*I always think about that context and what it means to settle and what it means to occupy, what it means to arrive in violence and stay in violence.*" Kai identifies as queer, disabled with disability pain, and as an activist; these social locations highly influence how they move through the world. Kai has worked in social work, outreach, nonprofit, and counselling contexts.

### **Theme 1: Narrative Therapy—Useful But Not Enough**

*You can't story your way out of everything, and nor should you. ~ Tonie*

Reflecting the literature on narrative therapy explored in Chapter 2, all the participants spoke about the usefulness of narrative therapy in their work in general with Indigenous girls and women who have experiences with sexualized violence. However, they also expressed that narrative therapy is not enough. Below I describe both some of the gifts and some of the limitations participants identified from their experiences of working with narrative therapy, as well as some alternative theories and frameworks.

#### **Gifts Narrative Therapy Has To Offer**

In talking about the ways they found narrative therapy ideas and practices useful, each of the participants identified several gifts that narrative therapy can offer, beginning with its resonance with Indigenous oral traditions and healing practices.

***The healing power of storytelling.*** Tonie described how they had learned about narrative therapy in graduate school and found it to fit with some of their cultural healing practices and oral traditions. Echoing Stewart's (2019) assertion that "using narrative therapy with peoples who come from a narrative tradition is both fitting and helpful" (p. 45), Tonie, who identifies as Indigenous, shared:

*Narrative really fit for the work that we were doing in the Indigenous Community Counselling program as well, because Indigenous communities are an oral-based community and so the idea of story and story being healing just kind of made sense. . . . The idea of meaning making and all of that just kind of naturally flowed with my experience of how we use ceremony to heal.*

This perspective has been expressed in literature. For example, sharing her own experience with narrative therapy as an Anishinaabe'kwe and Kanien'Keha:ka author, Taylor Thornton expressed, "for Indigenous communities, I see healing power in Indigenizing narrative therapy, by making visible the ways that narrative healing is connected to Indigenous oral traditions rather than simply a product of western interventions" (Dumaresque, Thornton, et al., 2018, p. 123). White participants spoke about the "*radical acceptance*" of storying and reauthoring people's lives and experiences in narrative therapy. All of them expressed that stories were vital in their practice. As Oda shared:

*I pretty much believe that stories are all that we have, and the idea that you can work together to retell your story, I think that's really powerful. And I think that stories have the power to change people's lives.*

Kai spoke about the usefulness of using story and highlighting acts of resistance,

*particularly for clients who experience sexual violence looking at . . . at those resistance stories. I think those are really helpful, particularly restorying. . . . When folks have experienced trauma in their lives often there's a misunderstanding between what's happening at the physical level and that disconnection from the actual narrative as far as events. So a lot of I think the way that we use narrative therapy is restorying those events to understand what's happening in the physical body and to connect them and looking at also those narrative stories of resilience and resistance.*

As Kai effectively shares, narrative approaches provide tools for people to make meaning of painful experiences and events through restorying, in order to transform them from sites of trauma to sites of resilience and reclamation.

***Critical conversations and unpacking dominant discourses.*** Several white participants expressed how narrative therapy can invite political and critical conversations that are necessary in their work by creating space for unpacking dominant discourses. Sidney, a white practitioner, expressed how narrative therapy can provide a means for deconstructing dominant stories:

*So, narrative . . . is very purposeful and crafted in the unravelling of those dominant stories and that's what I really love about it, and it was very fitting for me because it really fit with my feminist background, so I was like "yes this is what I'm talking about!"*

Sidney further reflected on the importance of naming systemic issues:

*Change doesn't come from putting a Band-Aid on something. . . . It's not enough to, you know, for example, work with someone just on how they feel and how they*

*can feel better. . . . We have to validate this [sexualized violence] experience by naming all this shit that has come before this moment that has allowed this and supported and perpetrated this one isolated experience, right?*

Similarly, BIPOC child and youth care scholars Sandrina de Finney, Lena Palacios, Mandeep Kaur Mucina, and Anna Chadwick (2018) call for “unsettling care” and relational practice—what they name “relational band-aids”—and urge us to “move beyond EuroWestern psycho-social notions of relational practice to foreground the political, economic, and sociocultural inequities that produce ongoing colonial violence” (p. 34). Kai, one of the white participants, echoed this idea and spoke to attending to macro-level systems in their practice:

*We have to be aware that there are systems in place and it is okay to make them monstrous, to think of them in the context of monstrosity, 'cause that really speaks to more what they are, tangibly. Bringing the invisible into the visible, right? That's a beautiful way that I think narrative therapy can work. I think we can talk about trauma and sexualized violence within the systemic context and give them names, and I think that narrative therapy is wonderful for that.*

Kai conjures an image of how large and difficult these systems are in the lives of survivors of sexualized violence and by naming and making visible how these systems try to overpower women and girls, narrative approaches encourage practitioners to dismantle aspects of this power through critical conversations with clients.

***Attending to power in the therapeutic space.*** White participants also spoke to the way narrative therapy attends to power dynamics in the relationship, and how for white settler practitioners, this is crucial. Cristina stated that “*really being aware of yourself as much as*

*possible, and your location, and where you're from and who you're sitting with*" is important in their work with Indigenous people. Similarly, Sidney expressed: *"There is the whole sort of shift in the power dynamic in narrative I really love, so you know, for the counsellor and the youth, or whatever, to be in a really open place of curiosity."* Sidney further explained that in addition to narrative therapy, their practice is rooted in "feminism and critical race theory" (CRT). They reflected on how these frameworks focus on power dynamics and white accountability:

*What really stood out to me [with feminism and CRT] was this challenge of people with power to take responsibility, you know? Take responsibility and stand down, like, that was really . . . it's giving me the shivers just talking about it . . . and it was so cool to like feel in myself, this willingness to stand down. Like I want to stand down and create and support people to create whatever kind of platform is going to be useful to them to stand up and say "this is my experience or this is what you fucking did to me" or whatever they want to say... (laughter) but that I could have a role in that... giving room, and doing that if it means a sacrifice for myself... then I will do that because that's what should happen, like I should shut up and let other people speak because of the legacy of my, you know, white colonizer past.*

"Standing down," as Sidney states, speaks directly to the importance of interrogating power within the practitioner-client relationship as well as within practice. Interrogating power dynamics is tricky and leaves room for white supremacy to show up and (re)center whiteness through moves to innocence for the white practitioner. What does it mean to stand down? How do we ethically and relationally attend to power in the therapeutic space, knowing that white supremacy is sneaky? Are we "standing down" and attending

to the therapeutic space to make ourselves feel better? Whose agenda are we serving by attending to power as a white practitioner?.

### **Limitations of Narrative Therapy**

While all of the participants shared ways they draw on narrative therapy in their practice and how it can be particularly useful in their work with Indigenous girls and women experiencing sexualized violence, they also spoke to limitations of narrative therapy. Tonie (the only Indigenous participant) and Stefanie drew from critical theories in their critiques of narrative therapy, while others maintained more mainstream critiques, as explored below.

***“We can’t restory our way through everything.”*** Participants expressed that at times narrative therapy can become like *“putting a spin on something,”* and that *“we’re changing the way that she’s telling herself that story”* but it does not attend to how some things *“just are.”* Stefanie offered an example from their practice:

*Sometimes what matters for a certain youth is they stay alive or they get out of jail and of course you can have your [systemic/critical] analysis, but that might not always be what is the main thing that you are doing with them.*

Tonie reflected on one limitation of narrative therapy’s process of reauthoring:

*I sometimes worry that we try to meaning-make [the experience] away instead of just sitting in it and accepting that truth, whatever that might be. . . . I kind of felt like the purpose of doing that storywork was to always push through and work through things, and I think where I have come now is to realize that some things don’t need to be gone through; some things are what they are and it’s an acceptance thing, it’s not a . . . a “rewrite the story so that it’s tolerable” thing.*

Tonie presented an illustration of how they had learned that “*we don’t have to restory our way through everything*” from an Indigenous young person who had “*dissociated*” during an experience of sexualized violence:

*I was talking to her about the strength of disassociation and her body’s ability to protect itself and she was like “Tonie, I checked out because it was fucking awful.” And I’m like “you’re right, we don’t need to story this; it was awful.”*

The reality of raw pain, grief, and trauma cannot be explained by narrative approaches and the focus of narrative to restory every part of people’s stories has its limitations. Tonie’s suggestion that we can’t “restory our way through everything” speaks to the fact that restorying alone does not change systemic violence. This is a significant limitation for practitioners trained to explain, “fix” or address people’s problems. Yet, as the youth in Tonie’s story so effectively states, some experiences are just awful and no amount of restorying and reauthoring will change that or change how bodies respond to trauma.

