

FIRST NATIONS WOMEN CLIENTS:
EXPERIENCES IN DUAL RELATIONSHIPS

by

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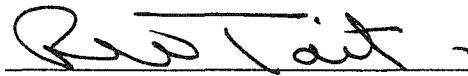
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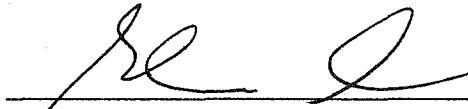
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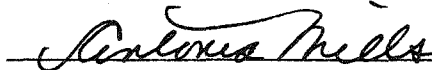
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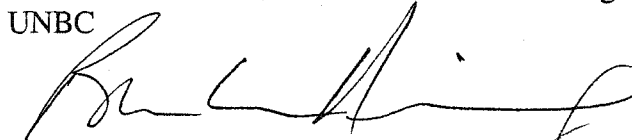
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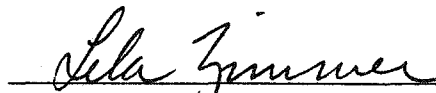
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Abstract

Dual relationships are of concern to professional therapists. All professional regulatory bodies caution their members to avoid dual relationships with their clients: it is a matter of ethical boundaries. However, it is now also acknowledged that in small and rural communities dual or overlapping relationships with clients are unavoidable. The concept of dual or overlapping relationships is also of concern to professionals who work in First Nations communities. Nevertheless, like in other small or rural communities, where the counsellors live and are in constant interaction with the clients, dual relationships in First Nations Communities do occur.

Using a phenomenological approach, this study explores First Nations women clients' experiences of dual relationships with alcohol and drug abuse counsellors indigenous to the clients' communities. The goal of this study was to provide a description of the nature of this experience from First Nations women clients' perspectives. Descriptive data for the study was gathered through conversations with three First Nations women who live in rural communities in British Columbia and Alberta.

The essence of the First Nations women clients' experiences of dual relationships, with alcohol and drug abuse counsellors indigenous to the clients' communities, was a "movement from a therapeutic relationship to an enduring relationship." In this process, the clients experienced a sense of safety and encouragement to move forward. The participants described feeling safe because the counsellors were confidential, nonjudgmental, empathic, and equitable. The participants experienced the

“encouragement to move forward” due to their counsellors’ willingness to extend themselves to engage them in the therapeutic process and due to their identification with the First Nations counsellors that enabled them to disclose deep issues. The clients were also encouraged by their counsellors’ presence in the community; the counsellors’ style of life became something to strive for. After the formal counselling sessions were over, the therapeutic relationships moved beyond to become enduring relationships. In this latter phase of the clients’ relationships with their counsellors, the clients continued to be positively affirmed and supported by their counsellors.

The character of the counsellors is most important. The clients see their counsellors as role models who offer hope by modeling alternative lifestyles. The availability of the counselors is also seen as a benefit, it deepens the therapeutic process. Nevertheless, the power imbalance in the beginning phase of the counsellor-client relationship is still very much an issue with the clients and this study indicates a need for boundary management initiatives in collaboration with clients in First Nation communities.

A phenomenological study aims to provide insight and understanding and this study does not claim to be the final conclusion. However the study provides information that may be considered in practice situations and it may contribute to further studies on the topic.

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Dedication

I dedicate this thesis to my grandmother Madeline Davis; she died at the age of 95 years, November 21, 2001. She modeled self-respect, self-trust and integrity; she also modeled unconditional positive regard for others. Her way of being in the world inspired me to complete this thesis about boundaries.

I also dedicate this thesis to my daughter Wadeen and my son Jeremy. I am continuously inspired by their love.

Chapter One

Research Question and Purpose of the Study

Conception of the Study

In my view, dual relationships appear to be a source of controversy in First Nations communities. "Dual (or multiple) relationships...occur, when counsellors assume two (or more) roles, simultaneously or sequentially, with a client" (Corey 2001, p. 55). The term multiple has come to be more often used than the term dual; however, I will use both terms interchangeably throughout this thesis. In this thesis, I also focus primarily on non-sexual, social dual relationships. In my experience, there seems to be a prevailing opinion that First Nations alcohol and drug counsellors should not be counselling within their own communities. People in First Nations communities seem to be uncertain about these multiple relationships; they wonder what the experience of the client would be in these relationships.

The client's experience was also of interest to me. I shared in the First Nations peoples' uncertainty. I wondered what the client's experience was when her counsellor was also indigenous (meaning home grown) in her community. I wondered what constructs made up this experience. These questions came to mind when I interviewed three First Nations women, who had lived this experience, and I asked them: What is it that you experienced in a dual relationship with a member of your community? This thesis seeks to answer this question.

Purpose and Objective of the Study

The purpose of this phenomenological study then was to explore and understand First Nations women clients' experiences in dual relationships with alcohol and drug

counsellors who are indigenous to the clients' communities. The objective of the study is to provide a description of the real life experiences of clients based on their stories. An account of the experience is accomplished through conversations and collaboration with three First Nations female clients.

Significance and Timeliness of the Study

A study of the clients' experiences in dual relationships with alcohol and drug counsellors is important. Alcoholism is considered to be of great concern in First Nations communities particularly because alcoholism has been associated with problems of sexual abuse, family violence, and suicide (Royal Commission on Aboriginal Peoples [RCAP], 1996; National Native Alcohol and Drug Abuse Program [NNADAP], 1998; Parker, 1999; Lucas, 1989; National Native Association of Treatment Directors [NNATD], 1989). From my personal experience living in a First Nation community, I know that even when the majority of adults in the family abstain from alcohol, these members continue to be affected by the alcoholism of those family members who are still abusing alcohol. This observation is supported by the Report of the Royal Commission of Aboriginal Peoples (RCAP, 1996). Counselling is one of the essential services that can combat alcoholism and its associated problems in native communities. Conducting studies of client experiences in counselling in First Nations communities is important (Darou, 1987). The client's experience in dual relationships with alcohol and drug counsellors is one of these areas that needs investigation and understanding.

This study may be especially important to the National Native Alcohol and Drug Abuse Program (NNADAP). NNADAP provides support and funding for various programs to First Nations organizations. The National Native Alcohol and Drug Abuse

Program's mandate is:

To support First Nations and Inuit people and their communities to establish operating programs aimed at arresting and offsetting high levels of alcohol, other drugs, and substance abuse among the target population living on reserve. (p.3)

In a 1998 general review of the National Native Alcohol and Drug Abuse Program, the review team found that "NNADAP workers were affected to a large degree by perceptions regarding confidentiality" (NNADAP, p.34). Although this discussion focused on the facilities (space) and interruptions to counselling interviews, the review team recommended that a code of conduct be developed due to the nature of areas addressed by the workers, such as family violence and sexual abuse. The code of conduct would "outline expectations relating to confidentiality, obligations, possible remedies and penalties, where there are violations"(p. 35). This study of client experiences in dual relationships may be useful to NNADAP.

The literature I reviewed indicated a view of dual relationships as problematic. It is important to consider the experiences of the clients in regards to dual relationships from their perspective. Szoladi (cited in Delaney, Brownlee, Sellick & Tranter, 1998) supported a study of this nature in his suggestion "that the client's view should be used to determine if non-sexual dual relationships are a problem" (p.59). Pope & Vasquez (1998) also see a need for study regarding the occurrence and effects of dual relationships. Clearly, conducting research into the issues surrounding dual relationships is important. This study may represent a beginning of many more insightful studies on the topic especially in First Nations communities.

I also conducted this study to enable fellow First Nations people to identify with the findings. First Nations people have a tendency to view research results, based on the

general population, as not being pertinent or of significance to them. I agree with Kirby and McKenna (1989) who state that, "Focusing from the perspective of the margins allows us to see the world differently and, in many ways, more authentically" (p.33). I hope this research will provide insight that First Nations people can draw on either at the personal or professional level.

Definitions as used in this Study

There are a number of terms that need to be defined for the purposes of this study.

1. Registered Indian - (used interchangeably with the terms First Nation, Native and Aboriginal) means a person who, pursuant to the Indian Act, is registered as an Indian (Frideres & Gadacz, 2001, p. 26).
2. First Nation client – (used interchangeably with participant) refers to a First Nation woman who has been involved as a client in a counselling relationship.
3. Counselling- (used interchangeably with the term therapy) refers to a problem solving process that a practitioner enters, in collaboration with a client, in order to alleviate the client's emotional, social and mental suffering.
4. Indigenous- (home grown) refers to a person whose birth occurred in the community; one who is home grown in that community.
5. Ethic – refers to "a particular moral standard or value" (Neufeldt & Guralnik, 1988, p. 466).
6. Ethical- refers to "conforming to the standards of conduct of a given profession or group" (p. 466).

7. Boundaries – refers to lines or limits that differentiate appropriate from inappropriate behavior or interaction in a given role (Katherine, 1991).

This chapter has provided the conception, purpose, objective, the significance and timeliness of the study. I have also included the definitions used in this thesis. Chapter Two presents the literature review. The purpose of the literature review will be to illuminate the need for this study. In Chapter Three, the research design used in this study is described. Chapter Four presents the findings based on the information gathered from the three First Nations women who were interviewed for this thesis. The thesis concludes with Chapter Five, which discusses the significance of the study, implications of the study, implications for further research and limitations of the study. The thesis is then summarized. The appendices given at the end of the paper include all letters and forms used during this research.

Chapter Two

Literature Review

Introduction

The intent of this literature review is to illuminate the need for conducting a study of First Nations women's experiences in dual relationships with alcohol and drug abuse counsellors. To provide a context for the discussions on dual relationships, the selective literature review begins with a description of the purpose of and the requirements in the therapeutic relationship. The definition of power as it relates to therapy relationships follows. Then the professionals' concerns about dual relationships are discussed. Types of social dual relationships that are of specific concern are also discussed. Next, the professionals' positions are briefly described. Then the professionals' suggestions are outlined. Next unanswered questions regarding dual relationships are presented. The review ends with a sample of the decision-making models that are available to assess the risk of and to safeguard dual relationships. The literature is then summarized and discussed.

Purpose and Requirements of the Therapeutic Relationship

A client enters into the therapy relationship to alleviate her distress. The power difference between the client and the therapist is an inherent factor in this relationship (Adleman & Barrett, 1990; Gannon, 1982; Gartrell, 1994; Kagel & Giebelhausen, 1994; Peterson, 1992; Rhodes, 1986). It is important to the integrity of the therapeutic relationship that the client's needs are primary; the client must know that the therapist is there to care for her. The client should be able to form a therapeutic alliance with the therapist that fosters her growth (A.Vougeios, personal communication, June 15,

2002). A therapeutic alliance is defined as “the feeling that both participants care for each other and that they can and will work productively toward a shared goal”

(Kokotovic & Tracey 1990, p. 16). Integral to this therapeutic alliance, is the dynamic of transference; the client must be able to use both the real and the symbolic aspects of her relationship with the therapist for her healing (Adleman & Barrett, 1990).

Objectivity and professional judgment is required of the therapist. There is also an understanding and expectation that the therapist must not exploit or harm the client (Brownlee, 1996).

Definition of Power in Therapy Relationships

If the therapist only had one relationship with the client; that is, if their roles did not overlap, boundaries would be clearer. But when a second relationship (a dual relationship) occurs, dilemmas can occur. It is important to describe the dynamic of power in therapy relationships as it is an inherent part of every therapy relationship and is a very important component in the discussions surrounding dual relationships.

Following Smith and Siegal's 1983 model, Brown (1985) defined power as the capacity for impact; in this definition “both covert and overt methods” of having impact are defined as ‘power’ (p. 35). The professional is in a power position and the client is in a vulnerable position in the therapy relationship. The power of the therapist comes from her knowledge, the status she is given in society, and her personal power (Peterson, 1992). The client's dependency on the therapist and the client's emotional need imbues in the therapist even more power. The client emotionally needs the therapist more than the therapist needs the client. The power accumulates as the client discloses intimate details of her life (Lerman & Rigby, 1990; Peterson, 1992).

According to Rhodes (1986) much power resides in knowing personal information; the therapist is in a position to penetrate the defenses of the client (p.67). This relationship lacks mutuality, because the professional does not reciprocate the client's disclosing of intimate details. The therapy relationship is thus considered a fiduciary relationship where the client's trust, reliance, and faith reside in the therapist (Simon, 1992). The therapist has the influence and the authority in the relationship (Kagel & Giebelhausen, 1994).

According to therapists who use the psychodynamic theoretical framework, further power is covertly accrued in the therapeutic alliance, particularly in the process of the therapeutic dynamic of transference; this process is also called dependency. Another word for this process is projection (Peterson 1992, p. 39). Although this process operates in all relationships to some degree, it is much more evident with authority figures than with peers (p. 39). According to Biaggio and Greene (1995), "In psychoanalytic models, ...[transference] ...is understood as the client's transference to the therapist and refers to feelings, fantasies and memories the client experiences for the therapist that have their origin in early significant figures important to the client's life" (p. 91). The clients project parts of themselves onto the therapists and through the therapists may act out their inner conflicts. For instance, they may project their shame about their dark sides and their longing for acceptance. They may also relate and respond to professionals out of their childhood experiences with authority figures (Peterson 1992, p.39). Working with the therapist on these issues enables the client to work through her unresolved issues with the help of the therapist and in the safety of the therapy relationships (Biaggio & Greene 1995, p. 92). According to Peterson much

power derives from the “client’s emotional truth, its existence is pervasive and strongly influences the reality of the professional’s authority in the clients’ lives” (Peterson 1992, p. 40).

The latent power differential in client-counselor relationships is a concept that is generally accepted in all professions (Rhodes 1986) including the alcohol and drug abuse counselor profession. However, in reference to the symbolic relationship aspect of therapy the definition of boundaries may vary. According to Gutheil and Gabbard ((1993),

a problem with any attempt to derive definitions of boundaries from the psychoanalytic concepts of technique is that technique changes with treatments that are less expressive than analysis. As one moves along the expressive-supportive continuum of psychotherapy, one relies less on interpretation and more on alternative interventions such as clarification, confrontation, advice and praise, suggestion, and affirmation. Similarly, partial gratification of transference wishes is associated with supportive psychotherapy whereas it is generally eschewed in psychoanalysis or highly expressive psychotherapy. Hence, there may be a built-in confusion between the notion of therapeutic boundaries and adjusting the technique to the ego organization of the patient. (p. 190)

Concerns with Dual Relationships

One of the ways to learn that professionals are concerned about a particular phenomenon in counselling, is by the concept’s inclusion in professional ethical guidelines established for psychologists, social workers, and counsellors. Dual relationships are dissuaded in most codes of ethics (Brownlee, 1996; Canadian Association of Social Workers [CASW], 1994; Coleman & Schaefer, 1986; Herlihy & Corey, 1992; Lerman & Porter, 1990; Rave & Larsen, 1995). The American Psychological Association’s 1989 and the National Federation of Societies for Clinical Social Work’s [NFSCSW] 1985 codes (cited in Herlihy & Corey, 1992) exemplify most

professional codes' exhortations to the professionals to be 'cognizant of their own needs and their potentially influential position' in relation to clients (Herlihy & Corey 1992, p.4). Professionals are urged to 'avoid exploiting the trust and dependency of ...' clients and 'to make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation' (Herlihy & Corey 1992, p. 5). Some codes, such as the NFSCSW 1985 code, are more explicit and urge the counsellors to avoid entering counselling relationships with family members, close associates, and friends (Herlihy & Corey, 1992).

Nevertheless, it is also now acknowledged that some dual relationships may not be avoidable (Brownlee, 1996; Herlihy & Corey, 1992)) in rural communities (Lerman & Porter, 1990), lesbian communities (Sears, 1990a), feminist communities (Brown, 1990), and First Nation communities (Sears, 1990b). This acknowledgement of the reality of dual relationships however, is not without concerns and dilemmas. The professionals' specific views and concerns regarding dual relationships will now be explored at a more specific concrete level.

There are four predominant themes and the implications stemming from these themes that concern professionals in relation to dual relationships. The first three themes are the therapeutic alliance, the symbolic relationship, and the power differential; the possibility of conflicts of interest developing in relation to these aspects of the therapeutic relationships is at issue. Blurred boundaries are a further concern in dual relationships. Other concerns relate to what may be considered questions related to the blurring of boundaries and these are counseling friends and post therapy relationships. These themes are discussed below.