***Neglecting emotion/affect/body in narrative therapy.*** Most participants spoke about the lack of attending to emotion, affect<sup>11</sup>, and the body in narrative therapy literature, training, and practice. For example, Sidney reflected on how “somatic stuff” is missing in narrative therapy:

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<sup>11</sup> Gould (2010) uses the term *affect* “to indicate nonconscious and unnamed, but nevertheless registered, experiences of bodily energy and intensity that arise in response to stimuli impinging on the body. *Registered* in that the organism senses the impingement and the bodily effects, but nonconscious in that this sensing is outside the individual’s conscious awareness and is of intensities that are inchoate and as yet inarticulatable. . . . Where affect is unfixed, unstructured, and nonlinguistic, an emotion is one’s personal expression of what one is feeling in a given moment. An expression that is structured by social convention, by culture” (as cited in Denborough, 2019, p. 29).

*Trauma resolution I think is really . . . it's a big gap for me and it's just the attention to the body and how those experiences of sexualized violence . . . how it is important to get into the body stuff, you know?*

One of the participants in Tessneer's (2015) master's research identified a similar limitation: "It [narrative therapy] can be used with trauma, but . . . it's not quite enough, I think" (p. 57). Tonie expressed that they have gotten "*really into neuro-developmental understandings of trauma*" and how trauma interrupts cultural identity development. Tonie went on to share:

*I really believe that cultural connection . . . it's not a theory, it's a way of being, and in terms of reclaiming Indigenous identity, I just see it—it becomes a source of strength and power to overcome adversity in their lives. . . . And in my life too. . . . There are a lot of counsellors that can help you get over your trauma but not a thousand and one that can help you find your way home.*

Tonie's reflections about cultural identity highlights how vital cultural identity development might be for Indigenous girls and women who have experiences with sexualized violence, and the importance of incorporating critical and cultural trauma theory in narrative therapy.

The critique that narrative therapy neglects emotion, affect, and body has also been documented by narrative therapists Eleni Karageorgiou (2016), Gerald Monk and Navid Zamani (2019a), Lynne Rosen (2018), Karl Tomm (2018), and Jeffrey Zimmerman (2018). In contrast, David Denborough (2019) states that narrative therapy does in fact attend to affect, emotion, and body, but it does so differently than many other approaches. Denborough also reminds us that there is an ontological tension between neuroscience and narrative therapy; the former is rooted in modern and individualistic thought while the latter is rooted in postmodern ideas that reject

the “absolutes” of science. Denborough cautions that “by focusing on changes in the brain, one of the first things that can become concealed is consideration of politics” (p. 20). According to Denborough (2019), Monk and Zamani (2019a), and Zimmerman (2018), narrative therapy was originally developed as a response to humanistic and psychoanalytic therapies where affect, emotion, and body were separated, pathologized, and individualized. Specifically, humanistic and psychoanalytic therapies reinforced a repression/expression discourse where clients’ “psychological problems” were a result of emotional repression and thus needed to be expressed, and therapists were expected to repress any emotion in the relationship.

In response to the pathologizing of emotion in many therapies in the 1980s, narrative therapy put emphasis on the power of discourse and language as one departure from the depoliticization of emotion/affect/body. Due to the shift from the repression/expression discourse to the linguistic/discursive discourse, many narrative therapists have unintentionally dropped the importance of emotion and affect—although according to Denborough (2019), this was not Michael White’s intention. Zimmerman (2018) references their personal communication with narrative therapist Stephen Madigan in 2014, who posited that Michael White’s (2007) *Maps of Narrative Practice* may have inadvertently steered a “generation of narrative therapists” to an “overly cognitive picture” of narrative therapy (p. 37). Zimmerman goes on to state that “we [the narrative community] don’t talk emotions, affect, or feelings. We don’t write about them, either. And most of the time, we don’t take care to make sure they are in the room with us” (p. 1).<sup>12</sup> One of the white participants in my study, Kai, reflected on the importance of attending to the body holistically:

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<sup>12</sup> See Denborough (2019), Karageorgiou (2016), Monk and Zamani (2019a, 2019b), Rosen (2018), Zimmerman (2018), and Zimmerman and Beaudoin (2015) for further critiques and discussion of how narrative therapy attends to / can attend to emotion/affect/body.

*In many cultures, embodied healing is connected to story and is connected to narratives . . . so, we have to keep that possibility alive in counselling. . . . There's a story to be told, to weave the body and the mind and the spirit back together.*

This participant speaks to what narrative therapist Travis Heath (2018) wonders: “How do we invite the spirits and souls of people to heal if we don’t invite them into the room to speak with us?” (p. 52). Attending to the body holistically is also crucial when we consider Ce-Jai J, a truth-teller from the National Inquiry (2019a), who stated: “I feel like my spirit knows violence” (p. 504).

Stefanie, in discussing the lack of emotion, affect, and body in narrative therapy, said that narrative therapy is *“super heady and logical and left-brain. . . . It devalues approaches based on emotion and embodiment and connection, and it’s kind of not surprising how that’s a male approach.”* Stefanie was speaking to how, due to the pervasiveness of white supremacy and patriarchy, narrative therapy can unintentionally reinforce hegemonic masculinity. Historically, masculinity has been tied to rational and logical thought, which is privileged in Western society. Femininity, which is characterized as emotional and nonrational, has historically been deprivileged (James, 1997).

To fill in some of the identified gaps and limitations with narrative therapy, the participants discussed theories and approaches they use in addition to narrative therapy, some of which I outline next.

### **Approaches Participants Use in Addition to Narrative Therapy**

All of the participants described how they draw on other ontologies, counselling theories, and approaches in addition to narrative therapy. Specifically, Cristina shared how she uses connection to, and relationship with, horses in her work:

*With horses there's not a lot of big explosive moments, and you don't want that because that means that somebody might be getting physically hurt, and so you can teach, and learn, and really practice observing small details that have really big meaning. And I really think that happens when things are passed down generationally and with all the trauma, and violence, and sexualized . . . these little pieces that keep showing up, and sometimes you can't quite grab them and can't quite understand them.*

Christina expressed that she uses externalization and storytelling with her horses: *"I tell stories about my horses and then if somebody sees themselves in that story and it's useful to talk about, then we can go in that direction"* These examples speak directly to some Indigenous ontologies and worldviews that involve healing with nonhuman relations, such as animals, land, and spirit (Linklater, 2014).

Tonie shared how, in addition to drawing on narrative therapy in their practice, they remain rooted in their cultural healing practices:

*[I use] lots of creative modalities and songs. . . . I've used song both from a traditional sense . . . I'm trained in [...] which is a Cree singing and song process. . . . It would be most similar, like if we were comparing it to like an attachment type practice, where we wrap the young person in a swing, like a hammock, and there are certain songs that we sing that we teach the women in their lives for them to sing and . . . and it's for healing and connection. But then I've also used songs for expression and like that trauma-processing phase where I have had young people write poetry and then they've done raps or spoken word*

*poetry. . . . I wouldn't call both of those an expressive therapy. One is a ceremonial song and one is . . . I guess expressive.*

As Tonie was reflecting on cultural connection as a healing practice, they also shared how Western views of harm often dictate what is seen as traumatic in Indigenous children's lives, by obscuring the significant harm produced by colonial state policies and authorities:

*I don't know how many pictures I've had little children draw of themselves being physically pulled off of their moms or their grandmas by RCMP officers down on the rez, like that's the picture they draw. They don't draw the pictures of years and years of sexual abuse, they draw the picture of removal over and over.*

The history of genocide and capture of children in Indigenous communities is well documented in the Truth and Reconciliation report (2015a), reflecting the intergenerational impact of genocide and violent removal of Indigenous children from their families and communities through residential schools, day schools, 60s Scoop, and child welfare systems across Canada. Tonie's words reflect this history and the impact of over 100 years of dispossession and violence from the state, contrary to child welfare practices that assert that an Indigenous child's best interest is to be removed from their families, who in turn are framed as the perpetrators of trauma and violence. I see reframing sites of violence and trauma from the individual or family to the colonial state as one way to challenge and critically engage with how healing and therapeutic work is approached by narrative therapy practitioners.

## Theme 2: Deconstructing Narrative Therapy

*“You have to deconstruct narrative just like narrative therapy deconstructs people’s problems.”*

*~ Stefanie*

As discussed, narrative therapy has become a practice that is viewed in the mental health field to be political and progressive while it is simultaneously connected to the colonial project (Dumaresque et al., 2018). This latter tension is often not recognized, spoken about, or included in mainstream narrative practice, literature, and trainings. Instead, it is too often disguised. In other words, it can be argued that narrative therapy has “sneaky and subversive colonial roots” (Dumaresque et al., 2018, p. 112) that, in my experience, are invisible to most white practitioners but visible to some Black, Indigenous, and racialized practitioners. As Heath (2019) argues,

When narrative therapy starts to become canonical, it is moving away from the very thing that I think attracts a lot of people to it, and I want to say that the way this happens is often sneaky. . . . I think people are doing this with the best of intentions but then . . . narrative therapy in its own ways can be colonizing. . . . Colonization changes, it comes up with new tactics. (n.p.)

Two white participants spoke about how, despite narrative therapy’s departure from modernistic therapies and its claim to challenge Western worldviews, it is still a “*Western [way] of looking at things*” and it upholds “*not Indigenous ways of knowing.*” One of these participants, Stefanie, made the point that narrative therapy “*was founded by two—I believe, as far as I know—male-identified, cis, straight men who were settlers in New Zealand on Maori land.*”

Tonie spoke about their concerns around how “Indigenous oral healing practices” are becoming described as narrative therapy, in particular by non-Indigenous counsellors. They went on to say:

*I think it's important to recognize the difference [between Indigenous oral healing practices and narrative therapy]. . . . I think that they are similar in that they both use story to process trauma and that they have phases that you go through in your processing, but in terms of traditional ceremonies for healing, when we go around Circle and story . . . and the songs that we use and the people that are sitting there . . . there is so much meaning behind those different pieces that have been around for thousands of years. . . . I think there are a lot of—particularly non-Indigenous clinicians who are on, for example, the First Nations Health Benefits counselling payment program and they're like “we're narrative therapists so we can serve Indigenous people” and . . . I think it's an assumption that takes the similarities too far, to think that that would be interchangeable.*

The coopting (or stealing) of Indigenous worldviews and traditions globally and packaging of them as “new” and progressive “Western” ideas is a familiar colonial move Indigenous peoples have encountered. As Linda Tuhiwai Smith (2012) states regarding postmodernism and Indigenous ontologies,

for indigenous peoples, the critique of history [colonialism] is not unfamiliar, although it has now been claimed by postmodern theories. The idea of contested stories and multiple discourses about the past, by different communities, is closely

linked to the politics of everyday contemporary indigenous life. It is very much a part of the fabric of communities that value oral ways of knowing. (p. 23)

These ideas speak to the importance of unpacking narrative therapy in relation to Indigenous ontologies and anticolonialism because otherwise we risk naming and viewing Indigenous ontologies and postmodernism as the same. The risk of this is that we invisibilize the colonial power at play in postmodernity. Because postmodernity is colonial and we are living in a colonial world, “we don’t get to say we’ve moved beyond it through a new theoretical turn, because the turn is still Western, it is still colonial” (S. de Finney, personal communication, November 11, 2021).

### **Narrative Therapy as Superior to Other Approaches**

Several of the white participants pointed out how their experience with narrative therapy literature, training, and community includes a sense of hierarchy and pedestalling. As Stefanie stated, “*There is some arrogance that really turns me off.*” Others expressed that narrative therapy can come across as “*elitist and rigid.*” The participants’ observation that narrative therapy literature, trainings, and community can seem arrogant and that it puts the approach’s pioneers and “founders” Michael White and David Epston (as well as other white cis-male narrative therapists) on a pedestal resonates with my own experience, and I have heard the same thing in conversation with practitioners outside of this research. One example of how practitioners elevate Michael White is seen in Tessner’s (2015) master’s research. A white participant described Michael White’s practice as admirable and stated their wish “to be like that.” Referring to White’s death in 2008, the participant said:

I think the lack of [Michael White's] presence is problematic for narrative therapy. Absolutely. He should have lived twenty more years, thirty more years and been just modeling it. . . . I would have liked him not to have died. I'll say that. I think that was a big blow [to narrative therapy]. (p. 54)

The primary association of narrative therapy with Michael White continues to diminish any conversation of how it steals, appropriates, and draws from Indigenous approaches and knowledges, particularly from Australia and Aotearoa (New Zealand). White supremacy seeks to center whiteness and the desire for it to be superior is reflected in some of the arrogance that emerges from narrative approaches. In the Circle video recording I present in Chapter 5, we talk further about narrative therapy's superiority complex and expand on how it leads to policing and surveillance by narrative therapy purists.

Along the same lines as narrative therapy having an essence of superiority and being difficult to fully learn and integrate into practice, Cristina stated that "*there is a specific way of doing narrative therapy.*" Interestingly, a participant in Tessneer's (2015) master's research spoke to this idea of narrative therapy purity: "Lots of new narrative therapists are sort of, 'This is the right way.' . . . And then they go out and yell at people for doing non-narrative ideas" (p. 55). There is a tension between the idea that narrative therapy claims there are specific ways of practicing and the idea "for it to be innovative, for it to be evolving" (Heath, 2019, 29.43). This sense of elitism and arrogance shows up in what Heath (2019) calls the "narrative therapy police" (28.50)—that is, practitioners who, when other practitioners modify, evolve, or supplement narrative therapy with other modalities, argue "that's not narrative therapy" (Heath, 2019, 28.50). Stefanie reflected on a limitation of being within the framework of narrative therapy: "*I guess it's just like you said in the beginning. There is such a difference between theory*

*and practice, sometimes the practice is so much more diverse than if you were a theoretical puritan.*” While Tessneer’s participant specified that it is new narrative therapists who act as narrative therapy police, I argue that those who are well versed in narrative therapy can take on this role as well. Policing narrative therapy and the pervasive control over what narrative therapy is and how it is offered “makes it much more difficult to adapt and innovate the field to meet the needs of Indigenous people, to address new contemporary issues, and to reflect deeply and honestly about the colonial roots of narrative therapy (S. de Finney, personal communication, November 11, 2021).

### **Narrative Therapy Theory Is Dense and Abstract**

Stefanie noted that *“a lot of the theory that narrative [therapy] pulls on is very cerebral and it takes a certain amount of cognitive privilege or academic privilege to fully understand.”* In other words, narrative therapy theory is not accessible to all practitioners who might be interested in learning narrative therapy in depth. The theoretical foundations that narrative therapy is rooted in (postmodernism, social constructionism, and Michel Foucault’s work) are extremely philosophical and complex. While there is literature available that simplifies narrative therapy in a way that makes it accessible to many<sup>13</sup>, White’s work, alone and with Epston (e.g., White, 2007; White & Epston, 1990) is difficult, not only to understand, but also to translate into practice. This difficulty was also reflected by a white participant in Tessneer’s (2015) research: *“It’s so hard to learn. It takes so long. . . . It took me five or six years to really feel like I got it”* (p. 55). Importantly, Kai spoke about theory and stated: *“I’m cautious that theory will give us more credit than we deserve.”* Kai points out that theory is sometimes thought to be superior to practice, which further serves the colonial agenda by keeping counselling theoretical, expert

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<sup>13</sup> See, for example, Morgan (2000), Tilsen (2018), Wingard et al. (2015), and Yuen (2019).

driven, and “heady” rather than rooted in ethics of relationality and diverse ontological grounds. de Finney (2021) reminds us that “we see how white supremacy has always excluded non-white ways of knowing and here narrative therapy does the very same thing. It is just a continuation of white ontological hegemony” (S. de Finney, personal communication, November 11). In the Circle video recording, we expand on this theme and discuss in detail how to go beyond the abstract and cognitive focus of narrative to a soul-based or somatic practice in healing work.