There is an underlying worry that, due to conflicting interests that may evolve, the therapeutic alliance will be affected. Objectivity required for professional judgment may be compromised and the client may be inhibited from participation in the primary therapy relationship if the client and the therapist are involved in a dual relationship. According to Strom-Gottfried and Dunlap (1998), the therapeutic alliance may be affected if a dual relationship exists, “the worker’s ability to be direct with the client and to do what he/she feels is necessary to address the problem for work may be compromised” (Strom-Gottfried & Dunlap 1998, p. 10). As well “the client’s participation and disclosure may be inhibited.” Further, the relationship may become “constrained because the worker has knowledge of the client from sources outside the relationship; by the fear of losing the second relationship; by concerns about confidentiality; by expectations of a mutual give-and-take when none is possible, or by wishes of preferential treatment” (p. 10-11). The therapist may inhibit the client from exploring certain issues that may affect her social network and likewise the client may be inhibited from exploring those issues (Pope & Vasquez 1998, p. 193). The therapist may engage in meeting her own needs to the detriment of the client (p. 193). Citing other authors (Gabbard & Pope, 1989; Pope, 1991) Biaggio and Greene state,

The therapeutic alliance depends to a large degree on the client’s ability to explore fantasies and feelings of all kinds, even if they are directed at the therapist, without needing to be concerned that the therapist is either listening vicariously or using the information to manipulate the client. Neither should the client protect the therapist from the client’s feelings. (p. 95)

Another concern about the possibility of conflicts of interest developing in the context of the therapeutic alliance relates to transference issues. The client’s need is the primary focus in a therapy relationship. One way that the client needs the therapist is in

the process of the therapeutic alliance, particularly as it relates to the symbolic relationship aspect of therapy (Adleman & Barrett, 1990; Biaggio & Green, 1995). Citing Brown (1983), Biaggio and Greene (1995) conclude that in this process the therapist represents “something or someone that the client needs her to symbolize. In reality, neither the therapist nor the therapy relationship is exactly that which it symbolically represents to the client” (p.91); however, according to Biaggio and Green “these symbolic representations in the therapy relationship offer the clients the opportunity to use therapy to reexperience and examine old feelings and memories in the safety of the therapy relationship” (p.91). The client uses both the realistic and symbolic aspects of the therapy concurrently (p.91). They agree with other authors (see Adleman & Barrett, 1990; Kagel & Gabelhausen, 1994) that if a second relationship occurs the therapist and the client may continue to enact their roles outside of the therapy sessions. Neither may participate authentically. Further, the therapist may use the client to meet her needs rather than meeting the client’s needs directly (p.92). Furthermore, if a second relationship occurs and the client learns about the therapist’s personal life, the client may not be able to create the symbolism that may be helpful to her in the therapy (p. 92). According to Adleman and Barrett (1990), the clients need to know that they can rely on and lean on the therapist and that their needs, rather than the therapist’s needs, take precedence (p. 88).

Another aspect of the therapeutic alliance that creates concern about conflicting interests developing, is the power differential. The reality that the therapist has information that the client does not have about the therapist gives her power over the client. This includes information about the client that the “therapist has been trained to

appreciate in particular ways” (Biaggo & Greene 1995, p.92). Feminist therapists have explored the potential problems that could result if the therapist does not meet her own needs directly and meets her needs through the client. The therapist is expected to design actions in the therapeutic alliance to meet the clients’ rather than her own needs in order to protect the vulnerability of the client (Biaggo & Greene, 1995, p.92)

Lerman and Rigby (1990) are especially concerned about the potential of harm if the therapists are unaware of power dynamics. A therapist, who does not understand power dynamics, may find herself in a relationship that consists of a “swamp of miscommunication, fantasy projections, misunderstood motivations.” A client may also be subjected to unintentional emotional abuse by the therapist (Lerman & Rigby 1990, pg.56). The unaware therapist may not realize that a client may have unexplored needs to please her, that the client still views her as an authority, and that the client still may be influenced by the effects of having been with her in therapy (p. 56).

Kagel and Giebelhausen (1994) argue that dual relationships violate professional boundaries. Fundamental in their arguments are the concepts of the inherent power imbalance in the therapist-client relationship and the dynamics of counter-transference and transference. According to these authors, any second relationship may subsequently undermine the distinctive nature of the therapeutic relationship and subject the client to potential harm because the therapist’s power over, influence on, and bond with the client carry over into a second relationship. Though the client and the therapist may pretend to define their relationship around new roles and expectations, the power, influence and bond remain and the therapist may prioritize her own needs at the expense of the client (p.216-217).

Kagel and Giebelhausen (1994) attribute this confusion about appropriate boundaries to the move by therapists who follow the feminist empowerment models to decrease the social distance between themselves and clients by adopting the use of self-disclosure and client contracts. These authors argue that the therapists “may falsely assume that they are engaged in a truly egalitarian partnership” and may begin to put more focus on their needs rather than the client’s needs (p. 217). According to Kagel and Giebelhausen, the de-emphasis of psychodynamic theory may also make therapists “less sensitive to the potential for exploitation in dual relationships” (p.217). Therapists who have not undergone their own therapy and who have not trained in psychodynamic therapy may not recognize the role transference and counter-transference play in their therapy relationships. These therapists are therefore less likely to identify dual relationships as unethical (p.217). Kagel and Giebelhausen (1994), however, qualify the above depiction. They state, “although authorities disagree on the definition of the psychodynamic theoretical concepts of transference and counter-transference, most acknowledge that the therapeutic situation encourages projection of unconscious needs and repetition of significant relationships” (p.216). Simon agrees with the concept that regardless of the therapists’ theoretical orientation, “all therapists must recognize that transference and counter-transference play an important role in any therapy” (Simon 1992, p.272). According to Kagel and Giebelhausen (1994), dual relationships violate professional boundaries.

In her book titled, *At personal risk*, Marilyn Peterson (1992), a social worker, discusses the concept of the power differential in fiduciary relationships. She provided evidence of the abuse of this power by various professionals such as lawyers, doctors,

and other professionals including therapists; she discovered the devastating impact these abuses had on the clients she has worked with (see Peterson, 1992). Her position is also that dual relationships violate professional boundaries.

Pope and Vasquez's (1998) concern about the implications of conflicting interests developing also relates to the power differential. In their view any second relationship would not be engaged in on an equal footing. For instance, if the client is wronged by the therapist and wanted to redress the wrong in court, the client may be inhibited. This inhibition may be due to fear that a therapist may use information learned in therapy to plan a defense. Moreover, the therapist may use complex diagnostic labels to discredit the client (p. 94).

Blurring of boundaries is also a concern. Citing other authors (Pope & Boushoutsos, 1986) Biaggio and Greene (1995) stated that some non-sexual dual relationships were found to lead to sexual dual relationships that have subsequently been harmful to clients. Biaggio and Greene (1995) stated however, that non-sexual dual relationships could be problematic in their own terms. Confusion and erosion of clarity regarding expectations in the therapy have been discovered; clarity and predictability are important elements of a therapeutic relationship (Biaggio & Green 1995, p. 96). According to Strom-Gottfried and Dunlap (1998) acts of kindness may also be misinterpreted by the client and may confuse and mislead the client. The examples used by these authors are actions such as "accepting gifts, offering hugs, sending greeting cards, or attending the client's graduation" (p. 11). According to these authors, these activities could either benefit the client or "lead to further blurring of boundaries in ways that could be detrimental to the client" (Strom-Gottfried & Dunlap,

1998, p.11).

Types of Nonsexual Social Relationships that are Of Concern

Counselling relationships with friends is considered a violation of boundaries (Herlihy & Corey, 1992; Kagel & Giebelhausen, 1994; Strom-Guthiel & Dunlap, 1998). Kieth-Spiegel and Koocher 1985 (cited in Herlihy & Corey, 1992) pointed out that counselling friends involves 'faulty expectations, mixed allegiances, and misinterpretation of motives' and could result in role conflict that could cause frustration and confusion (Herlihy & Corey 1992, p. 137). Herlihy and Corey (1992) suggest that these types of dual relationships "can lead to disappointment, anger and dissolution of the relationship" (p. 137). According to Herlihy and Corey, "it could be difficult for a friend to avoid crossing the line between empathy and sympathy"(p.137). Confrontation may be difficult for the therapist and the client may fear losing the respect of the counsellor if they disclosed deeper issues. Finally, one of the relationships may be compromised (Herlihy & Corey 1992, p. 137). According to Herlihy and Corey, the question that remains is whether or not one should counsel a mere acquaintance, a friend of a friend, or a relative of a friend (p.141).

A survey conducted by Borys in 1988 (cited in Herlihy & Corey, 1992) found that a majority of practitioners avoid social relationships with clients. However they are divided on whether they consider social relationships to be unethical (Herlihy & Corey, 1992). According to Herlihy and Corey (1992), evidence is increasing that sexual relationships may be harmful to clients and Herlihy and Corey suggest that perhaps social relationships may also be harmful although to a lesser extent. (p.147). According to these authors, evidence is increasing that post-therapy sexual

relationships may have a variety of harmful consequences for the client. Two characteristics of the client-counselor alliance make such relationships difficult; first “evidence has been found that clients create an internalized image of the therapist and that the continuation of this image after therapy is associated with ongoing improvement after therapy is ended” (Herlihy & Corey 1992, p. 147). They suggest that although there is no direct evidence, “it is not hard to imagine that the image of the helper would be drastically altered should a sexual encounter occur” as a result, the benefits of therapy could be destroyed (p.146). According to these authors, similar consequences could occur in nonsexual dual relationships; the same dynamics may be operating although not as intensely. Nevertheless, former clients may feel disillusioned with their former therapists and feel exploited by them. Citing Vasquez (1991), Herlihy and Corey (1992) also stated that “reported studies suggest that memories of the therapeutic relationship remain important for extended periods after termination, and that many clients consider re-entering therapy with their former therapists” (p.147). They contend that this option may be closed to the client if a second relationship develops.

According to Herlihy and Corey, (1992), the second characteristic of the therapeutic alliance that makes post-therapy relationships problematic is the power differential in the relationships which includes transference related issues. They stated that power of the therapist does not end after therapy and therefore “may limit the former client’s ability to make clear, rational, and autonomous choices about entering into the relationship” (p. 147). If the client does not enter into a relationship “freely”, they may become resentful and this may “cloud the impact of the former therapeutic

alliance, or worse may be experienced as victimization and deeply traumatize the client” (p. 147). Equality may be limited in this second relationship as well, according to these authors (p.147).

According to Herlihy and Corey (1992), if the client is exploited in dual relationships at any time, “they may feel hurt, confused and betrayed. This erosion of trust may have lasting consequences, the client may be reluctant to seek help from other professionals, they may develop ambivalent conflicting feelings of anger, and fear of separation”(p. 14). These authors also state that the consequence may be the same as those involved in the patient-therapist sex syndrome (see Pope, 1988). These influences are as follows: the clients may feel angry but may feel trapped in a dependence of the continuing counselling relationship; they may blame themselves; they may wonder what they did wrong; they may have fear of confronting the professional because they may feel that the risks are unacceptably high in confronting the professional; they may feel a sense of isolation and they may feel that there is no one they can depend on to help them. Any of these feelings could in turn lead to “depression, despair, and helplessness” (Herlihy & Corey 1992, p. 14).

The Positions of Professionals in Relation to Dual Relationships

All professionals are in agreement that dual or overlapping relationships present the potential for harm, and they must deal with the dilemmas presented. Their concerns, views, and experiences are now presented.

Corey, Corey, and Callanan (1993) do not believe that all dual relationships are harmful; but in their view the practitioners hold the responsibility to self-monitor and examine their motivations for engaging in social relationships with clients. In their

view, unethical behavior is not being aware of or concerned about one's impact on a client. Their opinion is that one must assess the risk of harm. They state that there are two positions regarding social relationships with clients, those who "see social contact as particularly appropriate with clients who are not deeply disturbed and who are seeking personal growth" for instance peer counsellors (p 149). Others take the position that counseling and friendship should never be mixed. One of these authors takes the position that social relationships with clients are never appropriate while the other two do think it is appropriate given the appropriate circumstances. They question the "assumption that social involvement with a client other than in the office implies an unwillingness to challenge the client and automatically makes the therapist less objective." Further they "do not think that all forms of out-of- office contact necessarily preclude honest and effective confrontation" (p. 146). However they argue that counselors must be aware of their own motivations, the client's motivation for entering the relationships, and they must assess the impact the relationship may have on the client/counsellor relationship and on the client (p.146). These authors also recommend that in an assessment of the appropriateness of social contact out of the office, the counselor could consider the nature of social contact, the nature of the client's problem, the client population, the setting where one works, the kind of therapy one employs, and their theoretical approach (147).

Kitchener and Harding (cited in Herlihy and Corey, 1992) contend that dual relationships lie along a continuum. There are those that are potentially very harmful to those with little potential for harm. They conclude that dual relationships should be entered into only when there is low risk and when there are "offsetting benefits" to the

client (Herlihy & Corey 1992, p. 12). Kitchener (1988) developed a risk assessment model to assess the potential for harm in dual relationships (see p. 28 in this thesis).

In this section, some feminists' views and approaches to addressing dual relationships are explored. Feminists, like First Nations people, have minority status and experience marginality in society. They have also experienced dual relationships in their communities. These background similarities lead me to believe that their views of dual relationships are applicable to dual relationships in First Nations communities.

Some feminist therapists accept the reality of overlapping relationships in small communities (Berman, 1990; Gates & Speare, 1990; Lerman & Porter, 1990; Sears, 1990b; Smith, 1990). Although they recommend that dual relationships be avoided, they recognize that sometimes these relationships may be inevitable (Lerman & Rigby 1990, p. 55). These feminists realize that people who have differing values and attitudes often seek out therapists with particular backgrounds because the clients feel they will be understood and cared for by someone who is similar to them (Lerman & Porter, 1990). Citing other authors (Carkhuff & Pierce, 1976; Sue, 1975; Vontress, 1971) Lerman and Porter (1990) state, "In fact, this has been found to be accurate" (p. 8). These authors cite Brown as suggesting that ethical actions be seen on a continuum rather than as dichotomous behaviors. The code of the American Psychological Association focuses on prohibiting predatory behaviors such as sexual and dual relationships that are known to harm clients, but does not mention the potential harm on the opposite end of the continuum-distant, uninvolved therapist-client relationships. Lerman and Rave (1990) cited Grunebaum's (1986) finding that "mental health therapists who had reported aspects of their therapy as harmful, most frequently cited

rigid, distant” uninvolved therapists as the problem. According to these authors, “no ethical principle in any extant code deals with this phenomenon” (p. 7). These authors contend that how to acknowledge dilemmas and learning “where to draw the line so that neither the extremes of under- nor over-involvement are reached”, is a process that therapists need to participate in (Lerman & Porter 1990, p.8). Acknowledging and using power responsibly is at the forefront when addressing dilemmas brought on by dual relationships (Lerman & Porter 1990, p.11). These feminist therapists do not want to harm their clients. So how do they experience and approach dual relationships?

According to Larsen and Rave (1995), the core issue continues to be the exploration and understanding of power for feminist therapists. They state that power inequities should not recur in the therapeutic relationship. They state that previously, “feminist therapists denied that power differentials existed in the feminist therapeutic relationship” because “they then believed it possible to achieve equality in power between client and therapist within the therapeutic relationship” (p. 7). They now “acknowledge that power differentials are inherent in therapy and other relationships” (p. 7). According to these authors, therefore, “the tasks of the therapist are to be sensitive to power issues, to use power responsibly in the service of clients, and to assist the clients in gaining perspective on how power affects them individually” (Larsen & Rave, 1995, p.7). The Feminist therapist also “seeks to ...personally empower clients through understanding and action”(p.7).

Suggestions on How to Address Dual Relationships

This section presents the suggestions that have been made by various therapists, including feminist therapists, to address dual relationships and associated issues to

consider in the process. The underlying principle that is considered is “do not exploit.” These suggestions are presented thematically; the themes are: planning with the client; the therapist’s responsibilities, and help of a third party.

Planning with the client The therapist must plan and evaluate encounters with the client by discussing concerns and how meetings out in the community will be handled (Adleman & Barrett, 1990; Brown, 1990; Brown, 1994; Gartrell, 1994; Gates & Speare, 1990; Herlihy & Corey, 1992; Sears, 1990b; Smith, 1990); by discussing risks to harm (Berman, 1990; Brown, 1990; Gates & Speare, 1990; Herlihy & Corey, 1992; Stom-Gottfried & Dunlap, 1998); by evaluating community encounters in the therapy context (Adleman & Barrett, 1990; Berman 1990; Herlihy & Corey, 1992; Sears, 1990a); by discussing referrals when appropriate (Brown, 1990).

Issues to consider in the discussions with clients are as follows: the client’s right to confidentiality (Adleman & Barrett, 1990; Berman, 1990; Brown, 1990); the therapist’s and the client’s right to privacy (Adleman & Barrett, 1990; Brown, 1990); personal boundaries (Adleman & Barret, 1990; Brown, 1990); assessment of behavior out in the community (Alderman & Barrett, 1990); whether to accept clients from the same social network (Brown, 1990); empowerment of client with knowledge and willingness to listen to criticism and concerns of the client (Brown, 1990; Sears, 1990a); assessment of the amount of contact and how to deal with differences and allegiances to different political factions (Berman, 1990); the impact of outside contact on the client (Berman, 1990); assessing whether the client wants to be acknowledged or not (Sears, 1990b); policies on who will be taken as a client and policies of not discussing other

clients (Gates & Speare, 1990; Sears, 1990a); and limits on social contact (Sears, 1990b).