### **Theme 3: Smuggling/Double Practice**

*There’s just a lot of rules that are geared towards protecting the organization that I don’t follow, so I just kind of conceal things that I’m doing on a smaller scale. ~ Sidney*

Many participants spoke strongly about how their practice is directly shaped by colonial systems in agencies, organizations, and government. They expressed how policies and codes of ethics are often oppressive and serve the colonial agenda, and Tonie spoke specifically to the disconnect between Indigenous cultural healing practices and ways of being and white supremacist policies that favour Western theories and ethics. I begin my discussion of this finding by unpacking these colonial ethics and policies before describing in more detail what participants expressed about doing “double practice” and engaging in subversive practices.

#### **Colonial Ethics and Policies**

Professional codes of ethics are argued to be social constructs that are rooted in Western morality, individualism, and both cognitive and intuitive levels of reasoning (Birrell, 2006). Many codes of ethics privilege reason over emotion, with the result that to be “ethical” we must be objective and autonomous. Everett and colleagues (2013) argue that codes of ethics are normative, meaning that they reinforce “normal” social relations that are often tied to performing

a certain way. Codes of ethics and policies are also based on colonial and patriarchal views of harm, and harm is often measured against Western ideals and perspectives (Garcia et al., 2017).

Jennifer White (2011) asserts:

What often gets obscured from view in these ethical frameworks are the socio-economic, historical, and political structures and social practices that perpetuate and reproduce oppressive relations of power, including, for example, the harmful effects of policies of colonization and assimilation of Indigenous peoples. (p. 40)

For example, many codes of ethics in social work, counselling, and psychology acknowledge that dual relationships and giving gifts may happen; however, they are often discouraged and associated with what might be considered breaching professional boundaries and harm (Everett et al., 2013). As Tonie reflected about being in community with clients:

*It's actually been difficult because, particularly when non-community members or non-Indigenous caregivers are taking care of our kids . . . [where they say] "that's going to breach their confidentiality" and I'm just like . . . it's so foreign to me because I am in relationship with all of the people around me in my community. I think that's maybe a clash between Western and Indigenous principles of healing.*

Tonie went on to talk about how Western “*policies and accrediting bodies haven't caught up with supporting Indigenous modalities of healing.*” They gave an example of how a no-gift agency policy (which was likely shaped by a code of ethics) did significant harm to a client:

*We used to draw leaves because the fall, the colour of fall leaves [was] transforming for her, so we had this metaphor that kind of carried its way through the work we did. And so at the end she had got these little maple leaves; they were these green plastic from the dollar store . . . sort of like necklace charms. . . . She had bought one for me and she had one for her so that I wouldn't forget her.*

Tonie described having to tell this child that due to agency policy she was unable to accept her meaningful maple leaf because it was considered a gift. The participant shared a moving moment that occurred when they reconnected with the child as an adult:

*[She was] like, "I still remember when you wouldn't take my maple leaf." Like, oh my God. . . . Fifteen years later this woman has been carrying this around. She's like, "that hurt me so much because I felt like you were such a big part of getting through my stuff," right?*

This story and the persisting feelings that Tonie described in our conversation forced me to wonder, who are these ethical boundaries drawn for and by whom? Recognizing the normative structure on which ethics are based embodies a particular centre—whiteness. The universal application of these ethical boundaries contributes to harming relational connections that challenge the importance of Western approaches to healing and counselling. Is there room to bring in approaches that center decolonial love? Mucina and Moreno (2019) write about “decolonial love” as essential to working with BIPOC peoples:

We cannot continue to look to outdated, apolitical models to represent the hybrid multiplicities of our diverse clients or to protect marginalized peoples from experiencing oppression. Instead, we are tasked to embrace a more nuanced,

contextualized, heart-centred, and ever-changing praxis that places the needs, desires, holistic growth, and sovereignty of Indigenous, Black, and racialized children, youth, and families at its core. (p. 100)

Inuk/Taino writer Siku Allooloo beautifully states that they “advocate for love because it is the most powerful, life-giving force and it is our greatest strength” (2014, para. 10–11, as cited in Mucina & Moreno, 2019, p. 100). I imagine the possibilities of centering decolonial love over colonial ethics and policies: In what ways are practitioners already bringing in decolonial love in their practice, often by smuggling in a love ethic rather than an ethic of disconnection masquerading as professional boundaries? These are questions I explore in the following section on subversive practices, as well as in the Circle video presented in Chapter 5. It is clear that white supremacy is shaping the practice of homogenizing ethical standards; these are often harmful if we don’t challenge them, look towards decolonial love, and center relationality as a subversive ethical practice.

### **Double Practice and Engaging in Subversive Practices**

All of the participants described ways that they engage in double/subversive practices; however, what this looked like differed based on their social locations. Tonie highlighted several tensions of working in a field that is rooted in Western ontology while also engaging in their cultural healing practices.<sup>14</sup> They explained how, when working at an Indigenous agency, they were expected to offer both Western and Indigenous cultural practices. They noted that while this was the expectation, the agency only provided clinical supervision. Tonie expressed that they

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<sup>14</sup> See Baskin (2016), Duran (2019), Stewart (2009), and Stewart et al. (2017) for more on integrating Western and Indigenous healing practices.

eventually had access to cultural supervision through Elders, but they had to seek this out themselves. They also noted that Elders and Knowledge Keepers were not valued by the agency.

*If I'm expected to deliver both clinically and culturally informed practice then I require clinical and cultural supervision. And the agency grappled with that. Like they didn't know how to achieve that. We ended up getting an Elder in residence and I worked with him for a long time, but that formalized structure in terms of having an Elder or a Knowledge Keeper that could guide how to include and how to ground my work in [cultural] practice was missing. I had to seek it out. And little things like—so for my clinical supervision we were billed at \$175 an hour. When I went to develop remuneration for the Elder in residence, [the agency was] like “well, Elders in residence, they get paid max \$50 for a half a day” and little things like that.*

Tonie identified racism and white supremacy as the reason for the difference in compensation, which appeared to be tied to the perception of what constitutes expertise and “proper” supervision. When speaking about a different job where they were able to connect with Elders, Tonie reflected: *“I would say with the supervision and care of the Elders that were there, they really kept me on path.”*

Similarly, Tonie spoke to the fact that their regulatory bodies only recognize limited, non-Indigenous training for continuing education credits:

*When you go to the CCPA and the Canadian Psychology Association and get your credits or whatever there's often . . . there's quite a lot of Indigenous offerings now, but it's very, very basic level. So for me now I seek out Knowledge*

*Keepers who are not people that I will get my continuing education credits for, but they are people that in terms of my credibility in community and my ability to continue doing this work—they are the people that I actually need to sit with.*

Indigenous practitioners are working to change this, “*but in the meantime, it just means we do double*” (Tonie). Here Tonie is naming the significant inequity of Indigenous practitioners who have to engage in double practice in terms of their training, accreditation, practice and supervision in order to be able to offer culturally relevant services. This double practice, which leads to significantly inequitable workloads and expectations placed on Indigenous practitioners, is rarely acknowledged and redressed in training and agency settings. This is an issue I return to in the Circle video presented in Chapter 5.

For white participants, double practice involved finding ways to practice according to their personal ethics, which often collided with job descriptions and agency policies. There was some creativity and subversiveness present in how these participants work within a system that is oppressive with a colonial agenda. Sidney reflected on working for the government:

*[Government agency] is a fucking dinosaur. . . . Like it's so insane to me that their dominant orientation is CBT (laughter). Like that's what it is—the only thing that's mandatory is to get trained in CBT. . . . I think its [government agency's] primary objective is to protect itself. It's disgusting when you think about it. . . . They are so scared [of] losing power.*

Sidney also expressed that they smuggle in social justice and critical ideas in their practice in ways that allow them to continue working (e.g., using nonpathologizing language, engaging in

critical conversations with clients, etc.). Correspondingly, Oda reflected on how they work in the grey areas of their job description:

*I think the kind of resistance is to subvert that kind of bureaucracy. I feel like honestly I did my best work in kind of professional grey areas like . . . I think that these professional grey areas [are] where we come together and we step out of our roles a little bit and kind of get to be subversive together. That was an interesting way that critical theory played out on the ground I would say.*

Kai shared a powerful experience where her supervisor challenged white supremacy directly in their supervision by directly naming it and finding a way to subvert it:

*I was working with a supervisor a couple years ago who was an immigrant woman of colour and who said to me, “You're going to work with kids who have experienced trauma and they're coming to a new country where they're learning the rules of the society and the rules of the society is that it's built on white supremacy and they're going to look to you as the expert.” Whereas I was her student, so she said, “What are you going to do and what are we going to do together to make sure that those students understand . . . our relationship? . . . How will we do that work? Because they're kids, and they can't deconstruct that.”*

Participants shared moments of smuggling critical theory into a colonial government agency, working in the grey areas of one's job description, and directly naming how white supremacy shows up in their work. These moments are ones that white supremacy would not want us to have, as these moments undermine white supremacy and the colonial agenda by

questioning and critically looking at how they show up in policies, trainings, job descriptions, and supervision.

Double practice and smuggling ideas are familiar ways of expanding practice beyond the confines of the colonial agenda for many who draw on narrative therapy in their work. During a narrative therapy conference in 2019 in Vancouver, BC, for example, narrative therapists Jennifer White and Jonathan Morris stated, “We often smuggle in narrative and social justice ideas in counselling and mainstream mental health. . . . Even in totalized working environments there are cracks and acts of resistance” (personal communication, May 3, 2019). Considering that the core ethics of narrative therapy are rooted in postmodernism and social constructionism (e.g., challenging power, anti-individualism, etc.), narrative therapy can provide space for practitioners to do ethical and political work in places where this is often difficult.

### **Policing Conversations About Colonialism for White People**

During the conversation I had with Tonie, I was engaging in what narrative therapy calls “double listening” (Tilsen, 2018).<sup>15</sup> In other words, I was not “just listening to the words that [came] out of their mouth, I [was] listening to systems and discourses” (Quinn, youth worker, as cited in Tilsen, 2018, p. 64). In relation to Tonie troubling the fact that narrative therapy and Indigenous methods of healing and storytelling are often spoken about as the same, my understanding was that they were talking about colonialism but chose not to use that terminology because they were speaking to a white researcher. Specifically, they stated, “*I think it's an assumption that takes the similarities too far, to think that that would be interchangeable because in no way are they.*” In an effort to embody transparency, accountability, and ethics, I replied, “*I see that almost as a form of colonialism, where it's like ‘oh, they are one and the same.’*” Tonie

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<sup>15</sup> See Tilsen (2018) for more on double listening.

then responded: *“Thank you for getting that. I was dancing around that because I didn't want to offend you because so much of this doesn't fit with narrative, so I was like ‘oh jeez’, thank you for not being offended.”*

This quote brings up a key issue of how it seems that I, as a white researcher, did not create an environment in the interviews where an Indigenous participant felt they could safely name a topic like colonialism, which is really concerning. It became clear to me throughout my interview that Tonie was purposely editing and policing their responses to not upset me, a white person. In moments when Tonie identified white supremacy and encounters of white fragility, they also expressed gratitude towards me for not being offended. Tonie’s actions demonstrated how deeply rooted white supremacy is in policing conversations around white people and how my own presence and research reproduced these dynamics. The fact that Tonie watched what they said and how they answered questions around me is significant because they were probably trying to prevent moments of white fragility on my part—something they are likely all too familiar with. This speaks directly to how many Black, Indigenous, and racialized people have to encounter and manage white supremacy every day.

Another example of Tonie policing what they said and how in their interview is when they shared the following insights:

*[In] this conversation my whole thought has been ‘I want to share enough for her [the interviewer] to hear but I want to protect her heart and her mind so that she's not left with scars and I want to make sure she's taken care of. . . . I don't know where that comes from but it breathes a resilience that also sometimes just feels like numbness and acquiescence, so I appreciate you recognizing that [acknowledging the harm and violence of speaking about sexualized violence in*

*the interview] and talking about it. Like when it is personal it can be different, but it's a different, different for me. . . . It's a grief that replaces . . . a grief in place of what should be a deep sadness. . . . It's a sadness, but I don't feel the sadness anymore.*

It was apparent to me that Tonie felt like they had to protect me, again, thereby centering my whiteness, white fragility, and my power as a white researcher. The emotional and intellectual labour that Tonie demonstrates here in “protecting me” in conversation is one of many ways Black, Indigenous, and racialized people engage with white people every day. White people, women in particular, have historically been presented in dominant messaging as in need of protection from the angry “other” (hooks, 1981). This discourse is often internalized and experienced by white people and by Black, Indigenous, and racialized people, though it shows up differently. For white people, it shows up as power, fragility, and even a sense of entitlement to be heard or seen as being right in challenging situations. For Black, Indigenous, and racialized people, they learn early on in life that enacting the discourse of protecting white people is often the safest way to engage with white people.

It also speaks to the researcher power role in these moments, which feminist researchers Anderson and Jack (1991) identify as the hidden feelings, stories, and facts that are situated behind the questions researchers are asking and the importance of naming what is *not* said in the interviews. In my interviews, my intention was to see how practitioners engage with these ideas in their own words. While I mirrored the participants’ language and at times probed further, I can’t help but wonder, notice, and acknowledge how my own white fragility and white supremacy were overtly and inadvertently present in the way I facilitated the interviews, allowed silences to remain, and how I was complicit in using terms such as “Western” that whitewash

discussions of white hegemony. In this case, the language and approach I used to describe my research and engage in the conversations did not signal that critical conversations about colonialism would be invited, honoured, welcomed. Narrative therapist and psychologist Travis Heath (2018) acknowledges similar questions in his writing, asking, “What are the ways in which my questions might be influenced, even unintentionally, by colonial ideas and standards?” (p. 51).

I go deeper into this moment in the Circle video recording in Chapter 5; however, some questions that come up for me in the research process are: Am I naming colonialism in order to be a “good and woke white person,” or am I standing in solidarity with Tonie? How did my power as a white researcher produce these silences? In what ways is it safe for me, a white researcher, to name colonialism but not for Tonie?

Finally, the absence of a critical discussion in my interviews around how narrative therapy is rooted in whiteness and colonialism is also reflected in the presence of white fragility and white supremacy in narrative therapy literature and training. These profound silences steeped in sadness speak to the critical necessity of addressing racism and white supremacy in narrative therapy training, practice, and supervision. These are questions I explore in more depth in the following chapter.

## **Conclusion**

In addition to various cultural healing practices and ceremonies, narrative therapy has been considered to be a useful approach for practitioners who work alongside Indigenous girls and women, in particular because of its focus on ethical and political practice, its similarities with many Indigenous worldviews, and its postmodern, anti-individualistic stance. However, the interviews clearly highlighted that narrative therapy should be partnered with critical and

anticolonial frameworks in order to attend to the colonial roots of narrative therapy and to the colonial violence in counselling. How practitioners are theoretically and practically doing this is lacking in the literature, raising the critical question: So what? How can we reimagine narrative therapy in a way that is much more responsive and accountable to the realities of ongoing colonial violence? This is the key question I explore in the next and final chapter.

## **Chapter 5: So What? Reimagining Narrative Therapy**

As discussed throughout this thesis, narrative practice can be a promising therapeutic approach to support Indigenous self-identified girls and women who have experiences with sexualized violence; however, several gaps need to be reiterated. My intention with this final chapter is to link my findings back to those outlined in the literature, especially when it comes to the fact that sexualized violence against Indigenous self-identified girls and women is directly connected to their dehumanization and sexualization through ongoing colonialism. Further, social services have a long history of upholding white supremacy and attempting to control and police Indigenous women and girls resist colonial violence. The aim of my research was to identify strengths and promising practices in narrative therapy but also identify gaps in order to reimagine what a more critical, antiracist, anticolonial narrative therapy praxis could entail. In this final chapter, I present a video-recorded Circle discussion about my key findings and recommendations. I then revisit my key recommendations and make links to critical Indigenous, antiracist, and anti-white-supremacy literature.