Therapist's responsibilities Therapists directly and indirectly recommended the following initiatives that colleagues may take as they address dual relationships. Become clear on who the client is, what issues they bring, and how the client may interpret the actions of the therapist, this is one way to determine appropriate boundaries (Strom-Gottfried & Dunlap, 1998); be aware of power and practise vigilant awareness and continuous self examination of power needs and how they are acted upon (Adleman & Barrett, 1990; Berman, 1990; Lerman & Rigby, 1990; Sears, 1990a; Smith, 1990); be aware of what issues the client triggers to prevent detrimental actions; practice emotional self-care and prevent burnout symptoms so that unmet needs do not get in the way (Brown, 1990; Lerman & Rigby, 1990); assume the responsibility for the ethics in the relationship and meet personal needs in other relationships (Adleman & Barrett, 1990; Gartrell, 1994; Herlihy & Corey, 1992;); practice self-care and train colleagues and support fellow members to attain training in the field (Adleman & Barrett, 1990); provide only minimum generic self-disclosures (Gartrell, 1994; Herlihy & Corey, 1992); develop policies regarding boundaries with clients (Gartrell, 1994; Sears, 1990a); be aware that you are a role model (Smith, 1990); empower self, attain a sense of personal pride and emotional well being so that you will not be vulnerable to gratifying your ego at the expense of the client (Adleman & Barrett, 1990; Smith 1990); get intermittent therapy throughout your professional life (Herlihy & Corey, 1992; Strom-Gottfried & Dunlap, 1998); do not socialize with clients so that the boundaries are clear (Herlihy &

Corey, 1992); self-evaluate to keep attuned to transference and counter-transference issues and value judgments (Sears, 1990a).

Third party help with various issues This list of suggestions pertain to the therapist enlisting a third party to help with various issues and these are as follows: find a third person to provide input in managing choices (Gartrell, 1994; Lerman & Rigby, 1990; Strom-Gottfried & Dunlap, 1998); find a peer consultation group to address therapist vulnerability and misuse of power (Lerman & Rigby, 1990); get a consultant to address issues on whether to accept clients from the same social network and to prevent the clients from feeling betrayed; to ensure that therapeutic effectiveness and ethical integrity is maintained; to ensure that the client is self-determining; to gain awareness of the tendency to avoid confronting a client because of their prominence in the community or due to fear of being criticized by friends etc. in the community (Berman, 1990); to seek supervision if the dual relationship is especially difficult for the following reasons: for help with cases; help for therapists in relation to clients; to address counter-transference toward a client; for help with inner conflicts, personal needs and motivations. As well, find a peer to meet own needs so the therapist will not meet needs through client due to isolation (Herlihy & Corey, 1992); to get support and debrief the job (Gates & Speare, 1990; Herlihy & Corey, 1992; Sears, 1990a).

These are suggestions then that therapists have made to help make the reality of dual relationships less difficult.

Challenges, and Unanswered Questions

There are many unanswered questions regarding dual relationships, a few of which are presented here. There are some professionals who are expressing concerns

surrounding norms for interpersonal relations in rural communities.

Biaggio and Green (1995) questioned what course of action would have to be taken “if the norms for interpersonal relating in the community of color are different from the guidelines offered by the therapist’s professional ethics” (p.98). As an example, Biaggio and Greene 1995 discussed how Sears (1990a), a Native American lesbian therapist, expressed that “as a member of her tribal community there are expectations that are a function of her culture, as well as the overt and covert expectations imposed from the dominant culture”(Biaggio & Greene, 1995 p. 98).

In a similar vein, Delaney, Brownlee, Sellick, and Tranter (1998), cited Szoladi as suggesting that the rural community practice context “precludes the possibility of a worker maintaining a distanced, ‘professional-expert’ status” (p. 98). Unique relationships are developed. Their view is that not interacting with community members “creates a problem, it shows a lack of understanding and respect for the people being served” (98). Although they were referring to social workers in the discussion, the perspective could include any professional in the rural community including alcohol and drug abuse counsellors.

Another issue of concern involves interpretation – the interpretation of ethical issues when cultures vary. For instance, and in reference to a major change in the American Psychological Association APA (1992) code that urged psychologists to assess whether a multiple relationship is harmful to the client, Lafromboise, Foster, and James (1996) wrote:

Determination of harm is subject to varied interpretation particularly in multicultural work. For psychologists of color, prohibitions against counseling a friend or acquaintance may be impossible. ...Avoiding social relationships with clients may also be difficult in small ethnic communities. The restriction against

treating family members may be extremely problematic for Native American psychologists whose reservation community is made of extended family members and could be further complicated by kinship designations that may require them to address members of their parents' cohort as 'aunt' or 'uncle'. (p. 52)

In their view, this example illustrates how the APA guidelines “reflect the prevailing individualistic orientation (based on majority-culture values) to which most psychologists are exposed during training” (p. 51-52). These authors see the need for further training and supervision in multicultural counseling to ensure that competent services are provided to multicultural populations as outlined in the APA’s *Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations*.

In her article, “Social Work Boundaries: The Challenge of Ethics” (1992), Rhodes called for “more open discussion of philosophical commitments that underlie clinical differences” regarding fundamental ethical principles. One of the examples she used was in the disagreement of socializing with former clients. She stated, “some clinicians believe that once a client, always a client, due to the deep nature of unconscious attachments, transference, and ambiguities in termination” (p.44) She also stated that others “believe that after a period (a year or longer), it is acceptable to have social relationships with former clients, and that the possibility of such relationships indicates a real respect for the client’s autonomy and the equality which is our aim”(p.44). She stated that these differences are due in part to ethical “views about power, equality, respect and human nature” (p.44). Evident in these discussions is the awareness of the complexity that seems inherent in the phenomenon of dual relationships and the many unanswered questions that exist.

Decision-Making Models

In this final section, I include ethical decision making models that professionals have provided to address dilemmas encountered relative to dual relationships. Ethical dilemmas arise when the clinician experiences conflict, especially, when one's principles or ethical code does not address the conflict. Various professionals have developed ethical decision-making models to address ethical dilemmas surrounding dual relationships; four of these models are presented here. The "Feminist Model for Ethical Decision-making" is introduced first (Hill, Glaser, & Harden (1995); next, Kitchener's (1988) model is introduced, this model assists in determining the extent of the probability of harm in dual relationships (Kitchener, 1988); then Gottlieb's model is presented, this is useful for assessing whether an ethical issue exists in dual relationships (Brownlee, 1996); and finally, Herlihy and Corey's (1992) suggestions for safeguarding dual relationships are outlined.

The Feminist Model for Ethical Decision involves the following stages: "Recognizing a Problem; Defining the Problem; Developing Solutions; Choosing a solution; Reviewing Process; Implementing and Evaluating the Decision; Continuing Reflection" (Hill, Glaser, & Harden 1995, ch. p.18-37).

In the first stage of this model, the existence of a problem is acknowledged. In this "defining the problem" stage, the therapist identifies laws, ethical codes, general ethical principles and obligations that pertain to the dilemma. As well, the needs of people, institutions whose needs must be considered are identified. Cultural issues are also considered and consultation with other professionals occurs. Finally, the therapist collaborates with the client (Hill, Glaser, & Harden 1995, p.29). In the "development of

the solution” stage the therapist assesses the risks to the client, taking into consideration the principles of “do no harm” and “do the greatest good”. In the “choosing a solution” stage, the therapist ensures that the solution fits for the client both cognitively and emotionally. In the “reviewing process” stage, the therapist self-examines to determine how her own values and attributes may be influencing the decision. Cognizant of the power she holds, she asks herself if she would want to be treated this way and if she would feel comfortable with having a third party scrutinize her decision (p.30). The therapist then communicates the decision to the client and asks for their responses and input. The implementation stage involves carrying out the decision. The evaluation stage consists of continually evaluating the action taken. The “reflecting” stage requires that the therapist take the lessons learned from the action and use the lessons to inform future character and practice (Hill et al. 1995, p.31). This is one of the models that feminist therapists use to guide them as they make ethical decisions relative to dual relationships.

Kitchener (1988) offered guidelines that help to assess the risks of harming the client in dual relationships (Kitchener 1988, p. 217). She states,

First, as the extent of incompatibility of expectations between roles increase, so the risk of harm will increase; Second, as the obligations associated with each of the roles diverge, so the risk of divided loyalties increases and objectivity decreases; and third, the greater the difference in prestige and power between the therapist and the client, the greater the risk of exploitation. To the extent that each of these guidelines is violated, the potential for harm in dual relationships increases (p. 217).

Brownlee (1996) presented Gottlieb’s decision-making model that would be helpful in determining whether an ethical issue in a dual relationship exists. Gottlieb’s model is “based on the assumption that not all dual relationships are inevitably exploitative.” This model is based on the three dimensions of power, duration, and

termination.” Power is the extent of personal influence in the relationship, from minimal to profound. Duration refers to the length of the intervention and that can be brief or extended. Termination refers to “whether a specific time span for the intervention and post-intervention phase can be decided upon” or whether the client is likely to require the therapeutic relationship for an indefinite period (Brownlee 1996, p. 501).

The model is based on five steps, in the first step, the therapist assesses the current relationship on the three dimensions (Brownlee 1996). The second step requires the therapist to assess future relationships on these dimensions. Step three requires the therapist to assess the role incompatibility of these relationships. Gottlieb (cited in Brownlee, 1996) suggests that if the relationship appears to be low to mid range in power differential and conflict on these three dimensions then the therapist may proceed with the dual relationship. In step four the therapist is advised to consult an objective colleague. Step five requires the therapist to discuss the decision with the client with special reference to the possible risks of the dual relationship (p.501).

Herlihy and Corey (1992) suggested some “safeguards to reduce the potential for harm” in dual relationships as follows:

- Securing the informed consent of clients and discussing with them both the potential risks and benefits of dual relationships
- Remaining willing to talk with clients about any unforeseen problems and conflicts that may arise
- Consulting other professionals as a means of resolving any dilemmas
- Seeking supervision when dual relationships become particularly problematic and when the risk for harm is high
- Documenting any dual relationships in clinical case notes and examining one's motivations for being involved in such relationships. (p.17)

These four decision-making models have been presented to exemplify a few of the methods professionals have found useful when confronted with dual relationships.

Summary and Discussion of the Literature Review

The purpose of this literature review was to provide the professional context that this study enters into. To accomplish this objective, the purpose and requirements of the therapy relationship were introduced; power as understood in therapy relationships was defined; the concerns of professionals were described; the professional's specific views were noted; suggestions for addressing dual relationships were outlined; unanswered questions were noted, and decision-making models were outlined. What is clear is that the main concern about dual relationships stems from the inherent power differential and the importance of maintaining boundaries in such a way so that the client and the therapeutic relationship will be safeguarded. What is also clear is that while there is much concern and many unanswered questions on the part of the professionals regarding dual relationships, there seems to be no consensus, no simple solutions, and no absolute answers in the area of dual relationships (Corey, Corey, & Callanan 1993, p. 142).

I found the literature to be limited. There was no literature that spoke to the issue of dual relationships from the alcohol and drug abuse counsellor's perspective. Instead the views presented are from psychotherapists and psychologists. Secondly, the client's perspective was missing, particularly the First Nations perspective. An account provided by First Nations women of their experiences in dual relationships may be of value to therapists, social workers, alcohol and drug abuse counsellors, clients, and First Nations people. This study may provide ideas for further studies that may contribute to this ongoing conversation about dual relationships.

Prelude to the Findings

It is important to introduce the First Nations context prior to presenting the research findings. Providing a context may further help in the appreciation of the First Nations women's experiences in dual relationships with members of their communities.

The rural community setting.

A rural First Nation community is similar to other rural or small communities but it also consists of a social system that is unique. A rural community consists of people who live in close proximity, in a small space of land, where everyone knows everyone else (Peterson, 1996). Rural communities are often located in isolated areas, it is likely that in rural and small communities the counsellor and the client live in the same community; therefore the counsellor and the client are visible to and in constant interaction with one another (Fenby, 1978; Peterson 1996; Whittington, 1985). In rural communities dual or overlapping roles and relationships are a given (Brownlee, 1996; Delaney, Brownlee, Sellick, & Tranter, 1998; Gates & Speare, 1990; Pederson, 1996; Sears, 1990a). Anonymity of the client and counsellor, between counselling sessions, is a privilege that does not exist in rural First Nations communities. Rural First Nations communities could be likened to small communities such as feminist and lesbian communities; in these latter communities, overlapping relationships are also a given (Adleman & Barrett, 1990; Berman, 1990; Biaggio & Greene, 1995; Brown, 1990; Gates & Speare, 1990; Moss, 1990; Sears, 1990b; Smith, 1990).

However, First Nations communities may differ from other rural communities, and this difference includes added expectations and kin relationships. While some professionals may move away from their communities for employment, many stay at

home to work with their own people (Dreschsler, 1996; Sears, 1990a). But for those who stay, they are with people who have their own unique cultural and historical background, who have been marginalized in society, they are in a kin relationship with their clients and their communities are informal.

First Nations communities usually consist of people who come from major family groups that have lived in the same home community for generations, and most, although not all, of the people are interrelated either by blood or marriage (LaFromboise et al, 1996; Sears, 1990a). As a professional in your community, your belonging has implications. You belong to an interrelated, interdependent extended family system. While your individuality is respected, you are also required to cooperate with the extended family and even the whole community in the responsibilities of continuing the culture and maintaining the health of the community. It is expected that you can be counted on (Sears, 1990a, p. 206). Further, you are expected to be able to walk in various roles. As a First Nation person in society, you acquired the skill to walk in two worlds, the Indian world and the white world. This skill “allows you to be yourself among your own people and a different person, though still honest, when with non-Native Americans” (Sears, 1990a, p.206). In a similar manner, as a professional in your community, you learn to use this skill to function in several roles (Sears, 1990a).

Chapter Three

Research Design

Methodology

Researching is like embarking on a voyage of discovery. As the voyage takes place, the researcher maps and charts the process of exploration (Kirby & McKenna, 1989, p.43). In order to explore and describe the First Nations women clients' experiences of dual relationships with counsellors who are indigenous to their communities, I had to map out my design. I chose to conduct the study using an exploratory descriptive phenomenological approach.

According to Rubin and Babbie (1993), an exploratory study can be undertaken to explore a topic "to provide a beginning familiarity with a topic," and although the findings cannot be generalized to the rest of the population, the insight attained may point the way towards more definitive studies (107-108). This study of the experiences of First Nations clients in dual relationships with counselors (who are also members of the clients' communities) can be considered a new topic in research and is exploratory; there have been no studies of this topic conducted in First Nations communities.

The phenomenological approach was conducive to this exploratory study. Phenomenology was difficult to understand and I read numerous articles and also several chapters (Beck, 1992; Boyd, 1993; Cohen, 1987; Collaizzi, 1978; Giorgio, 1985; Munhall, 1993; Munhall & Oiler, 1986; Oiler, 1986; Reimer, 1986), in various books, in order to grasp the essentials of the methodology and to eventually choose an approach. Phenomenology is both a philosophical movement and a research methodology (Munhall & Oiler, 1986; Swanson-Kauffman & Schonwald, 1988). Phenomenology as

a philosophy frames all qualitative approaches, such as Grounded theory, Ethnography and also the Descriptive Phenomenology method among others. Phenomenology is a philosophical term, "used to emphasize a focus on people's subjective experiences and interpretations of the world" (Rubin & Babbie, 1993). "An important phenomenological principle in qualitative research is the German term *verstehen*, which means 'understanding'" (p, 362). Research is conducted "to understand people from their own perspective- to understand their feelings, their views of reality, and the ...meanings of [their experiences] to them" (Rubin & Babbie, 1993, p.362). One seeks to understand what a particular experience is like in order to understand its nature (Giorgio, 1985; van Manen, 1990). Citing Spielberg, Beck (1992), noted that the main objective in phenomenology is to examine and describe a phenomenon as it is experienced. Descriptive phenomenological research provides an account of the particular experience and was appropriate for the question: what is it that First Nations women clients experience in dual relationships with counselors indigenous to their communities?

A descriptive phenomenological study was also suitable because I wanted to do a study that would allow native people to speak for themselves as much as possible. I wanted their voices to be heard. It was also important to me that my study would be comprehensible for the grass roots people, the results had to be in words they would understand. As well, I wanted this study to be in a form of a story as much as possible. Finally, I wanted the inquiry to be unintrusive as it could possibly be. This is in accordance with a native ethic (Brant, 1990; Darou, 1987; Ross 1992, p.12).