### **So What? A Circle Discussion**

In 2020 I was diagnosed with stage 4 cancer and started the process of going through multiple forms of treatment. This all occurred while I was completing the final two chapters of this thesis. These treatments interfered with my ability to read and write in a way that did justice to the truth-telling the participants shared in the research. After some brainstorming with my thesis committee, we created a plan to do an oral presentation of the key findings by sitting in Circle with my supervisor (Dr. Mandeep Kaur Mucina), second committee member (Dr. Sandrina de Finney), and a community-engaged researcher and clinical practitioner / registered

counsellor (Anna Chadwick) and capturing the Circle on video. The intention of this video was to capture a lively, interactive Circle discussion where I had the chance to highlight the important words the participants in the study shared and the teachings or learning they offered that could transform how we think about narrative approaches by using an anticolonial lens. Dr. Sandrina de Finney arranged for the Circle to take place on Tseycum First Nations territory where we were surrounded by the ocean and trees with a fire to ignite our conversation and warm our souls. I am grateful to Joe Jones who offered his land and provided the fire, the food, and ceremony to support our work.

#### So What? Implications for Responsive Narrative Therapy

The following key findings were discussed and explored in our Circle video:

1. white practitioner formation groups / holding collective accountability
2. holding narrative therapy accountable to intersectionality and anticolonialism
3. possibilities of merging critical somatic theory and practice with narrative therapy
4. challenging systemic racism in clinical supervision.

In addition to these themes, I describe further findings and gaps from my data below, including how white supremacy was present in my interviews, the importance of integrating intersectionality and anticolonial theory in narrative therapy practice, and challenging the idea of multicultural practice and cultural competency by exposing its direct relationship to white supremacy. In the previous chapter and in the Circle video, I identified my own silences around naming colonialism and white hegemony in my interviews. The gap around naming white supremacy, white privilege, and white silence that was evident in my research is also reflected in the literature on narrative therapy and sexualized violence. Following are some examples of how this gap shows up in the dominant literature on narrative therapy.

First, most literature and research on narrative therapy and sexualized violence is either focused on non-Indigenous women or does not specify the social identities or locations of the women, which infers that women are a homogeneous group. The lack of intersectionality in current narrative therapy research is highly troubling because it can erase the unique ways Indigenous girls and women experience sexualized violence. I return to this critical point later in this chapter.

Second, the existing literature typically does not attend to the complexity of differences in practitioners either. When practitioners' social locations are identified, it is often those of Indigenous and other non-white practitioners. More literature needs to include an intersectional analysis of practitioners' social locations and offer specific ways that non-Indigenous and white settler practitioners can ethically and critically draw on narrative therapy in sexualized violence work.

Third, while some narrative therapy literature attends to its relationship with critical theories (e.g., queer theory and feminism), anticolonialism, intersectionality, and antiracism are particularly lacking. Narrative therapy literature in general does a poor job of (a) tracing and acknowledging the long history of Indigenous and Black feminist resistance to colonialism and other systems of oppression (e.g., Clark, 2012, 2016b; Collins, 2000; Heron, 2005; hooks, 1989, 2015; Lorde, 1984) and (b) acknowledging narrative therapy's complicity in upholding colonialism through the lack of anticolonial analysis in its own literature, training, and history. These gaps make me wonder, how does narrative therapy groom its practitioners into "good" subjects who challenge Western models in certain ways yet still uphold colonialism through practice? Urgently needed in the narrative therapy literature is an anticolonial framework that centers Indigenous sovereignty and settler answerability.

Fourth, while there is a debate in the narrative community about whether narrative therapy attends to the body, emotion, and spirit, narrative therapy is predominantly focused on cognitive and linguistic ways of making meaning. Denborough (2019), for example, cautions narrative therapists to focus on the body and emotion through traditional trauma theory (e.g., neurobiology) as the political can be lost and narrative therapy centers individualism rather than anti-individualism. Denborough also states:

If narrative therapy is to retain its commitment to contributing to decolonising areas of life from Western psychological understandings (see Drahm-Butler, 2015), then what sorts of cautions may be required if we choose to travel down a neuroscience pathway? Would it be possible to draw on learnings from neuroscience without these being mediated through Western psychology? (p. 19)

Other narrative therapists (e.g., Rosen [2018]) argue that the body and emotion are political<sup>16</sup> and that narrative therapy can, and should, attend to this. In my research, a participant, Kai, described bringing in body in their sessions by saying, for example, *“I’m noticing like this is what I’m seeing in your body and I’m wondering if there’s something going on that I’m not welcoming in this story?”* Not only is Kai bringing the body into the room by reflecting what they notice, they are also engaging in accountability by critically thinking about how their white body might not be welcoming parts of the story. What is missing in these conversations, however, is how critical theory, intersectionality, and anticolonialism intersect with the body and emotion and how this can shape narrative theory and practice. Beyond Western trauma theory, there are important critical theories on trauma and the body that can be merged with narrative

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<sup>16</sup> See, for example, Sara Ahmed on how the body and emotion are political sites.

therapy, including the works of Duran and colleagues (1998), Linklater (2014), and Menakem (2017), to name a few. To go beyond Western trauma theory is to go beyond the individual and attend to body, spirit, land, ancestry, community, culture, and nonhuman beings. It is to attend to the collective in trauma and healing and to center practitioners' accountability in doing this work alongside the people they work with.

Given the legacy of colonialism in Canada, the ongoing colonial violence in the mental health field and educational system, and the calls to action (TRC, 2015a) and calls for justice (National Inquiry, 2019a, 2019b) that demand we attend to colonial violence, it is crucial to explore, unpack, and act on these gaps within a framework of solidarity, social justice, activism, and collective ethics and responsibility (Collins & Bilge, 2016; Lawrence, 2002; Reynolds, 2010b, 2012a, 2019; Tilsen, 2018).

In the next section, I explore the study themes of (a) multiculturalism and cultural competency, (b) intersectionality, and (c) anticolonialism as theoretical frameworks that are generally lacking in narrative therapy literature and were also identified as gaps in my study. I outlined these concepts as part of my conceptual framework in Chapters 2 and 3, and return here to how they could inform narrative therapy, especially as it relates to issues of colonial violence impacting Indigenous girls and women.

### **Multiculturalism and Cultural Competency: A New Form of Racism**

One theme from my findings that is important to revisit is the prevalence in narrative therapy practice of diluting the truth of colonial violence under the guise of cultural competency and multiculturalism. Many organizations have moved towards a multicultural practice (or the notion of cultural competence) where practitioners are encouraged and trained to understand cultural differences and work cross-culturally (Almeida et al., 2011; Hernandez & McDowell,

2010). However, Meghan Davidson and Claire Hauser (2015) and white scholar Jennifer White (2015) argue that this framework is not enough. Gordon Pon (2009) argues that cultural competency exists within social services discourse, which is founded on whiteness. Cultural competency seldom interrogates the role of whiteness in the helping professions, and in fact is a new form of racism that depoliticizes culture by ignoring power structures that serve to keep colonial ideologies as the norm. Similarly, Lara di Tomasso (2010) cautions that the practice of multiculturalism risks ignoring the fluidity of culture, history, and people.

***Cultural competency as ontology of forgetting.*** Pon (2009) argues that social services have an investment in an ontology of forgetting Canada's "contentious relationship with non-whites" (p. 66). Lawrence and Dua (2005) and Razack, Smith, and Thobani (2010) similarly point out that Canada has a legacy of "forgetting" its historical and ongoing violence against Indigenous people, which feeds into white supremacy. The ontology of forgetting is perpetuated through discourses in cultural competency by constructing knowledge about the "other" in a way that does not disrupt the practitioner-innocence-care discourse.