I chose this type of method as well because of my background of oral tradition with my grandmother. My grandmother died November 21, 2001 at ninety-five years in

age and she spoke very little English. I spoke to her in the Cree language. Our intergenerational bonding occurred, for the most part, from her telling me stories while I listened. In this way stories have always been close to my heart; she has influenced my life with her words. Many times, I had asked my grandmother, what was your life like? Her stories have provided me with understanding. For me description is like a story, it comes close to understanding a person's experience in a deeper and more personal way. So it was natural for me to be drawn to descriptive phenomenology as an appropriate methodology and method to use in this study that seeks to provide meaningful understanding of First Nations clients' experiences.

Method

Although other phenomenological methods were available to choose from (see Collaizzi, 1978; Giorgi, 1985), I followed van Manen's (1990) guidance to come up with a descriptive phenomenology. I followed four themes in van Manen's method. I have done the first, which was to find a topic that interested me. This was discussed in the introduction. The second step was to seek the people who had lived the experience (refer to the section on sampling). Thirdly, I had to analyze the data; I had to find a way to search out the structure (themes) of the lived experience (see the section on Data Analysis). In the fourth and final step I was to write the presentation of findings section (see the following chapter).

This study was undertaken to answer the question: What is it that native clients experience in dual relationships with counsellors from their community? The objective was to describe the essence of the First Nations women clients' experiences in dual

relationships. The qualitative phenomenological descriptive method was appropriate for studying First Nations clients' experiences. Phenomenology affirms lived experience.

Sampling.

The sample for this study consisted of three First Nations women who were chosen purposefully because they had experienced being counselled by a member of their own community within the past ten years and they would have had to live on the reserve or in a native community during the time they were counselled. The women would have to be Indians as defined by the Indian Act. I have used pseudonyms in place of the real names of the clients namely Kayla, June and Dana. Kayla lived on a reserve in Northern British Columbia and received counselling for eight months within the past two years; Kayla is a single mom with two small children, she is 27 years old. June lived in a town in British Columbia at the time of the interview, however she had lived on the reserve during her six month counselling and moved back to southern British Columbia a couple of months after the interview took place. June had received counselling within the past seven years. June is a single mom with 3 teenage daughters and one teenage son. She is 43 years old. Dana lived in a hamlet (a very small village populated by registered Indians) in Alberta and had received counseling for two years within the past ten years. Dana is living in a common-law relationship and has five children including three teenage daughters; she is 34 years old. A participant sample of three is acceptable in the phenomenological method. Phenomenology is also very concerned with actual individual cases (Cohen, 1987, p. 32) and this is in agreement with van Manen's conceptualization of phenomenology as a theory of the unique.

As defined at the end of the first chapter, First Nations here refer to Indians who are registered as Indians, pursuant to the Indian Act, with Indian and Northern Affairs Canada. Many of the First Nations people live in close proximity to their extended families on nearby reserves or they live on reserves (Reserves are lands set aside for Indians in accordance with the Indian Act). Therefore, they are part of the social context in rural communities. It is important to note that Dana lived in a hamlet but is a registered Indian as defined under the Indian Act. The hamlet Dana lives in is a small community that is populated primarily by Indians. This study focused on the experiences of registered Indians because of the possible importance of the similarity in culture and ethnicity and because registered Indians seem more homogenous; other people, like the people of Metis descent, may have different experiences as a result of their cultural and ethnic background, and thus were not included in this study.

To solicit interviewees for the study I attempted to put ads in the papers but each paper required a high fee. So I then phoned and spoke to a few counsellors who had counselled people from their community and asked them if they would ask previous clients if they would be interested in taking part in my study; fortunately, Dana agreed to participate through this process. I happened to meet June and was telling her about my study and she told me she had lived the experience. We then agreed that I would interview her. Kayla was from a nearby reserve and she agreed to participate in the study.

Data collection.

Upon receipt of approval from the Ethics Committee of the University of Northern British Columbia, I began the process of collecting the data. The data collected

are the interviewees' descriptions of their experiences. All interviews took place at the interviewee's place of residence as I thought they would be more comfortable and secure in their home. I presented to each of the interviewees, my "Letter of Introduction" to the study; "Letter to Potential Interviewees"; and the "Consent to Participate Form" (see appendix A). I asked the participants if I could record the interviews and told them that I would destroy the tapes upon completion of the thesis. Two of the participants however, said that they would like the tapes at the conclusion of this study. I asked each interviewee to sign a letter of consent form and gave them a copy. I assured them that in this study their names, the names of the counsellors, and the names of the community would be kept anonymous and that their interviews would be kept confidential. I asked the interviewees if I could mail them a copy of the transcriptions of the interviews in order to get clarifications and they agreed. I also asked if I may call them on the telephone as I conducted my analysis should I require clarification on the topic, and they agreed with this arrangement. I also promised that they would see the research findings prior to final submission and they agreed.

I gave the interviewees a copy of the Conversation Guide to view before we began so that they would get a sense of the direction I wanted to take during the interview. I had formulated these questions by writing down my presuppositions on what this experience might be like, and from readings (Collaizzi 1978, p.58). We had coffee and got comfortable prior to the interviews. The basic question I asked the participants was, "What was it like to be counselled by a member of your community, please tell me about your experience, like in a story, tell me your feelings and thoughts about your experience. Start at the beginning." I recorded the interviews with an audio

tape recorder and as I interviewed, I referred as closely as possible to the Conversation Guide (see Appendix B). However, some questions would have been repetitive because as I asked the initial questions, other consecutive questions listed in the conversation guide would be answered in the process. Prompts were used to clarify what the client meant. I then concluded the interviews by expressing my gratitude. All interviews were transcribed verbatim onto a computer hard drive. All interviews took place between the months of June and October, in the year 2000, however I did phone the participants for clarification and elaboration on their comments on a few occasions during data analysis.

Data analysis.

The third part of this methodology is the analysis of the data. Of the three approaches, outlined by van Manen (1990), I chose to analyze the data thematically, thematic analysis refers to “the process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work”. “Theme is an aspect of the experience that is identified in order to build the structure of the lived experience”(p.87). Themes also “give control and order to our research and writing “ (p. 79).

Data analysis consisted of transcribing, printing and reading the copies of each of the interviews. Then I pasted them all onto a wall, page by page. I then conducted the analysis inductively. In this process I chose the selective or highlighting approach that consists of reading a text several times and asking, “what statements seem essential or revealing about the experience being described” (van Manen 1990, 93). I then highlighted the statements (p; 93). In this way the themes of the experience were revealed. I wrote summaries of the statements on the margins of the text (Brazzoni,

1998). Some of my units of analysis were paragraphs, and some were one or two sentences. Once I highlighted the themes for each of the participants, I then compared the data provided by each participant. There were similar recurring themes so I color-coded the recurring themes in the descriptions. I then transferred the thematic collections in the word processor and ensured that they were in the appropriate grouping.

In order to describe each of the themes, I had to read and ask of the data, "what is this participant's experience, what is it that this theme reveals?" (van Manen, 1990, p. 97) This was a process of making the implicit explicit (p.97). I described the experience and titled the theme based on its' essence. I then analyzed the initial collection of themes and summarized them in two more abstract themes that served to describe the experiences. The analysis ended with a dominant theme (the structure) that unified all of the themes and reveals the essence of this experience (van Manen, 1990 p. 93). "Structure is ...a dominant theme,... a unit of meaning... that belongs to a particular lived experience that gives this experience its' particular quality "(van Manen, 1984 p.39). According to vanManen (1984), "The essence or nature of an experience has been adequately described when the description reawakens or shows us the lived meaning or significance of the experience in a fuller or deeper manner" (p.38). The result of this analysis, the description of this experience, is provided in the Presentation of Findings in the following chapter.

Issues of Quality

The quality of a study is of utmost importance and speaks to the ethics followed in the research procedures and to the reliability and validity of the findings and the conclusions that are based on the findings (Miles & Huberman 1990, p.277).

Ethics.

Ethical principles that I followed were confidentiality, anonymity, and informed consent. Due to the sensitive nature of this topic, I assured the participants that this study was confidential and therefore that the specific nature surrounding the commentaries would not be revealed. That is, I would not include, in the text, the names of the people mentioned by the participants. I also promised that the tapes would be destroyed upon completion of the study. I used open-ended questions so that the clients would reveal only as much as they wanted of their experience. It is ethical to be as unintrusive as possible when asking information from First Nations people. As well, I promised anonymity. In this respect, I told the participants that their names, the names of their counsellors and the names of their communities would not be publicly identified. To preserve anonymity therefore, pseudonyms have replaced the clients' names. In accordance with the requirements of informed consent, I informed the participants of the study through the letter of introduction and verbally of the intent of the research and the procedures that would be followed with the information provided (see data collection procedures). I also informed the participants that this study would be a part of a thesis and would be published by the University of Northern British Columbia. I also informed the First Nation women that their participation was strictly voluntary and that they could withdraw from the study at any time if they so chose. In these ways I conformed to ethics required of research.

Reliability and Validity

According to Miles & Huberman (1994) there are four categories of reliability and validity: external and internal reliability and external and internal validity (p.277). I think that my research met the requirements outlined in these categories.

External reliability.

To be externally reliable a study must be based on the subjects and the conditions of the inquiry rather than on the researcher. Researcher bias must be acknowledged. And the raw data must be retained and available for reanalysis (Miles & Huberman 1994,p. 278).

In terms of researcher bias, I have to admit that due to the literature I read prior to this study and the negative evaluations I have heard from various people regarding dual relationships, I was a little skeptical, throughout my conversations with the participants, about the possibility of there being a positive aspect to dual relationships. I was looking for the negative it seems, so it was quite an experience to find that the experience of dual relationships was a positive one for the participants. So this study is based on the subjects rather than my bias as the researcher. I have kept copies of the transcripts and they are available (see ethics).

Internal reliability.

The issue of internal reliability speaks to dependability and auditability. To prove reliability of methods and the procedures followed, I have outlined them in this chapter. I think the processes followed in this study are dependable and could be replicated. While the study can be replicated, the resulting data may be different as there are

variations in the experiences of people of any phenomenon. This study represents a description of the experiences of three people.

Internal validity.

In confirming the internal validity of a study, do the findings of the study make sense? Are they credible to the people we study and to our readers. Do we have an authentic portrait of what we are looking at? (Miles & Huberman 1994, p.278). The validity of a study requires that the description of the experience reflect the truth of the participants' experiences. Is what is described true of the First Nation women's experiences is the question of validity in this study (Kirby and McKenna 1989, p.36). All of the participants were given copies of the findings to review to ensure that the descriptions the researcher formulated represented the essence of their original experience. Lincoln and Guba (1985) suggested "member checks," that is "referring data and interpretations back to the data sources for correction/verification/challenge as a way of ensuring the validity of findings" (p. 109). The clients were asked if the words they used in their interview had the same essential meaning as the terminology used by the researcher. They confirmed that the descriptions were valid. When the researcher was unclear about the client's statements, the participants elaborated on their statements in parts of the interview data. Any new data was then worked into the fundamental structure of the experience. Validation was in this way ensured. The participants agree that the findings make sense and represent true descriptions of their experience.

External validity.

External Validity of a study refers to its' transferability and its fit. Transferability requires that the conclusions be transferable to other contexts and populations (Miles &

Huberman, 1994, p.279). Descriptive phenomenology as a method is not conducive to a generalization of the findings (p.224), as a methodology its aim is deeper understanding and insight; however, the findings in this study can be considered in general practices and theories of clients' experiences in small and rural communities. The fit of the study was increased by choosing First Nations participants who had, as clients, experienced dual relationships with counselors who were indigenous to their communities and who in their own way were able to articulate their experiences and the data was taken from the transcripts and elaborations provided by the participants (Beck, 1992, p. 168).

Chapter Four

Presentation Of The Experience: First Nations Clients In Dual Relationships.

Introduction

In this chapter I describe the experiences of First Nations clients in dual relationships with counsellors indigenous to their communities. I will first orient the reader to the structure of the First Nations clients' experiences in dual relationships. I then orient the reader by providing a background of the clients and their initial involvement in their counselling relationships. Finally, I present a description of the clients' experiences.

Orientation to the Structure: First Nations Women's Experiences

Structure means a dominant theme. This means that the experience is presented in themes; each theme represents an aspect of the participants' experiences. The description of the experience is carried out in an inductive and evolutionary fashion. The sub-themes that describe the experiences at the most concrete level are presented first. Then two more sub-themes are presented that describe the women's experiences at a more abstract level. They unify the preliminary sub-themes. Finally, the last theme unifies and summarizes all of the sub-themes, it encapsulates what it is that the First Nations women experienced. There is one other aspect to the presentation. I chose to present the themes under the three therapy relationship stages of the beginning phase, action phase, and termination phase. These headings seem to fit the themes and help provide clarity and order to the descriptions of the clients' experiences.

The initial more concrete sub themes are presented first and they are as follows:
Beginning phase: "reluctance to engage in the therapeutic process"; "moving beyond fear to engage in the counselling process"; "moving beyond the fear of sharing pain in their

community”; “establishing trust”; and “moving beyond the fear of judgment”. The action phase consisted of the following themes: “willingness to disclose”; “affirmed and accepted as a fellow community member”; “discomfort due to loss of privacy”; “availability: feeling that there is someone I can turn to”; “inspired by the therapist”; and “gratitude”. Termination phase themes included the following themes: “enduring trust”; “enduring bond”; “the experience of being seen”; and “continuing support”.

The two themes that summarize the above themes are then presented and these are “a sense of safety” and “encouragement to move forward.” Finally, the most abstract, dominant theme descriptive of the experience is presented and this is titled, “the movement from a therapeutic relationship to an enduring relationship”. This final theme unifies the sub themes and it describes at the most abstract level, the essence of the experience.

Background of the Participants

Each of the First Nations women lived in a small rural native community with a population that numbered between 350 and 400 people. Their counsellors lived in their communities; therefore, each participant had a dual relationship with their counsellor that consisted of the primary therapeutic relationship and the secondary fellow community member relationship. These three First Nations women clients participated and told me about their experiences. The First Nations women had issues that required them to reach out for help and go to addictions counsellors who were from their communities. Dana was the most articulate during the interviews, perhaps she had more words for her experience because she is trained in the field of social work or it may be because she had more contact with her counsellor due to the longevity of their relationship.

Dana

Dana, who is now 34 years in age, was 23 years in age at the time when she first started going to counselling. She is from northern Alberta. Dana's sister-in-law had asked the counselor to become involved and to pay Dana a visit because the sister-in-law had learned that Dana had attempted suicide. Dana then attended sessions regularly for two years with her counsellor. The counsellor moved away to work elsewhere; however, during the past eight years Dana has maintained contact with her counsellor who visits the community regularly and especially for holidays.

Kayla

Kayla who is now 27 years in age, attended counselling sessions, on her own initiative, with her counsellor for approximately 8 months beginning in September of 1999 until April 2000. Kayla is from Northern British Columbia. Her counsellor lives in the same community although she is no longer employed as the community counsellor. Kayla and her counsellor developed a relationship before the counselling sessions took place. They had both attended the same catholic pilgrimage and had been healing partners during this pilgrimage. A Catholic pilgrimage is a gathering sponsored by the church to assist people in their healing process. During this time Kayla and her counsellor had mutually shared similar stories of pain and had thus bonded in this safe environment prior to Kayla becoming her healing partner's client. A year after the pilgrimage, Kayla's healing partner became the counsellor in the community.

June

June attended group counselling in her community for 6 consecutive months, within the past eight years. June is from southern British Columbia. Her counsellor still

lives in the same community and remains in the position as counsellor in the community. June decided to attend counselling group sessions in her home community when the counsellors sent out letters to the homes inviting the people to attend.

I hope the reader will accept the following description as presenting the nature of these participants' experiences in dual relationship with counsellors who are indigenous to their communities. Further, I hope that the reader will understand these experiences through the words of these three First Nations women.

The Beginning Phase

Reluctance to engage in the counseling process.

The participants reported "feeling resistant" to engage in the counselling relationship and they tried to find ways to cope with this fear. After learning that Dana had attempted suicide, the counsellor paid a visit to Dana.

Dana explained her response,

I guess my thought at the time was she [the counsellor] introduced herself briefly and told me what she did, and my reaction to her, my thought at the time was, 'well there's people worse off in this community, what the hell is she doing here, if she really wants to help someone she should go help those people.' That's what my thought was.

Dana was fearful about engaging, her way of keeping herself safe was to deflect her anger on to other people and it allowed her to not have to address her crisis.

Kayla was afraid to go to counselling as well. She stated,

I was apprehensive, unsure at first, well all throughout my life, I always wanted to go to counselling, but it was the trust, I wasn't very proud of the things that I did and the person that I was, I was ashamed to be that person.

Her sense of shame required trust that she did not have at first.