***Moves to innocence.*** Tuck and Yang (2012) call the tactics or positionings employed by settlers "settler moves to innocence" that "attempt to relieve the settler of feelings of guilt or responsibility [around colonization]" (p. 10). Tuck and Yang urge settler practitioners who are committed to learning and teaching critically about issues such as settler colonialism, racism, sexism, transphobia, classism, and social justice to understand that these practices "can also be settler moves to innocence—diversions, distractions, which relieve the settler of feelings of guilt or responsibility, and conceal the need to give up land or power or privilege" (p. 21). Although all settlers can make moves to innocence, these moves are enacted differently due to differences in histories of settling. Often multicultural practice and cultural competency training become a

settler move to innocence that allows white people to feel “I am doing good work.” Cultural competency discourses also contribute to practitioner moves to innocence by freeing practitioners from having to interrogate whiteness and white supremacy in social services, and by disguising themselves as progressive practitioners.

***White fragility.*** White settler scholar Elicia Loiselle and her coauthors (2012) bring our attention to an example from their practice where Indigenous young women voiced noticing the “superficial . . . multiculturalism” in social service agencies where racism was present but practitioners were “scared” to talk about it (p. 185). When white people stay silent or get defensive or angry when faced with conversations about race and racism, it enacts what DiAngelo (2018) termed white fragility. Under white fragility, “the smallest amount of racial stress is intolerable . . . [and] often triggers a range of defensive responses . . . such as anger, fear, and guilt and behaviours such as argumentation, silence, and withdrawal from the stress-inducing situation” (DiAngelo, p. 2). White fragility maintains white advantage and white domination in the racial hierarchy, and although it comes from anxiety and discomfort, it is rooted in superiority. White people have a simplistic and binary view of racism where they think that being a racist means they are bad and immoral people who consciously hate and harm people of colour (DiAngelo, 2018). This common belief contributes to white fragility. As white practitioners, it is vital to unpack the white fragility within ourselves and our organizations. DiAngelo (2018) states that the responses that come from white fragility are powerful because they “take advantage of historical and institutional power and control” (p. 112). In other words, responses such as crying, outrage, silence, and defensiveness all work towards keeping white control where white practitioners do not have to look at their complicity in colonialism, racism, and upholding their agencies’ white supremacy.

*Interrogating multiculturalism and cultural competency.* Practitioners are far better at using critical theory as a way of analyzing the political and transforming themselves than translating these theories and analyses into actual practice (Jeffery, 2015). However, as Reynolds (2019) asserts, “Direct action activism cannot be collapsed onto other kinds of community work simply because the worker holds an ethic of justice-doing. What matters is how we enact this ethic, what we do in practice, not what claims we make” (p. 398). Sefa Dei (2005) stresses that

the pleasant poetry of “diversity” and “multiculturalism” would suggest that when we learn about each others’ differences, we will learn to appreciate and celebrate what might otherwise be perceived as threatening and unknowable. But these naïve interpretations of difference do not implicate power relations or internalized oppression in the equation. (p. 141)

Similarly, both Sefa Dei (2000a) and Jeffery (2015) argue that antiracism takes up the notion of power rather than tolerance of diversity. In social services, multiculturalism, diversity, and integration serve the neoliberal agenda under the guise of “antiracism” training and practice (Kivel, 2017). Cultural competency models are often promoted for practitioners to become “more aware of, and sensitive to, the norms and nuances that are specific to a wide range of cultural and ethnic groups” (Jeffery, 2015, p. 46). Further, these models portray people who are outside of the dominant group as having specific sets of attributes or behaviours that can be evaluated and managed. This then reinforces stereotypes and simplifies the experiences of, for example, Indigenous people, leaving the gaze on cultural differences rather than on the political, structural, and social factors that are responsible for inequity (Jeffery, 2015; Maiter, 2015). In my research, Kai spoke about their own experience:

*The training that tells us how to work with a given population, from a student perspective, as a queer student, having to go through chapters of counselling with LGBTQ folks—they are horrible. First of all, the idea that people are graduating with this being their level of education in working with my community is really upsetting for me personally, so I can only imagine what that experience is like for folks whose intersectional identities are so different from my own, like it's got to be much worse.*

Cindy Baskin (2002) argues that multicultural practice/training “excludes Aboriginal peoples who are not a part of multiculturalism” (p. 4), and even when training does include Indigenous histories and cultures, it does not attend to their complexities and diversities (Linklater, 2014). Further, Linklater (2014) highlights that it is important to acknowledge that not all Indigenous practitioners hold Indigenous worldviews or share the same culture as their Indigenous clients, and that many Indigenous practitioners are rooted in Western therapeutic practices and trainings.

### **Intersectionality**

In response to the limited and problematic scope of multicultural frameworks, a key finding of my study is the critical importance of weaving an intersectional lens throughout all aspects of narrative therapy training, research, and practice. For example, Kai expressed:

*So, when looking at gender-based violence and even sexualized violence, it happens within a context in which women experience oppression and trans folks experience oppression, and we can't separate the context from the action. And often that can be very reassuring to clients to realize the connection they have to*

*other women and to other nonbinary, trans folk who experienced sexualized violence—that this happened because our culture allows it to happen.*

Kai later explained that in their work, they draw on intersectional feminism and anti-oppressive practices in order to attend to multiple layers of systemic oppression and colonialism:

*For the most part I tend to draw from anti-oppressive theories particularly because so many folks who I see, well everyone has experiences with sexualized violence, but most folks are dealing with layers of systemic oppression, dealing with illness, dealing with disability, and dealing with challenges in accessing services, dealing with levels of poverty . . . it's not—there are reasons in which most of our clients are dealing with poverty. Most of our clients are facing multiple layers, and I think you have to have an anti-oppressive lens in order to meet folks where they are at and to understand them within that context, because certainly you look at—we know that Indigenous and trans folks are going to experience sexualized violence at a rate much higher than the general population and we can't forget about that when we are talking to clients face to face, because those things are all connected.*

Collins and Bilge (2016) state that while Kimberlé Crenshaw's work is important to intersectionality, they “take issue with [the] view that intersectionality began when it was named” (p. 64). Collins and Bilge argue that although social movements that were grounded on intersectionality took different forms, other racialized women (Chicanas and Latinas, Indigenous, and Asian) were also at the “forefront of raising claims about the interconnectedness of race, class, gender, and sexuality in their everyday life experiences” (p. 71). Collins and Bilge ask

important questions: “How do certain histories about intersectionality’s origins become authoritative at the expense of others? What kinds of intellectual and political work do these legitimate accounts achieve in academic and activist settings?” (p. 64)

Picking up on the importance of Indigenous intersectionality frameworks, Clark (2016a, 2016b) posits that we cannot separate Indigenous women’s and girls’ experiences with sexualized violence from the context of colonialism. “Indigenous issues” and “women’s issues” have always been seen by Indigenous women activists as intertwined and not as separate, in contrast to what the colonial binary attempts to reinforce (Arvin et al., 2013). Clark’s critique of Black intersectionality is that it lacks an analysis of settler colonialism, which in the context of Canada is crucial due to the history of colonization and as a settler state. Clark further argues that “intersectionality [needs to acknowledge] its own colonial history and the erasure of Indigenous feminist scholars” (p. 139). For example, she quotes Quechua scholar Sandy Grande (2004, as cited in Clark, 2012), who states: “Intersectionality remains rooted in Western notions of democracy and sovereignty that do not recognize the importance of tribal knowledge, spirituality and interconnectedness of past, present and future generations” (p. 141).

Finally, Kai’s reflections speak to the fact that although practitioners (especially white practitioners) are encouraged to understand how the helping field is rooted in colonialism and the implications of this (i.e., analyses of the “external”), less focus is put on how practitioners address and explore how their own intersecting social locations impact their practice and thus the implications of power and privilege on a personal and interpersonal level (i.e., analyses of the “internal”).

## **Anticolonial Theory**

As mentioned several times throughout this thesis, it is crucial to weave anticolonial theory with narrative therapy when working with Indigenous girls and women experiencing sexualized violence (e.g., Clark 2012a, 2012b). My data and findings speak directly to the absence of anticolonial analysis in my and my participants' language and practice and our training as therapists—and, in some cases, evidence of white supremacy. Indigenous practitioners Drahm-Butler (2015) and Vanessa Davis (2017), as well as European-Caribbean practitioner Allison Reeves and her Yellowknife Dene coauthor Suzanne Stewart (2014), stress the need for an anticolonial approach to narrative therapy when working with Indigenous peoples in order to attend to *all* aspects of colonial violence. Both Clark (2016b) and Sefa Dei and his coauthor Azeri-Canadian scholar Alireza Asgharzadeh (2001) assert that an anticolonial framework also attends to the multiple intersecting factors that contribute to violence against Indigenous women, which must be addressed considering Canada's colonial history.