June was also reluctant to engage in the counselling process and her way of dealing with her fear was to run away, as she stated:

I was just nervous and then the people we got was six people in our group and I wanted to back out because one of the people that was in my group was one of my offenders. And that just, like you know like when you're spilled with cold water your body just goes numb, and I just got up and walked out and just started walking and the lady (the counselor) came after me and she's asking me, 'how come you're leaving?'

I said, 'I want to move to a different group,' and they already started all the groups and she said that they started all the groups already, and I couldn't shift to another group and she asked me, 'why?' and I said, 'one of my, I have one of the offenders in my group'

She was afraid she would not be safe because her offender was in the group and this reality was compounded by a sense of hopelessness she felt because she felt she had no choice but to stay. Her way of providing safety for herself was to numb out, a way of withdrawing, so she didn't have to be there.

Moving beyond fear to engage in the counselling process.

Although the participants were afraid of engaging in the counselling process, the counsellor's help made it possible to move beyond their fear. As Dana explained,

Well I wasn't sure really, if I could trust her if she was the right person to talk to and you know, I guess what kept going through my mind is, 'why does she keep coming back, doesn't she you know understand 'no, leave me alone', because that's what I told her you know, 'I don't need to talk to you'. and I shut the door.

Dana was uncertain if she would have safety with the counsellor. Her response was to shut the counsellor out for a second time. However, she had misgivings as she reported,

The second time I did that [slammed the door on the counselor], I felt bad that I was rude. That she had taken the time of her day to come by and check on me and at that time, by then I decided you know if she comes back again, I'm going to invite her in this time for coffee.

The thoughtfulness of the addictions counsellor helped Dana to begin to be open, to engage. As Dana reported,

I think it had to do with the way I was feeling on a daily basis, feeling alone and nobody to confide in, and feeling that I really needed to talk to someone.

She had become more aware that she couldn't continue without support. Fortunately, the counsellor came for the third time, as Dana said,

By the third time ...I asked her you know, 'Do you have an office, what's your office hours and if somebody really needed to talk to you in the evening, you know could they just phone you or go to your house?' And I asked her a lot of questions and she said, 'Oh yeah,' she said, 'and if you need to talk to me, if something comes up in the evening, that didn't happen in the day or whatever,' she said, 'come to my house, you know where I live,' she said, 'just knock on the door'.

During her third visit, the counsellor gave Dana a lot of options that created the beginning of some sense of safety. The counsellor had also built a safety net for her, instilling hope and a sense of equality as Dana stated,

And then when I got to the point where I really needed to talk, I remembered what she said, 'you know, I'm here to listen and I'm not here to judge you and I'm not any better than you, but I understand what you're going through, I understand how you feel'.

The impact of the statement of the counsellor enabled Dana to make the commitment to engage. The counsellor's willingness to extend herself also enabled Dana to engage. As Dana recalled,

It was close to a weekend where we would normally do our drinking. I thought about her coming there and having coffee with me, and listening; I didn't feel like drinking that weekend. So I told my spouse, 'if you want to drink, go ahead, but not in the house, go somewhere else. ...I'm going to stay home with the kids; I don't want to drink.' I told him, 'Next week I'm going to go and see the addictions counsellor and get help, I want to quit. But I can't do it alone, and I'm going to start going to AA too.' I told him, 'Whether you are going to come with me or not,' I said, 'that's your choice, this is what I am going to do and you're not going to stop me,' I told him. Because by then my mind was already made up, I had had enough.

She came to the realization that she wanted to begin to make changes in her life.

June was also afraid to engage in the group therapy process, June reported,

She said, 'it would be a good start for you to stay in here and be one of the first to state he was your offender'. And, but I, just like a real numb feeling, like you're really cold, but you're sweating. I just had a, my hands were all sweaty and that, but I was just like, numb cold and. And she just said that, 'It would be a good start for you' and I said, 'Ok, then I'll try it.' And when we had that first meeting...I was scared and all these thoughts and everything going through...

She was in a way aided by the counsellor challenging her, she was able to meet the challenge that the therapist presented to her and that's what helped her move beyond her fear.

Kayla had been in a pilgrimage with fellow community members, including her counsellor, prior to the counselling sessions and this prior experience encouraged her to engage in the counselling relationship as she stated,

A lot of me remembered what had happened at the pilgrimage where it was scary to talk about my problems but it felt good, letting go of things and talking so then I decided to go to counselling.

Moving beyond the fear of sharing pain in their community.

The participants reported experiencing a deep fear of disclosing about past personal lives in their community but they did take the risk as Dana states,

And really too in a small community, my biggest fear too, I think I did at the beginning, I did have a great fear of seeking counselling in my own community and the biggest fear is that I'd be totally honest with this person about my fears, my dreams, things I've done wrong.

Despite the fear, she became willing to risk, deepening the engagement process as she stated,

Well at that time I thought well, 'I need to talk to someone and who better to talk to than someone who is willing to listen.' And I thought you know, 'I'm going to take a risk and try it and see what happens'.

June was extremely fearful, but she realized that she wanted to move beyond her fear. As she stated,

We went to workshops and aah they had us all in groups so they had about five groups and when I first went I was very scared and they have our own people from our the reserve as counsellors too and to trust them. ...and what they would do too....And like I just really wanted to start working on myself and that this was the best place for me to start, so even though I knew the whole community too, everyone knows everybody and they know your family, but then, to talk about your personal life - the past. trusting the people that were in it and what they would do too.

June's realization that she didn't want to hang on to her pain anymore and her desire to work on her issues helped to move beyond the fear of disclosing to her counsellor and members of her community. And although it was "real scary," June was able to "go through it".

Kayla was afraid of attending counselling in her home community, because she didn't want fellow people to know what she had done, but her remembrance of attendance at a pilgrimage with others allowed her to move beyond the fear of sharing pain in her community.

Well I didn't want to go to my home community because I didn't want anyone to know the things I had done, because I was not proud, but when I went to the pilgrimage, it was the people who knew me that made me realize that it was okay, like. I became aware of what a person can do. It (the experience at the pilgrimage) opened doors for me. I knew I didn't have to carry the problem like, I knew what to do. I could talk about it. So I went to counselling.

The counsellor Kayla went to for counselling was also the person who had been her healing partner in the pilgrimage as Kayla states,

She had been assigned as my partner, we were in a safe environment, I felt good enough with her, safe and comfortable, and she told her story and stuff, she talked about her life.... We had bonded during the pilgrimage she was one of the leaders. No not a leader. She was one of the people that had already stopped drinking. We walked and talked a lot. That's when I started opening up and talking about my life and I did it mostly with her. She opened up to me too and

so she didn't judge. I didn't have to be afraid because it was in a safe environment.

Her partner in this healing context was to later become her counsellor she felt safe with. The counsellor's prior willingness to mutually share of herself allowed Kayla to subsequently feel safe with the counsellor in the context of the counselling relationship. The counsellor's willingness to share of herself during the pilgrimage was therefore also a way of engaging Kayla in the therapeutic process even though it might not have been preconceived.

Establishing trust.

Each of the participants wanted to see if she could depend on her counsellor to keep her confidence and to determine if the counsellor could create a space for her to begin the process of healing. All found ways to determine their safety with their counsellors. Dana relates her experience in this way,

So I sought out this counsellor a few times, went to her office, I guess, I initially went, to kind of check her out. What this person is all about, can I trust her, so I had to test her first, three times I tested her in her office, different little ways. And I thought I'm going to listen carefully now in the community, see if what I have told her - I'll hear out here. Then I thought if I don't hear it then I can trust her. I paid attention, I asked other people about this counselor, aah what do you think of her and you know stuff like that and everybody spoke highly of her, you know and I told them that ah I had gone to see her a few times, just kind of checked out what she was all about.

Assessing the safety of the counsellor and the counselling process was of utmost importance to Dana. She had three strategies. One was to assess the counsellor's character by observing her in the sessions and another way was to ask community members about the counsellor's character. A final way she determined safety was to listen out in the community for the counsellor's disclosures of her stories. She explains,

I think what I was doing, because, being an alcoholic, I come to lie on a daily basis, but I had to learn to speak the truth on a daily basis, and I didn't know how and I didn't trust very many people. So I had to test her, to see if she was trustworthy, and if when she spoke confidentiality, did she really know what it meant. So how I did that, I would go into her office and I would tell her little bits and pieces. I wanted to see if I would hear it at the local store or anywhere, but I never did and that's where I knew, at that point that I could trust her.

Speaking her truths was new to her and put her in a vulnerable place, she wanted to be assured that she could depend on the counsellor to keep her confidence. The counsellor proved she could provide a safe space for her and that's when Dana knew that she could trust her.

June also wanted to see if she could depend on, not only the counsellor but also fellow community members, to create a safe space for her to do her work. She related,

I guess it's really trusting, because a lot of things that go on, it usually gets out and just waiting to see what's going to be talked about on the reserve or not. And just waiting for that to happen and saying okay, nothing, never heard anything about me out there so, you know the trust is there. Saying okay, I can trust this person and the other people in it, in the group. And it was, yeah I guess just waiting and listening, to see if the trust could be there or not and it was, so that was good.

She watched, watched to see if she could depend on the counsellor and her fellow community members to provide a safe place for her to do her healing, when she was satisfied that they could keep her confidence, she was ready to trust.

Kayla was not sure if she could depend on her counsellor as she states,

At first I was a bit uneasy because we've known each other before, I was a bit uneasy about the confidentiality issue; but after as the counselling progressed, I realized, I came to know that it was all confidential. It was all between her and I....I felt uneasy because her [relative] was dating my [relative] and I was giving her a lot of personal information that I never gave to anybody. I wasn't sure if she would actually be confidential because her [relative] was going out with my [relative] and because she was a community member.... she hung out with a lot of the people I hung out with and I was afraid that in one coffee conversation that she might have with one friend of hers, that an issue might come up like what I'd went through and she might say, 'well I have this client and she went

through the same thing' and like I wasn't sure ,...I wasn't sure if she'd share my issues that I had shared with her.

Initially, Kayla was not sure if the counsellor would keep her confidence and protect her anonymity but as time went on, she knew that she could depend on the counsellor.

Moving beyond the fear of judgment.

All the participants expressed a fear of being judged, acceptance was an essential ingredient to engage in the therapeutic relationship. Dana shares her experience with judgment in this way,

About the fourth time, I went in there to her office and I told her, 'you know, I feel comfortable with you and I feel like I can say anything and you're not going to judge me. And you seem to understand how I feel and where I am at and right now I need that really bad' I told her. And I told her, 'I've come here three times before to kind of check you out to see if I could trust you' and we laughed, and she said, 'I kind of thought so, you know, I had to leave it up to you' I said, 'and this is my fourth visit and I feel really comfortable sitting here talking to you'. And I told her, 'You know I really want to quit', and 'can you help me' and 'how do I do it, it's not, you know, just saying no, I can do that, but that's not enough, what else can I do?' I asked her. Well she suggested that we start one on one counselling as often as I needed it, and to start attending AA [meetings] regularly.

Dana felt respected and accepted by the counsellor and that allowed her to move deeper into the counselling process.

In the sessions, Kayla wondered whether or not the counsellor really did accept her, as she stated,

Because of the fact that she seen me out, at the bars and stuff, and after she'd seen me out, I'd go to my sessions, my appointed sessions. I always wondered what she thought of me, because she'd seen me a few nights before you know, yes there was this wonderment. ..just bad judgment toward me because I was drinking alcohol, alcohol consumption or if I acted foolish.

At first seeing her, I was kinda of ...well just like any other counsellor, I guess you just have to get to know the person after I got comfortable with her (having no more anxiety or fear of being judged and now feeling at ease) and Umm, for the first little while if I had confided in like... if I'd would talk to her about a

problem of mine and stuff like I was kinda leery to see her like... ahh but then that only lasted for a little while cause I just kept seeing her and I became more open with her.

Over time she began sharing of herself and finding herself comfortable with the counsellor; however, a constant question at the back of her mind was “what does she think of me?” and eventually she felt her acceptance.

June too worried about judgment and being treated differently out in the community after revealing her pain. She states.

I guess the trust and, to really, seeing them around and then “is things going to change? Are they going to accept me or reject me? Treat me different as less than not worth as much or and but I just talked to them, just talking to them again when you meet them and the things they’re going through. So I felt accepted and knowing that others were going through the same things helped me to feel comfortable because I was not the only one that had been abused.

June feared judgment, devaluation, and rejection; she felt relief that these were non-existent in the counselling situation.

Middle Phase

Willingness to disclose.

Although the women were initially afraid to engage because of personal familiarity with the counsellors and community members, it was their identification with the First Nations counsellors that facilitated their willingness to disclose their deepest issues. According to each of the First Nations women, the counsellor’s similarity in ethnicity and past painful experiences facilitated their courage to disclose their feelings and sources of shame. Each related the facilitative aspects of identification in their ability to disclose.

Dana preferred talking to native people because she felt oneness with them.

According to Dana, that was a prerequisite to staying in the counselling process, as Dana recalled,

I look back now and I think, I was very fortunate that that counsellor was here to help me and had she not been here, I don't think I would ever have went for help because I wasn't comfortable with talking to non-native people.

...I think, they're [First Nation people] your kind, they're your kin, they have the same upbringing and similar experiences, ideals are probably the same in general and you know their view of things are probably the same....

She believed that fellow natives had the same frame of reference as her and with them she felt a sense of belonging. This context was the deciding factor to stay in therapy and to eventually benefit from it, as she stated,

I saw that natives were non-judgmental.... They didn't care where you came from, what you did, ...I thought if I have to choose between going to somebody that's not going to judge me and understand and possibly have gone through what I have, then that's the person I need to seek out right now.

Dana felt accepted and understood in this relationship context and she was adamant that this is what she required to take part in the counselling process.

According to Kayla the First Nation counsellor's ability to identify with her background as well as her painful experiences was a prerequisite to disclosing, she stated,

...Cause I think a lot of First Nations people have the same umm, hurts, umm a lot of them grew up kind of the same way you know with ahh, I think they understand more. Like umm either they've grown up that way or they've seen it or something and they're just more understanding and I'd want somebody who had experienced the same thing as me or close to it or whose witnessed it or been a part of it you know. Its easier to bring it all up because its just easier cause she's been there so she knows where I'm coming from and it was just easy to bring them up, cause saying some of the things I said to her I just couldn't say to just anybody. Cause it's embarrassing! Yeah, it's shame.

I'd like so that they know what it's like, they know how I feel. They feel my pain

or they know what it's like and I like that I've gone to other counsellors and ahh, it's just not as comfortable discussing real intimate stuff or not intimate but really hurtful things that have happened in my past. It's just not the same. Like I think counselling comes a lot from experience and it's way more meaningful when it comes from experience cause they've been there.

She experienced deep shame and she felt that only a First Nation counsellor could possibly understand and accept the depth of her because she felt the counsellor would have experienced similar pain in her life.

June also expressed her preference for her First Nation counsellor, but it was her counsellor's willingness to disclose life experiences that were similar to June's that helped June disclose as she explained,

...her telling her side of her story about her life and what she went through. And saying that I'm not the only person that went through all this pain and not the only one being a victim and that she is also a victim too and learning to deal with that. ...And it's good to know, when she talks about herself, not only me talking about my offences and it's easy to talk to her about it... Because I know she went through the same thing.

She felt relieved that she was not alone in her pain and she felt safe to disclose. She also felt her counsellor's support and reassurance that enabled her to move through her pain and realize that she could survive. As June stated,

You can make it along... when you have a hard time, when you're just coming out of it like a roller coaster. And the [counsellor] like, my kids understand a lot of things that I go through and they help me along, really different, they know about you and your struggles.

The participants found solace in their identification with their counsellors; they were able to address their deepest issues and move beyond their shame.

Affirmed and accepted as a fellow community member.

Being involved in two types of relationships, the fellow community member relationship and client-counsellor relationship (Dual Relationship), is a reality for the

client in the rural native community. Part of this reality means that a client sees the counsellor constantly out in the community. The participants described this experience as one of being accepted as equal and respected fellow community members. Dana described her experience in this way,

Well I think that the first few times I ran into her at the local store, I felt a little uncomfortable, because I thought about what I had shared with her in the session whether it was the day before or last week, but she was always friendly...

Well I guess what I assumed at the time was, we just had a counsellor/client relationship in the office andI just assumed that if I saw her in the community I'd, she'd just walk past me and to my surprise, she didn't.

I often wondered how I'm going to react, how she would react, just the total opposite of what I thought.

And you know anywhere I saw her she'd talk to me. What I thought was that she wouldn't acknowledge me, she wouldn't talk to me and the opposite was she acknowledged me, wherever I was in the community, and she always talked to me.

Seeing the counsellor out in the community was initially a discomfort to Dana, her unease stemmed from her disclosures that left her feeling vulnerable to the counsellor. Dana had been uncertain about how the interaction out in the community would be. Her expectation was that the counsellor would be distant and avoid her. All her assumptions proved to be false because the counsellor treated her as an equal and because she treated her as an equal she felt accepted and, as she reflected,

... I felt like I mattered to someone, it was only one person in the world that took the time of day to think, to acknowledge me as a person. It made a major difference to feel that acceptance.

Nobody had ever valued her as a person before, and the feeling of acceptance was so profound that she began to see possibilities for herself as she states,

It made me want to continue to change where I guess I began to think at that point already that I wanted to be that way someday. That I would hope that

somebody would be able to approach me in the way I am able to approach her. You know and I thought you know, who knows what the future is going to hold for me. But if this is how you treat people because you want to treat them, not because you have to, because you want to. And that's where I saw the difference, that's when I saw she didn't have to treat me like this. She chose to treat me like this. It's something she wanted to do. And I thought 'gees'.

Dana was amazed that the counsellor could be so accepting and generous of herself and that could have such an impact. It made her realize that maybe she could do something that could have that same impact on others too. As Dana continued,

...and um anywhere I saw her in the community or town she'd stop and talk to me, you know it was, wasn't like she was my counsellor, she treated me with respect and I really enjoyed her company. I felt at ease being around her and I began to build a trust really quickly with her. And I began to search inside myself and I started to deal with stuff and look at the way I was living and had lived.... Well it made me want to continue to look at me and continue to change. ... The things I told the counselor at that time was, it was really hard to admit that I was an alcoholic.

The acknowledgment and acceptance shown by the counsellor, out in the community, deepened the therapeutic relationship and process.

June's meetings with the counsellor out in the community were comfortable as she reported,

I didn't aah, I just talked to her or and knowing I could trust her, I just felt okay with her knowing that I could trust her and that she wouldn't talk about what we were talking about in group or anything. So I just felt okay with her and sometimes I'd meet her and just talk normal, like talk about the weather and other stuff that other community people talk about. and or else sometimes just talk about whatever she wanted. She'd tell her stuff too, so that was good, so there was trust in me too.

The trust developed in the therapeutic relationship allowed June to feel at ease when she saw her counsellor out in the community. Trust in the counsellor was strengthened when June realized that the counsellor would respect her boundaries by not discussing prior counselling sessions out in the community. The counselor's acceptance of her as a

mutual and equal fellow community member out in the community further deepened her trust.

Kayla answered the question of what it was like to see her counsellor out in the community this way,

Just ahh you know I just poured my heart out to this woman and I seen her almost everyday, so it was kind of...I was wondering if she thought...what she thought ...what she thought of me I was just wondering if she...or if she just looked at me, at me instead of what I told her about all my things that I told her about. But then I got close to her and it was good; I knew she wasn't looking at me and judging me, I knew she was looking at me, as me, and being my counsellor.

It was alright just at first it was a little bit weird, because, basically she knew everything about me and I wondered if she thought about those things I had told her. I was thinking is she thinking about what happened to me and looking down at me, like. But then, like I said I got close to her (having no more anxiety or fear of being judged and now feeling at ease), she was something like a counsellor, like a friend. I was confident then that she wouldn't look down at me.

Kayla felt uneasy about seeing the counsellor out in the community; she had doubts about the counselor's acceptance of her. Kayla recalled,

If I thought she was looking down at me I would never have trusted her or felt comfortable with her. and ahh , well sometimes if I was drinking I didn't want to see her but, she didn't, she'd that was the time when she'd be more you know like in her own way letting me know that was OK like she's not like she wasn't there to judge me she'd be really she didn't care whether... you know ...what I was doing. ...I didn't feel like she was judging me, she accepted me.... it made me feel good it made me feel comfortable to know I was not being judged.

The counsellor was able to maintain neutrality and acceptance of her even though she was struggling with her alcoholism. She appreciated her for that. Kayla also felt accepted by her counsellor out in community as a fellow community member. As she reported, "She treated me like normal, regular. She totally left the counselling out of it,

she was always happy and respected me and accepted me, regular, not like one of her clients”.

Discomfort due to loss of privacy.

In small communities, relationships are overlapping and intermeshed; all of the women reported feeling discomfort due to loss of privacy. In the early stages of her counselling, Dana reported her difficulty due to visibility. She states:

(Laughs) Yes there was, one thing that was very difficult. Because I was such a liar in my alcoholism, in my drinking days, I had to learn how to live an honest life and be honest with people around me all the time. And I wasn't sure I was capable of doing that and being in a small community. I remember what she told me early into our counsellor-client relationship, she had once told me that, 'It doesn't matter what you do and don't do, or what you don't tell you're doing, people know. It's a small community, you can't hide, you can't even hide from yourself, let alone anyone else', she used to tell me. And I used to think, you know, 'how dare she', that's what I thought when she first said that to me, 'how dare she say that. Who the hell is she?' I was still defensive. I was thinking, 'oh gees, you know she's right, you can't hide'.

In the early stages of her sobriety, at a time when one feels vulnerable, Dana felt discomfort in having to be honest and open in her life. Perhaps this was because alcoholism is one way of hiding or denying reality and in her early phase of sobriety, openness was difficult for her. In any case, she felt that living an honest life was in a sense an invasion of her private life and she resented it.

Kayla experienced hearing stories about her counsellor and stopped seeing her counsellor for awhile due to her loss of confidence as Kayla explains,

I had a lot of trust well I still do trust her but ahh, other community members didn't and ahh. I didn't want to see her at one point in time because I had heard a lot of what other people said, and I think she knew that that's why I wasn't going to her or something. I don't know if she knew of just but ahh when I did go see her she had told me about you know people talking about her and what not and you know well we were talking and my problem came up first and I was telling her how rumors are and stuff like that, cause I had a very upsetting rumor spread about me and I went and seen her and ahh and she told me about how

rumors were being spread about her and um, I think it was her way of telling me that people just talk like that you know, so those feelings left, those distrust feelings.

I had people who knew that I seen her for a counsellor and ahh, they would give me their opinion of her and kind of put her down and I didn't like to hear about it because she didn't do anything to me like. And a lot of rumors always go around anyway...

Kayla felt discomfort due to the invasion of her privacy after she allowed other community members' opinions about her counsellor to lead her to doubt her counsellor's integrity and her own sense of judgment. Fortunately, the trust was reestablished.

In a small community where people have close emotional ties, sexual abuse charges by one member against another member of the community can have an impact on people. For instance, June's counsellor was involved in advocating that a sexual abuse charge be laid, by another client, against a person who happened to be one of June's offenders and June feared that her counsellor would coerce her to serve as a witness in the court case. June states:

I guess there was, I felt okay with it because I guess she puts different clients in different places, and I could trust her enough with my case, and counselling, I seen her through some cases where she had to bring them to court and that, so on those parts, that's where I was scared, in case, like one offender had to be brought to court and then I was scared, he was my offender and I said, 'I don't want to go through that', But she didn't even mention, me or anything. So I was, but when you're like in that part of it, it was scary. Like, 'is she gonna pull my files out and bring it to court?' and would I have to be, what do you call it when they have to bring you to court and that's what I was really scared of. When they were going through that part of it, I was just scared and I guess I couldn't function straight or something, just waiting, 'Is she going to today or not?', and that was scary for me, but she didn't even mention me or do anything so when that court case was over I was, could breathe again.

June was afraid that her painful life would be made public; she would have felt that it was an invasion of her privacy. She was relieved when she wasn't called to witness and her privacy remained intact.

June was also concerned about her files because she was afraid that they would be made public. That would have been an invasion of her privacy. This added to June's experience of anxiety about being exposed to the community. As June reported,

...it's just that my files are open and I'm just wondering if they have access to my files and what they are going to do with it. And are they allowed to read my files ...if they have access to my files and if they keep them open for the new counselors that are going in, and I just wonder about that....just don't know if they do keep them. I tried to ask for my files once and nothing happened. But then I wrote a letter and I asked to have my files closed and sent to me, because I don't know if they keep them open....

It was a sense of uncertainty about what was going to happen to her files.

Availability: Feeling there is someone I can turn to.

In traditional counselling there are boundaries around time and place of sessions. In these rural communities, counselling session times were flexible, the women referred to this as availability. Because the counsellor lived in the community, the clients felt that they had someone to turn to and this reliance on the counsellors during crisis times allowed them to continue to make changes in their lives. Dana saw her counsellor out in the community and this was her experience.

And I think the other thing that always helped me in the beginning was it didn't matter how busy the counsellor was, I could seek her out anywhere in the community and she'd drop whatever she was doing to come listen to me, and that really made me want to work towards sobriety and begin to address things because she always was available. And she was always friendly and it just made it easier to keep going back. At first the first few sessions I didn't really say much I just kind of rambled on. Gradually over each session she would ask me questions and I'd start opening up more ...

And it got to a point... by then I had been in counselling a year, I was attending AA regularly, in my community and surrounding communities, I was starting to become comfortable with being sober, but I still knew there was a lot of work ahead of me. That scared me to death that I had to look at Dana and the things she's done and the people she's hurt because of her drinking. And when I began to look at things like that, the fear and the anger and the shame, I wanted to drink so badly. That's when I sought out the counsellor anywhere in the

community, weekends, holidays. I'd go right to her house, knock on the door tell her, 'I'm having a rough time right now, I need to talk.' She'd drop what she was doing and say, 'let's go for a drive in my car.' We'd drive around and she'd ask me, 'what's happening, what's happening right now what do you feel, what do you think.' I said, 'I feel guilty, I feel ashamed, every day, and when I feel this way, I want to drink, but yet I don't want to drink.' I told her.

And we would talk and I felt better after I talked to her, I'd go home and have a good sleep. I was releasing all this garbage in me that I had never talked to anyone about in my life before. And over the months, you know, I saw my attitudes changing, my beliefs, my views and I began to see there is a future for me and my kids. You know things can be different. By then I had a year of sobriety, it was pretty tough but I was very fortunate.

The counsellor's receptiveness helped Dana to feel accepted, and this acceptance encouraged her to continue to go to counselling and to deepen the therapeutic process.

Over time, there was a major shift in her view of the world; she discovered that there was indeed hope for her beyond the pain that she felt.

For Kayla the availability of the counsellor was positive. She states:

She was always close and always available She was just there whenever I needed her. ...I'd see her, you know, places and if I needed to talk to her at that time like an event or something we could go off and walk and talk and be alone and it was just you know, like just a mini counseling session where she was just there.

It was like a reliable thing, she was reliable, you know if I seen her outside, like she was there. It made me feel better, ...because sometimes on a weekend you know, when you don't have the sessions to rely on, you know to bring it out, and to give you that strength you know. And I'd see her you know and we'd have little chats, that would make me feel like refreshed like you know, that yes life is good.

She felt supported and reassured because she could rely on the counsellor to be there for her outside the regular sessions.

In June's experience, not only was the counsellor available for her outside regular sessions, fellow community members were available as well. As June states:

When those memories start coming back, you could phone them [the counsellor and the community members] up anytime and just talk to them, what you are going through.

She felt safe because there was always someone there she could turn to for support.

Inspired by the counsellor.

In these small rural communities where visibility is a reality, the women were able to see the way their counsellors lived their lives. The counsellor's presence was inspiring for each of the clients. As Dana reflected,

So in my second year of sobriety, I started listening more and paid more attention to what was happening in the community, where before I didn't give a shit.

You know I was too busy drinking and lost in my own little bottle and I saw her [the counsellor] doing things, on weekends, round dances and recognition dinners and stuff like that and I started volunteering and aah really enjoying that. So I thought, "you know if I feel this good doing little things like this, why don't I go out into the community and do more?" So I started volunteering all over. As a youth worker, I went and volunteered there, aah, I went and volunteered at the school, anywhere, the seniors. So for about a year straight I just did, straight volunteer work, to keep busy, because basically what I needed to do was keep busy and not to think about drinking, not to worry about not drinking - but to get on to a different frame of mind.

In her second year of sobriety, she began opening up to new directions. Through her counsellor's example, she began to try new things in life and discovered that these were meaningful for her.

In a similar way June followed her counsellor's example of how to live. June states:

...just seeing that she's a family, she has a family of her own, and the things that she goes through, that she has a busy life like the rest of us. And that she does, she takes her kids to hockey or the figure skating, the baseball, she does the same things as we do and that's good. ...That she's a mother. I guess just being a mother too and bringing her family along and that she has the knowledge of helping her own people and that's what she wants to do, so that's, help her own people through therapy and however she can. : Good role model ...I just find her very smart. ...

June saw her counsellor as very dedicated to her profession, to her family and her community and this gave her options to make changes in her life and she elaborated on how her life has changed,

Yeah, doing things for your own family, like getting into sports and that. I never had my kids in figure skating or anything like that, then finally I started putting them in the sports. Just seeing that, it was, time managing and money managing and to do that, to bring your kids out to figure skating and baseball and the kids felt good about that. ...I come a long way from the start of my therapy, like I've become, I'm not so shy as I was before and I'm more talkative to people, just getting out and meeting people and I'm not so shy. And a lot of people notice that and they tell me how far I have come since my therapy the things I do with helping. I guess just going out and getting into the community with their gatherings and helping. Especially in my work, I thought I couldn't do things before, I was afraid to go out to do landscaping, I had to go to school for that and I felt like I couldn't do it but I did it anyway. So that just got brought out that I can do things...

With pride and confidence, and like the counsellor, she too became dedicated to her trade, her family, and her community.

Kayla also saw her counsellor as a role model as she states,

I learned from watching her attitude she was always happy and involved in a lot of things, like organizing things, like the AA walks, bingos, and speaking up at workshops. And because I have a hard time getting involved in a lot of things, because I have low self-esteem. I don't feel comfortable getting involved with the community happenings. From watching her I wanted to be like that and that became my goal and I still do have that goal, to have a good attitude, to be happy and to get involved and stuff.

After observing her counsellor, Kayla is inspired to gain self-esteem and self-confidence and to get involved in the community.

Gratitude.

There are many ways in which a client expresses her experience of the therapy relationship. One of the ways is through a verbal report. June expresses her gratitude in this way,

Yeah its, it has to do with a lot of trust for me to have her and knowing her as a community member and meeting her outside the counselling and that and the fear of her telling my story elsewhere, but I know now that I trust her that she's, the things she does is helping the community and she helped me a lot on my path of healing and I'm real glad that I went through the therapy that I went through to help myself, my self-esteem and it's like coming out of a shell or something and able to say, 'Hey, I can do this!' Yes like taking my kids to baseball and we got into the powwows, and traveling and before I thought I couldn't do anything because of my common-law. I just felt like I had to stay home and be a mother and (laughs) I know there's other things out there that I could go to, instead of just staying home and being a mother. So it brought out a lot in me....

June feels deep gratitude for the joy and the sense of direction she has received from the therapist.

Kayla expressed her gratitude in this way,

It was very helpful because even through the uneasy feelings I had, it was I learned a little bit of lesson in trust and in trust basically.... Like I never trusted before like even talking to family members, it was a bit hard to have that trust so aah, I came out of my shell....I kept a lot of stuff inside, it was a hard shell, like I never wanted to talk, express, because I didn't want to seem weak. And like I didn't know, like without knowledge. And throughout the sessions, I learned to trust, that bridge was built on trust. And I, becoming to realize that I am not a weak person I am stronger than I thought I ever was, I didn't have self-esteem. My self-esteem was very low and throughout the sessions, I gained some self-confidence and some self-esteem. I don't feel like I'm an inch tall anymore, I feel the five foot two that I am.

Overall, I am grateful for the counsellor. I'm grateful that she was always there throughout everything. She watched me grow from the person that I never want to be again, to the person that I am now. Like I gained strength. I'm grateful because she made me a bit stronger, not just a bit, but a lot.

Kayla appreciated her counsellor's help for knowledge that allowed her to gain self-acceptance and a sense of her inner strength.

Dana expresses her gratitude in the following statement:

And the counsellor that I was seeing at the time, that I was seeing regularly for two years, left the community, took another job. I thanked her for her time, and I thanked her for coming that first time and the first three times, after that when I slammed the door on her face. I told her, 'you know, I'm very grateful for everything you have done, and I'll always remember this and I want you to know

that no matter where you are or what I do in my life.' I told her, 'this is just the beginning and you played a major role in it.' And I thanked her.

I'm glad I saw the counsellor because that was the turning point in my life. I was ready to change and she was there to give me her fullest support, for that I will always be grateful!

Dana, similar to the other participants, felt deep appreciation to the counsellor for the benefits the therapeutic relationship had brought.

Termination Phase

After the regular counselling sessions ended, one wonders how this would affect the relationship between client and counsellor. The connection between the participant and counsellor continued. June's counsellor is still employed in the community. Dana's counsellor has moved away but visits the community on weekends and holidays.

Kayla's counsellor still lives in the community but is no longer employed as counsellor.

Enduring trust.

I presumed that once the regular client counsellor relationship ended that having the counsellor constantly in their lives would be a source of anxiety for the clients, so I questioned this experience. The clients described an enduring trust in their counsellor. This is evident in the following conversations.