For Michi Saagiig Nishnaabeg scholar Leanne Betasamosake Simpson (2004), anticolonialism requires a “deconstruction of colonial thinking . . . and a critical analysis of colonialism” (p. 381). Furthermore, an anticolonial framework allows for a shift away from a dominant narrative of victimization toward a celebration of the visual, oral, textual, material, and political resistance of Indigenous peoples. Anticolonialism also views power as not solely residing with the colonizer but also within colonized groups, who have the power of resistance and resurgence (Clark, 2012, 2016b; Collins, 2000; hooks, 1989, 2015; Lorde, 1984).

Kempf (2009) states that “where anticolonialism is a tool used to invoke resistance for the colonized, it is a tool used to invoke accountability for the colonizer” (p. 14). White settler practitioners in particular have the responsibility to interrogate their own complicity in racism

and colonialism and the ways they represent (both visually and through action) historical and ongoing colonial violence (Reynolds & Hammoud-Beckett, 2018). Therapists should also interrogate the many interconnected and intersecting structures of harm produced by colonial logics (Reynolds & Hammoud-Beckett, 2018). Reynolds and Hammoud-Beckett (2018) ask an important question: “How are professional objectivity and neutrality connected to other sites of oppression and exclusion; such as homophobia, transphobia, ableism, and stigma against mental illness?” (p. 5). The concept of anticolonialism requires practitioners to be aware of the history of colonization and their own settler or ancestral history, and how the helping field is complicit in upholding colonialism and Western hegemony in myriad ways (Monahan & Twining, 2006; Reeves & Stewart, 2014; Stewart, 2009).

As mentioned previously, while it is crucial to highlight counterstories of individual and collective acts of resistance and the fluidity of power, we must not minimize the effects of colonial power, trauma, and violence. Tuck and Yang (2012) argue that the term decolonization “is not a metaphor” and requires the return of Indigenous “life and land” (p. 1). They insist that claiming decolonization in a way that does not “strive to undo colonialism” and restore Indigenous self-determination can “problematically attempt to reconcile settler guilt and complicity” (p. 1). Further, I am influenced by Lisa (Leigh) Patel’s (2014) exploration of the terms *anticolonial* and *decolonial* in response to Tuck and Yang’s argument. Patel, a daughter of South Asian immigrants, concurs with Tuck and Yang that decolonization “should always speak directly to material changes, specifically to land” (p. 359). Further, she believes it has moved towards “unmet promises of stripping away colonization” (p. 360). As someone who is implicated in the settler project, she asserts that “it is not [her] place to easily participate in a conversation” (p. 359) about returning Indigenous land. Nor is it her place, she argues, to “refuse

that responsibility” (p. 359). Although Patel, who is a person of colour, and I are implicated in different ways within the settler project, her position speaks to how I choose to use the term anticolonial in this research and how I propose it could be taken up in narrative therapy training and practice.

A final note on the importance of centering Indigenous concepts of anticolonialism and self-determination is that the concept of “trauma” has also been appropriated and depoliticized in the helping fields, including often in narrative therapy. Clark (2016b) argues that definitions of trauma and mental health are another frontier for colonialism. For example, Richardson (2021) points to “brain-focused trauma talk” (p. 14), which she says risks “negating more holistic, cultural, poetic, and non-medical ways of talking about human well-being and interdependence” (p. 14). A further risk with approaching trauma from a depoliticized lens in narrative therapy is that the trauma becomes located within the person and colonial violence continues to exist through the medicalization of trauma. Even though narrative therapy locates the problem outside of the person, trauma is depoliticized in the same way as in most other Euro-Western counselling theories if anticolonial and intersectional perspectives are absent. Clark (2016a), Dupuis-Rossi and Reynolds (2018), and Linklater (2014) all argue that experiences of oppression, access to power, and historical constructs inform Western definitions of trauma. Clark (2016b) also states that depending on how trauma is defined, services and supports are put in place that erase certain forms of violence and “serve to reinforce a sense of powerlessness and undermine women’s ability to resist” (Nadeau & Young, 2006, as cited in Clark, 2012b, p. 52). Richardson (2021) reflects on resistance and trauma, saying, “stories of resistance, sovereign-action and empowerment help us to resist disconnection and resist becoming decontextualized, as the colonizer would prefer to have us. . . . [T]he decontextualized body is the subject of Western

psychology and psychiatry” (p. 44). However, if we apply an intersectional, anticolonial framework to trauma, the colonial legacy in some trauma-informed practices can be challenged.

### **Conclusion**

As demonstrated and discussed throughout this thesis and in the Circle video, narrative therapy holds promise for working with Indigenous girls and women experiencing sexualized violence. Narrative therapy offers ways to address violence and trauma through a political lens and challenges individualistic trauma-informed practices. It can attend to power, privilege, and systems of oppression—but it can also not. Despite its potential to attend to power, privilege, and oppression, many practitioners appear to give narrative therapy a “pass” on its own complicity in the colonial project. As mentioned throughout the conversations in this research and in the literature, this complicity is often hidden and not spoken about across narrative therapy training, practice, and research. My intention with this research is not to write off narrative therapy as “yet another colonial approach” without promise. Rather, it is to flesh out how narrative therapy can be useful *and* to hold it accountable to its colonial roots: two seemingly opposite ideas occurring simultaneously. Only when we unpack narrative therapy can we begin to imagine a practice that attends to justice-doing, collective accountability, and ethics within an intersectional and anticolonial framework that can answer to the TRC’s calls to action (2015a, 2015b) and the National Inquiry’s calls for justice (2019a, 2019b), which appeal for an “absolute paradigm shift” in social services.

In terms of what this paradigm shift entails for narrative therapists, I include a quote by one of the white participants, Stefanie, who speaks to the key insights of this study, including the importance of attending to Indigenous genocide and the sexualized violence epidemic through an intersectional lens in narrative therapy training.

In Stefanie's words:

*I think part of me thinks, how do we even do a whole counselling program, it should be—the same things that you said at the beginning of this talk should be integrated into every class. It shouldn't be you learn this over here and then there is the one class where you talk about that, you know? And this is, as you know, this is an epidemic issue right now, this is a genocide, and it's hugely fucked, pardon my French, the way we are teaching therapy. And it's so ironic. And Vikki [Reynolds] talks about this a lot, it's so ironic and fucked up that there is this whole trauma industry booming right now and it's like, well, what is trauma and who do you think has the most of it and how can you . . . ? I really like the trauma theory about the brain, I find it interesting and I think it's helpful, but how can you possibly just talk about trauma without talking about, you know, gender and colonization, like hello? So, I think that's a big, big thing. I don't think it should just be one extra course you take, you know? Yeah, it's pretty shitty now that I'm thinking about it, and upsetting, and it's like you know—and then you feel—I'm thinking about my cohort and my grad program, me and two other people are like the political ones, and then you get dismissed as “that person.” It's like, no! That's not how any of it should be. Like this is the reality we are living in and don't you all want to be on the right side of history?*

To contribute in a concrete way to the paradigm shift that is being called for by the TRC (2015a, 2015b) and the National Inquiry (2019a, 2019b), narrative therapy training, practice, and literature must become accountable by naming and troubling narrative therapy's colonial roots. This also requires troubling the trauma industry that can harm Indigenous girls and women, who

are often medicalized and pathologized for resisting colonization. Anticolonialism, intersectionality, and antiracism need to be at the center of narrative therapy training and practice, otherwise we could reproduce the very harm in social services that the TRC and the National Inquiry speak to throughout their reports. If we as narrative therapists fail to center these critical frameworks, we will find ourselves, as Stefanie notes, on the wrong side of history. Moreover, truly serving Indigenous women and girls requires us to attend to and challenge the pervasiveness and sneakiness of white supremacy in social services, as white supremacy continues to govern our policies, trainings, and practices. This work requires an ethic of love, resistance, and justice-doing.

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