Terry: What is it like for you to know that you have confided in your counsellor and that you will probably see them for the rest of your life?

Kayla: Nothing, I still trust her, I don't think she would take advantage of me. Yeah she knows about me but that is good, this way she will always be there for me too and she kept telling me this all the way through and even to this day, she tells me and I know she will be there for me.

Kayla trusts her counsellor and sees the counsellor's continuing presence in her life as a benefit; it is a safe space that is available when she needs support.

When I asked June the same question she stated, "*I never thought of that*" then she laughed. On a more serious note, June stated, "*I would still trust her*".

I asked Dana this same question in slightly a different way and she stated,

I never really thought about that, but well like I told you I tested the waters at the beginning and I told you that I asked the community members about her, and I tested her, I listened out in the community, and when I didn't hear anything, I realized I could trust her and that is the way it still is.

Dana still feels safe with her counsellor because she still trusts her. One would have fear of the misuse of power on the part of the counsellor because she knows your secrets; but for these First Nations women the enduring trust they have in the counsellors contributes to their ongoing sense of security.

Enduring bond.

All of the women reported their acceptance of their counsellor as a friend.

Friends are people you have a bond with, someone that is dear to you. All of the clients referred to their counsellor as a friend. As June stated,

Yes, she felt like a friend. and knowing that there [were] other people in the group you can talk to when you're having a hard time. When those memories start coming back, you could phone them [the counsellor and the community members] up anytime and just talk to them, what you are going through.

June accepted her counsellor as friend because her counsellor, along with other fellow community members, was always there for her when she needed help.

Kayla reported that as time went on she felt that the counselor was "...starting to be more my friend that's how I felt". As Kayla explained,

you know. she started asking me like, she told me it was ok for me to call her whenever well, most counsellors do that but umm. I don't even know I think it was just we didn't just talk about umm my problem's and stuff like that we just talked sometimes about whatever any thing, the weather yeah.

she's still my friend, we chat umm, every time I see her she tells me to give her a call she no longer works ...here, but yeah she welcomes my calls just to tell her how I'm doing and stuff. As a friend, and if I need her she tells me to call her so.

She accepted her counsellor as a friend and as a source of support.

Dana's relationship moved beyond the client-counsellor relationship to become a friendship as is evident in the following statement,

And over the years I've maintained a friendship with her and she's always kept in touch with me and I have done the same and I continue to share with her things that happened in my life both good and bad. Whenever I see her and talk to her, I can still feel the inner acceptance and respect she has for me and I am sure she knows that I feel the same way about her.

Dana feels the enduring bond that has gone beyond the therapeutic relationship.

The experience of being seen.

There are some people who have known you for a long time and they have watched you and know that you have struggled. They see how things have changed in your life, they understand you, and they know where you are now. Then there comes a moment when from their authenticity to yours, they look at you and in a few words they say to you, "I see you!" The participants experienced being seen by their counsellors. Dana's counsellor consistently encouraged her to look beyond and to take risks and would affirm her with statements such as the following: "*You've made a lot of progress in the last few years.*" The counsellor's encouragement allowed her to take more and more risks.

June had left the community and had started a new life. However, she saw the counsellor when she went home for a visit and as June recalled,

I just talked to her, lately but I haven't really gone which is to have women's meetings at night. And she said, 'Yeah, you've really come a long way and you're not shy anymore', and that was good to hear, and she said, 'yeah, you really took a big step and just keep doing what you're doing'.

The counsellor commented on how June's life had changed since the therapy ended.

June appreciated the feedback because the counsellor reinforced the growth that she had gone through.

Kayla confirms this aspect of her experience in this way,

Yup, she knew me, she knew me from when I first started she knew me when I was ahh kind of wild and crazy and she commended me a lot on the person I'd grown to be like she seen me from you know, and she'd always say, 'You're doing good you know I remember way back when you know, you'd you know do nothing but party,' and whatever and she'd say, 'look at you now,' so she was able to look back and...Yeah, and encourage me. Yeah, take the good from that she was good with that, taking the good from what I'd done. It made me feel good, it made me feel proud, that I really can do things, and yes, that I really have come a long way. And I know I can do more, I can make it in this world.

Kayla felt her inner strength due to the counsellor's affirmations.

Continuing support.

All the women reported receiving continuing support from the counsellors outside the therapeutic relationship. Kayla sums up her experience with her previous counsellor in this way,

She knows me and I like it cause if I have a problem and she'll she can understand cause she knows and I could just talk to her about it any time you know, she's understanding, do you understand what I'm saying? Ha, ha, ha. If I was faced with a situation and it was upsetting to me and she seen me being upset she'd ask me what was wrong, and I'd tell and she'd say, "oh..." ya know, and she'd understand. That's how it is now anyway, if she sees me upset she asks me what's wrong and tells me to call her or whatever.

Kayla's counsellor is still available to her and because of this Kayla still feels supported, accepted and understood.

June does not have much contact with her counsellor, however the relationship is still positive. As she stated,

She's easy to talk to and like she knows a lot about you and it's. I was talking to her just lately and telling her what I was going through and she said, 'It's

nobody's business what you do, nobody's.' Yeah, its like you can talk to her and still easy to talk to her yet.

June's relationship with her previous counsellor consists of support and affirmation and June is comfortable with that.

Dana's counsellor left the community after Dana attended two years of counselling with her. The counsellor promised Dana, *'I'll always keep in touch, if I'm around, if I see you. Phone me occasionally, let me know how you are doing'*. Dana received an open invitation and over the years Dana has phoned her counsellor many times for encouragement. She phoned her when she got accepted to the adult upgrading program and needed encouragement, she phoned her when she was having marital problems and needed emotional support, she phoned her for strength when she was afraid of going to college, and during each of these times, her friend was there to support her. Dana summarizes how she felt about this ongoing support in the following statement: *"And knowing that I had someone out there that I could always turn to, made me even stronger."*

In the New World Webster's Dictionary, the term support means, "to give courage, faith, or confidence to, help or comfort" (Neufledt, & Guralnik 1988, p. 1345). Support is what clients look for in a counselling relationship and this is what the First Nations clients experienced in the continuing relationships with counsellors of their own community.

A Sense of Safety and Encouragement to Move Forward

In a further analysis of the themes above, two summary themes emerged that describe at a more abstract level the experiences of the participants in dual relationships and these two themes are "a sense of safety" and "encouragement to move forward".

A sense of safety.

The participants experienced “a sense of safety.” Initially the clients feared that their confidences would not be kept but their counsellors were able to provide them with the confidentiality they needed to move further into the therapeutic process. As well they feared rejection and judgment but found that they were accepted. Their identification with their counsellors allowed them to feel safe enough to disclose; they felt that the counsellors understood their pain because their counsellors had experienced similar trauma. The counsellors’ demonstration of respect for them in the community furthered their sense of safety. Furthermore, the counsellors’ willingness to extend themselves beyond office hours was another form of reassurance. They could rely on the counsellors to be there for them. After the formal counselling sessions were over, each of the participants expressed that they felt an enduring trust and an enduring bond with their counsellor; both experiences indicate the sense of safety they felt. Finally, they were willing to continue their relationships with their counsellors because they had established a firm sense of safety.

Encouragement to move forward.

The second summary theme that emerged from the analysis of the sub-themes and that describes at a more abstract level what it is that the participants experienced is “encouragement to move forward.” The counsellors’ initial extending of themselves enabled the participants to engage in the therapy process. The counselors’ lifestyles encouraged the participants to take more and more risks and engage in things that were meaningful for them. Then through the support of their counselors, the participants began to gain a sense of their own power. Even after the formal therapeutic relationships

were over the participants were encouraged to move forward by affirmations and support.

Movement from a Therapeutic Relationship to an Enduring Relationship

The final theme summarizes and unifies all of the sub-themes described thus far and is a description of the experiences of the participants in dual relationships at the most abstract level. The participants' experiences in dual relationship with counsellors indigenous to their communities can best be summarized as a "movement from a therapeutic relationship to an enduring relationship".

The participants experienced therapeutic relationships that moved beyond to become enduring relationships. The therapeutic relationships consisted of encouragement that enabled engagement in the therapy process, confidentiality that enabled trust, acceptance and respect rather than rejection or judgment, empathy that enabled deep disclosures, availability of counselors beyond the office hours that helped deepen the therapy relationships, and role models that were inspiring. The above elements in the therapeutic relationships enabled the relationships to move beyond to become enduring relationships rather than to be terminated. Each of the clients described her experience in this latter phase as consisting of an enduring trust, an enduring bond, affirmations that reinforced growth, and continuing emotional support. In summary, it was in client/counsellor relationships with their counsellors who are indigenous to their communities that the participants experienced a "movement from a therapeutic relationship to an enduring relationship" rather than termination.

The chapter has presented the results of the phenomenological analyses of interviews conducted with three First Nations women who experienced dual

relationships with alcohol and drug counsellors indigenous to their communities. The next chapter discusses key findings.

Chapter Five

Conclusion

In this chapter I conclude the study by reflecting on the key findings of this study. I also compare the findings with other relevant literature and studies. Implications of the findings follow and then recommendations for further research are offered. Next, I discuss limitations of this research and I end with a summary of the thesis.

Key findings

I conducted this study in order to begin to provide a holistic picture (Oiler, 1986) or an overview, of the First Nations women clients' experiences in dual relationships with alcohol and drug abuse counsellors who are indigenous to the clients' communities. This section provides a reflection on the key findings.

In their dual relationships, each of the participants experienced a therapeutic relationship that moved beyond to an enduring relationship. Layered in this experience was a sense of safety and encouragement to move forward.

While the clients did experience some apprehension, they primarily experienced a sense of safety. The participants were initially afraid to engage in the counselling process; however, they were encouraged by the willingness of the counsellors to extend their help. They were afraid of going to counsellors with whom they were personally familiar, but they took the challenge. They were also afraid that the counsellors would not keep their confidences but ultimately they learned that their counsellors were trustworthy. The clients also initially feared negative judgment and rejection but they eventually realized that their counselors accepted them. The clients preferred and were

able to disclose their deepest issues to First Nations counsellors. The clients believed that First Nations counsellors were best qualified to fully understand their experiences because they would share similar frames of reference and would have experienced similar past trauma in their lives. That the clients felt safe in their therapy relationships is evident by their ability to disclose their deepest issues.

In meetings with their counselors outside the office, contrary to their expectations, the counsellors acknowledged them; moreover, the counsellors respectfully kept prior counselling session topics out of their conversations with them. Because of this respectful acknowledgement in the community, the clients felt accepted and respected as equal fellow community members. This deepened the therapeutic process and trust.

One of the clients was afraid that her files were not secure. This was a source of anxiety for her. The other concern this same client had was that she would be forced to be a witness in court proceedings. The counsellor had advocated for sexual abuse charges against several community members; one of which happened to be June's offender. She was much relieved when she was not asked to serve as a witness. It appears evident, by their continual engagement in the therapeutic process, that each of the clients felt safety and their fears and anxieties allayed.

The clients were encouraged to move forward when the counsellors remained available to work with them outside regular office hours, set examples of how to live, and even after the formal therapeutic relationship ended, continued to affirm the clients and provide emotional support. According to the clients, the availability of their counsellors after regular office hours provided reassurance and security. They knew

their counsellors would be there when they needed them. As their trust developed, it deepened their connection with their counselors.

The visibility of the counsellors in the community also provided a source of encouragement to move forward; the awareness of how the counselors lived their lives provided a means for the clients to find alternative lifestyles. For instance, through their counsellors' real life examples of how to live a healthy life, two of the clients adopted their counsellors' style of living. One of the clients learned to volunteer and to meaningfully contribute to community life and she then went on to get a college education just like her counsellor. Another client created a healthy family and professional life mirroring her counsellor. The other client set some goals for herself so that she could be just like her counsellor.

When one of the clients learned that her counsellor had not only experienced trauma similar to her own but was also working on it, she could feel hopeful for her own healing process. This can also be considered a form of encouragement.

Based on trust and the bond developed in these therapeutic relationships, the client-counsellor relationship moved beyond to become an enduring relationship. In this phase of the relationship, the counsellors continued to affirm their clients' progress and continued to provide emotional support. In summary, the clients were encouraged to move forward because the counsellors willingly extended themselves, provided examples of how to live, and then even after the formal therapeutic relationship ended, continually affirmed and supported the clients.

In their dual relationships with counsellors indigenous to their communities, this inquiry reveals that the three First Nations female participants experienced "a sense of

safety” and “encouragement to move forward” as they moved from a therapeutic relationship to an enduring relationship.

Significance of the Findings

The literature reviewed for this study indicated that the issue of counsellors engaging in dual relationships with clients is a serious issue; the literature revealed a foreboding of dual relationships. The primary concern of professionals is the power imbalance in the counselling relationship and the potential harm that can result when entering dual relationships with clients. In this section, I draw conclusions from the findings.

This study, where the clients experienced a “movement from a therapeutic relationship to an enduring relationship,” shows that the issue of power and power imbalance is still very important to the three First Nations women who participated in this study; this is reflected in their capacity to trust their counsellors and to be sure that their counsellors were not going to engage in community discussions that would violate their sense of trust. That power and power imbalance was an issue for the clients is also evident in their fears that their counsellors would judge them after they shared their stories. Clearly these women saw their counsellors as having power and influence and this confirms what people like Marilyn Peterson (1992) have to say about ethics and power.

Nevertheless, this study suggests that when counsellors live in the same small communities as the clients, the counselors’ power and influence can be positive. This was indeed the case for these three First Nations clients. What was positive was that the clients were able to adopt their counsellors’ lifestyles and to consequently be

empowered. Being able to see the counsellor in the community was positive in a more specific way; the example of a “normal” life set by the counsellor was therapeutic at least for one of the clients. For June, seeing the counsellor living a “normal” life was important, as June stated, “just seeing that she’s a family, she has a family of her own, and the things that she goes through, that she has a busy life like the rest of us.... she takes her kids to hockey, figure skating, ...baseball, she does the same things as we do and that’s good.” I would think that seeing a counsellor out in the community demystifies a counselor’s life and this would be helpful in a particular way to a client, that is, if the counsellor’s life is healthy. One of the symptoms of living in an environment influenced by alcoholism is wondering what normal is (Friel & Friel, 1990). The counsellor can provide one example of a healthy normal lifestyle that clients can draw on as they move beyond lifestyles influenced by alcoholism. Visibility in a rural environment thus allows role modeling by the counsellors that instills inspiration and shows an alternative lifestyle. This same method of help is not available when a client is unable to see how other anonymous counsellors live their lives.

Another interesting finding in this study refers to the clients’ identification with their counsellors. Of importance in identification was that like the clients, the counsellors were native, and would have had many similar historical and socio-political experiences as the clients. This identification with the counsellors was positive for four reasons, first; there was the dynamic of universality, then there was the instillation of hope, third, there was the therapeutic alliance and finally, the equalization of the power imbalance.

Having counsellors who had experienced trauma similar to their own worked

positively for the clients. It allowed them to learn that they were not alone in their painful situation. Feeling alone in what are thought to be unacceptable problems is one aspect of the client's experience when they enter counselling. These top secrets usually contain two major predominating themes. The most common is a "deep conviction of inadequacy," next, is a "deep sense of interpersonal alienation", the third may be a "category of some variety of sexual secret" (Yalom 1970, p. 9). Yalom (1970) has defined this experience of learning that one is not alone with a type of problem as universality (Yalom 1970, p.76). Universality is a therapeutic effect that can be derived from other clients in group therapy (cited in Parker, 1999). According to Yalom, the "disconfirmation of this uniqueness in therapy is a powerful source of relief" (Yalom 1970, p. 10). In this study, the counsellors served the same purpose as fellow clients in group therapy; the clients knew that their counsellors had similar painful experiences and this universality deepened the therapeutic process. As Kayla stated, "Its easier to bring it all up, it's just easier because she's been there, she knows where I am coming from and it was just easier to, because saying all the things I said to her, I just couldn't say it to anybody...because it's embarrassing ... yeah it's shame." The clients were able to disclose experiences in their lives that had inflicted shame: a feat that requires great courage and is a necessity for achieving positive results in counselling.

Another positive aspect of the experience of having a native counsellor who has had similar past experiences, was that hope was instilled; this is another of Yalom's concepts. Instillation of hope occurs when one realizes "that others had solved problems similar to mine" (Yalom 1970, p.80). The instillation of hope is yet another experience that has been found to have a therapeutic effect in group therapy (Yalom 1970, cited in

Parker, 1999). June reported experiencing a sense of hope when she realized that her counsellor, who had gone through similar victimization as she had, was dealing with her issues. This awareness instilled in June a sense of hope for herself.

Identification with the counsellors because of shared ethnicity and shared painful experiences was positive in still another way. The clients felt that their counsellors could empathize with them and this resulted in the clients being able to form therapeutic alliances in which the clients could disclose their deepest issues. The identification with the counsellors may have also had the effect of equalizing the power imbalance between the clients and their counselors. The primary sources of a client's vulnerability seem to be the level of shame and the fear that a client has about certain past experiences; but, if a client knows that her counsellor has had experiences similar to her own, this may have the effect of not only enabling a positive working alliance, but it may also have the effect of equalizing the power asymmetry in the relationship. As Kayla stated, "she opened up to me too, so she didn't judge" and all the clients were adamant that their counsellors' shared ethnicity and shared history was important in their decision to disclose. I am confident that these similarities between counselors and clients would equalize the power imbalance. This view is supported by Cossom's (1998) findings. She conducted a study of female client's experiences with boundaries in therapy and she states her findings in the following way:

Participants reported feeling particularly anxious in the early stages of therapy and held themselves back from completely engaging in the work until they felt comfortable with it. The women indicated that their fears were heightened if there were differences between themselves and the therapist in terms of class, gender, age and race. These differences tended to amplify the power imbalance in the relationship and raise participant's doubts about whether the counselor could understand and empathize with their experiences and perspective. For example, one participant indicated that it had been easier to open up to her

counselor at the women's health center who was the same gender and shared similar social experiences than to a male doctor from a more privileged socio-economic class. (p.33)

The effect of identification with the counsellor could also be likened to the effect of self-disclosure as discussed by feminist therapists (Ganon, 1982). Feminist therapists see self-disclosures as equalizing, to a certain extent, the power imbalance between client and therapist (Brown, 1991 Greenspan, 1986).

This study reveals a client boundary in the second relationship outside the normal therapy process. Their boundary is this: I am your client, but when I see you out in the community, do not bring up the issues I discussed with you in counseling sessions.

Professionals have discussed concerns about difficulties around private and public lives (Whittington 1985), about role and boundary difficulties and so on in rural communities (Peterson, 1996). It is important to state that in my study clients found comfort when their counsellors treated them as normal and regular community members rather than as clients out in the community. This brought a feeling of acceptance and respect. The acceptance and respect promoted work in the therapeutic relationship. This shows that with visibility as a factor in rural communities, friendliness and approachability is the manner with which these clients liked to be treated. Dorothy Peterson's (1996) findings support my study. She found that in the rural north, emphasis is given to 'who' the worker is, rather than their position. Being authentic and personable earned, for the social workers, integrity (p. 92).

This study indicates that the counsellor's character is most important in the context where high visibility is a factor. For these First Nation participants the

counselors had to be confidential, non-judgmental, empathic, and congruent. "The nonjudgmental expression of a fundamental respect for the person as a human being" is defined as unconditional positive regard in person centered therapy (Corey 1986, p, 57); While congruence is defined as, "a matching of one's inner experiencing with external expressions." Another term for congruence is genuineness (Compton & Galaway 1989, p.296). According to the findings in this study, if counsellors want to be effective in small rural First Nations communities, they must be congruent or consistent in all aspects of their lives. They must live a life of dignified integrity, because they are seen as role models, they set examples of how to live a life, they instill hope, they respect the boundaries of clients, they affirm the value of the clients as people and equal community members, and they are approachable. This study indicates that these qualities of the counsellor deepen the counseling relationship and make the dual relationship an essential part of the counsellor's therapeutic impact. Ponterotto & Benesh (1988) believe that Rogers' 1961 (cited in Ponterotto & Benesh, 1988) concept of the core relationship conditions of genuineness, empathy, and positive regard are crucial to the successful outcome of a therapeutic encounter. This study supports this view.

One final theme is of significance in this study. This is the idea of accessibility. This aspect of the clients' experiences is closely connected to dual relationships and boundaries: the counsellors are always accessible and are part of the membership of the clients' communities. Accessibility of the counsellors was most important. The counsellors were approachable and accessible. The counsellors' availability and flexibility was seen as beneficial. For instance, each of the clients talked about her counsellor providing counselling sessions outside the regular sessions. In traditional

counselling this might be seen as a boundary violation, but within this context it is seen as a strength and as a way to promote the therapeutic relationship. Lafromboise, Dauphinais, and Rowe (cited in Trimble, Fleming, Beauvais, & Jumper-Thurman, 1996) conducted a study with American Indian students and found that along with trust, flexibility was of importance to the students (p. 186). This study is similar to their findings.

Implications for Practice

Firstly, when one hears a story from somebody in a subjective way, it provides insight, in a deeper way, which leads to empathy. We are able to see the world through the client's eyes. van Manen (1990) states that this is the time that we respond tactfully, with empathy, we become aware and we act sensitively. In fact this is the purpose of a phenomenological study, to gain insight so we can respond responsibly.

This study implies that it is the character of the counselor that is most important. As the clients have told their stories, they have said how they like to be treated and that is with confidentiality, acceptance, respect, affirmation, inspiration, congruence, and equitability. These qualities bring a sense of safety and encouragement to move forward which in turn help the clients' working alliance with their counsellors. Further, counselors must be congruent, which is defined as being genuine and consistent in character; clients see counsellors as role models and as people who instill hope. All of the above provide an interpersonal therapy context that allows the clients to work on their healing. This information will be helpful for the counsellors that work with First Nation women and men in rural native communities and it will also be helpful to employers as they choose appropriate people to hire as counsellors in their communities.

The need for ethical decision making models in First Nations communities is exemplified by how all of the clients wondered how they would be treated, reacted to or looked at when they saw their counsellors out in the community. In this study it was the interactions outside counselling that made the clients confident that they could disclose to the counsellor without betrayal. Perhaps in the early phases of counselling, confidentiality and judgment could be discussed with the client. This study suggests that there is indeed a need, in First Nations communities, in fact everywhere, for ethical decision-making models. These would guide work with boundary issues and dual relationship dynamics that may be present in small or rural communities. Trust can therefore be established on a solid base.

Policies and procedures in relation to client files should be clarified and discussed with clients. One of the clients experienced a lot of anxiety because she was uncertain about the status of her files.

In rural First Nations communities where people and families are interconnected, sexual abuse issues can be very contentious. Perhaps alternative justice programs could be developed in First Nations communities to support individuals and to resolve conflicts resulting from legal proceedings. For instance, one of the clients, June, experienced a lot of anxiety due to her fear that she could be called to witness against a fellow community member although she did not disclose her concerns to her counsellor. June needed to know that her counsellor didn't expect her to participate in the court processes. She needed the counselling relationship to be insulated from the legal conflict but it is also clear that she did not know her rights regarding the legal system.

Implications for Further Study

Another study could be conducted with clients' experiences in dual relationships but with more participants. As well, a longitudinal study on clients' dual relationships with counsellors might be beneficial.

A study could also be conducted on the First Nations counsellors' experiences of dual-relationships in rural First Nations communities. A question that may be asked in this study is, "Is it cultural for a counsellor to be accessible to the client outside the regular sessions?"

Research on traditional native ethics and the means by which they were and are conveyed may be advantageous. Such a study may inform ethical behavior in First Nations therapy relationships or relationships in general in some way.

Limitations to the Study

This description cannot claim to represent all First Nations clients in all First Nations communities, experience is complex and diverse, but it does provide insight on and understanding of the nature of this experience for three First Nations women. van Manen (1990) stated that, "[a] phenomenological description is always one interpretation and no single interpretation will ever exhaust the possibility of yet another complementary, or even potentially richer or deeper description" (p.31). I concur with van Manen's statement. Accordingly, this study's findings are tentative; it is not the final commentary on the experience of First Nations clients in dual relationships but an important first step.

This study was exploratory therefore it does not delve too deeply into the areas covered. I went only with what the First Nations women mentioned, so this thesis is

limited in that the issue of the power of the counsellors and the issue of how the clients have reconciled this power-differential, was not researched in an in-depth manner. Nonetheless, the three clients told their stories in their way and they showed that they were empowering themselves in a way that was similar to their counsellors. The clients were taking charge of their lives, drawing on their knowledge that this was possible from the examples set by their counselors.

Summary

Three First Nations women offered plenty of insights into what it is like to be a client in a dual relationship with a counsellor who is indigenous to one's own community. The essence of their experiences was described through the use of phenomenological research.

In their dual relationships each participant experienced a movement beyond the therapeutic relationship to an enduring relationship. Crucial to this positive experience was to trust that their counsellors would be confidential, non-judgmental, empathic, congruent and equitable. Identification with their counsellors because of shared ethnicity and shared experiences of trauma helped the therapeutic alliance. Other factors that contributed to the clients' positive experiences in their dual relationships were their counsellors' positive role-modeling, positive affirmations, and ongoing support.

This study contrasts with the literature, cited in Chapter 2, on client-counsellor dual relationships. It is important to understand why the problematic nature of dual relationships in non-native contexts is reversed in native communities; there dual relationships are inevitable. This is an asset, as the accessibility of the counsellors outside of the regular appointments was important to the clients. Instead of the dual

relationships being of abuse of power and sexual in nature, the dual relationships fostered demonstrations of the confidence and trust the clients could have in their counsellors. This was based on the non-judgmental and equitable qualities of the counsellors, which is part of First Nations ethics.

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Appendix A

Research Ethics Board Approval

Letter of Introduction

Letter to Potential Interviewees

Consent to Participate Form

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

3333 University Way, Prince George, BC, Canada V2N 4Z9

Dr. Alex Michalos
Chair, UNBC Ethics Review Committee
Tel: (250) 960-6697 or 960-5820
Fax: (250) 960-5746
E-mail: michalos@unbc.ca



UNBC Ethics Committee

March 28, 2000

Terry Badine
Box 156
Moberley Lake, BC

Proposal: EP20000308.27

Dear Terry:

Thank you for submitting your proposal entitled, "The Experiences of Professional Boundaries for First Nations clients in Rural Communities."

Your Proposal has been approved and you may proceed with your research.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Alex Michalos". The signature is written in a cursive, flowing style.

Alex Michalos
Chair, UNBC Ethics Review Committee

Letter of Introduction

My name is Terry Badine. I am of Cree/Saulteaux descent. I am a Master's of Social Work student at the University of Northern British Columbia. I am interested in working in the area of counselling and/or therapy in Native communities. Part of my interest is in the experience of First Nation's clients who participate in a client/counsellor relationship with a member of their own community.

Therefore, I have decided to research client's experiences in this type of client/counsellor relationship. I want to explore clients' experiences, that is I want to know what their thoughts and feelings are relating to boundary issues such as what they think of confidentiality issues, overlapping relationships and their experiences of these types of issues. Another phrase for this is professional boundaries.

In order to learn about this experience, I have chosen to talk to native clients who were in a client/counsellor relationship with a counselor from their home community, this relationship could have taken place on reserve or in a small town, (rural community) in either British Columbia or Alberta. I will be talking to three (previous or present clients) who have had this type of relationship within the last five years to explore this experience.

During this study, I will have one conversation with each previous/ present client. The conversations may last for two hours each. One further conversation may take place, with each of the clients, so that I will be sure that I have understood what they meant in our conversations (to clarify).

There is no judging about wrong of right in this study, learning about this experience from the client's perspective, is of prime importance. I have attached a conversation guide that I will be using during our conversations, this will give you an idea of what the conversations will be about. This study may help native clients and native counsellors in their counselling relationships in the future.

This study is completely voluntary. If you agree to participate in the study, I will ask that you fill out the attached "Agreement to Participation" form and return it to me in the enclosed self-addressed envelope.

Once I hear from you, I will contact you to set up an interview and we shall choose a time and place that is convenient for you. If you would like a copy of the full thesis proposal, or if you have any questions, please contact either myself, at 1-250-788-3952 or my advisor Glen Schmidt at UNBC 250-960-6519.

I look forward to your support in this research study and I thank you in advance.

Yours truly,

Terry Badine, B.S.W.

Enc.: Conversation Guide
Agreement to Participate
Self-addressed Envelope

Letter to Potential interviewees:

My name is Terry Badine and I am a Saulteaux/Cree Canadian Indian. I am researching, from the native client's perspective, the experiences of participating in a client/counsellor relationship with counsellor who is a member of the client's home community.

This purpose of this study will be to explore and to seek to understand client experience (feelings and thoughts) of Professional boundaries (see attached conversation guide) when the client is in a simultaneous client and fellow community member relationship with a counsellor who is a member of their home community. The objective is to provide a description and insight of the client's experience. I am hoping this study will benefit future counselling services for native clients. I am also conducting this research in order to fulfill requirements to acquire my Master's Degree.

If you participate in my study, as a client interviewee, I will assure you that your name, and the name of your community will not be revealed, anonymity will be adhered to. I will be the only person who will know the specifics of our conversations, all conversations will be kept strictly confidential. I will be the only one who will see the interviews in written form and I will also be the only one who will hear the tapes. Your name will not be used in any publications that result from the research. Finally, I will ensure that you will see the final report prior to submission to ensure that my description is true to your experience. Your participation will be strictly voluntary and you may withdraw from the study at any time, however, I hope that as a result of your voluntary participation, services to native clients may be enhanced. As part of ensuring the success of the study, I will be tape-recording the interviews, however, I will ensure that

the tapes will be locked in a safe place and will be destroyed when the study is completed.

If you agree to participate in this study, you may withdraw at any time. If you have any questions at any time during the study, please contact me at 1-250-788-3952.

For your safety, any complaints may be directed to the Office of Research and Graduate Studies, UNBC 1250-960-5820.

Thank you, in advance, for your participation. Terry Badine, B.S.W

Consent to Participate Form:

Your signature below indicates that you understand and agree to the terms of participation and agree to participate in the study. Please sign two copies and keep one for your records. Thank you for your assistance in this study.

CONSENT TO PARTICIPATE:

I _____ agree to participate in the above research project. I understand that my name, my counsellor's name and the name of my community will not be revealed in the final thesis report. I also understand that Terry will not allow anyone else to see the interview information nor will she allow anyone else to listen to the tapes. Although this interview will be tape-recorded, I am assured that the tapes will be destroyed upon completion of the thesis. I understand that the purpose of this study is to provide an account of my experience. I may also choose to withdraw from the study at any point during the study. I am also assured that I will not lose any services of any kind if I choose not to participate.

Signed by _____ (interviewee).

Phone number _____

Mailing address: _____

Appendix B**Conversation Guide**

Conversation Guide

I am interested to learn about your experience of having a counsellor who is a member of your community, please tell me about your experience, like telling a story, from the time you began to think about attending counselling until the last time you saw your counsellor to the present. Please tell me what happened. Include all the thoughts and feelings you had, in relation to being a client to your counsellor, until you have no more to say about your experience. The main question is what was this experience like?

Prompts:

Was there a particular about this counsellor that you saw this counsellor? Or did you have a choice of counsellors?

Pre-counselling phase- what were your thoughts, feelings and perceptions as you began to think about going to this person for counseling.

(confidentiality, vulnerability, trust, distrust, deciding factors)

What was your experience and how did you resolve these issues for yourself?

Dual relationship questions.

What were your thoughts and feelings, regarding being counselled by a fellow native at a personal level? At a community level: What was it like for you when you would see your counsellor out in the community? What did you think, feel and do (high visibility)?

What were your thoughts feeling, perception about trust/distrust.

What was your experience regarding being a fellow native person and at times being a client?

What were your thoughts, actions, feeling (experiences) because you had two different roles with this person? (Tell me about your actions, thought and feelings in role of

client). (Tell me about your actions, thoughts and feelings in your role of fellow community member).

What was difficult?

What was and is your experience as to confidentiality?

What was comfortable about the experience?

Do you have any regrets about seeing this particular counselor?

What is your experience about?

Are you glad you saw this counselor? What is this about?

Would you see this or another counselor from home again why or why not?

What is it like for you now that you have shared personal information and this counsellor has this information and will be in your community possibly forever? Do you have any thoughts or feelings on this (power question)?

How was your experience different or unique because your counsellor was from your community and not a stranger? Can you give me some examples?

Did you and your counsellor talk about what it is like to be fellow community member.

Did you and your counsellor talk about how you would approach you relationships outside the counselling session?

How did you know the counsellor? Are you related?

What impact does it have on you that you know the counsellor and his or her family.?

What impact does it have on you that she or she knows not only you but your family and family history?

How did it impact you that you knew that the counsellor would be seeing you and your activities outside of the counselling setting?

If you had a choice, would you prefer to have a First Nations counsellor who does not know you and your family? (why or why not)

Would you prefer a counsellor that is not First Nations and who does not know your family or would you prefer a first Nations counsellor who knows your family? (why or why not.)

Or would you prefer a white person who does not know your family or a white person who knows your family? (Why or why not).

What would the ideal counselor be like, for you in your community, could you tell me your thoughts on this?

What was it about this person that you liked or did not like, when you saw them as a counsellor.

What would have made this type of client/counsellor relationship better.

What would have made this client/counsellor relationships worse.

Are there other things that could have improved the situation for you as a client in this situation and what are these?

What do you experience now in relation to this counsellor?

What do you wish would happen now in your relationship with this counsellor?