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**'A SEARCH FOR HEALING': A PHENOMENOLOGICAL STUDY**

**By**

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**B.S.W, The University of Victoria, 1993**

**THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR  
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**Brenda Bonny Bannerman, 2000**

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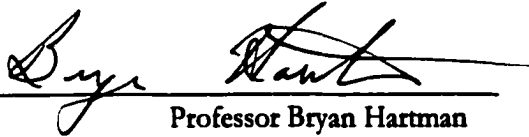
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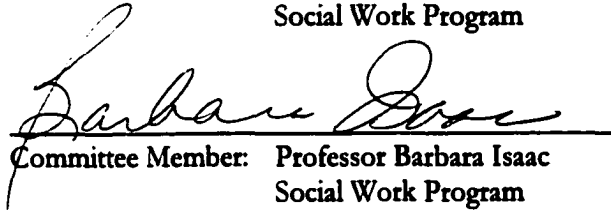
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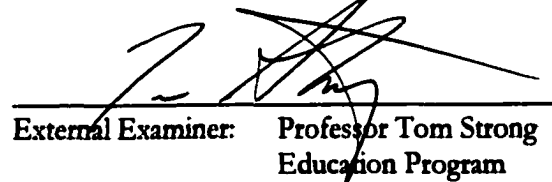
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### **Abstract**

In the social work and related literature the issue of alcohol addiction and treatment has been examined from a White, male perspective. Theories in relation to alcohol abuse and treatment modalities have also been developed from this perspective and do not speak to the unique experience or needs of Aboriginal women. Although little research exists in relation to non-Aboriginal women overall, research that examines the issue of Aboriginal women and recovery from an alcohol addiction is basically non-existent.

This descriptive phenomenological study applies a feminist perspective to explore the lived experience of four Aboriginal women who had attended an Aboriginal residential treatment program at least two years ago and have been clean and sober since that time. The goal of this study is to listen to the voices and stories of these women and to gain an understanding of the essential lived experience of attaining and maintaining sobriety and/or healing. What do the women themselves consider to be helpful and healing in relation to the journey through treatment and beyond? What or whom do the women consider as having facilitated their healing journey and why?

From the analysis of interview data a core theme of a *search for healing* was identified, along with seven interconnected themes as follows: acceptance and belonging, reclaiming the link to ancestors, reclaiming cultural esteem and identity, reclaiming cultural expression, group process, mentors and role models and community supports. These categories are thematically woven together to become a symbolic *research/healing basket* that will contain an essence of a lived experience.

This study does not generalize to all Aboriginal women who have attended a native residential treatment program. However, it does give voice to the stories and experiences of the four women in this study. It may also have some relevance to other Aboriginal women or human service workers in the alcohol treatment and program development field, as well as being of interest to social workers in other fields.

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### **Dedication**

My research efforts are in honor of the four participants of my research, and for all of our Metis and First Nations Grandmothers, who were silenced in history so fully that only shadows of their existence remain. As I peer into the shadows of memory with the hope of seeing a trace of my own grandmothers I am reminded that I carry their spirits within me; and that today I am my Grandmothers. Hearing the stories of participants, while remembering that today I am my Grandmothers, is an honor that I strive to be worthy of.

## Chapter One

### Research Question and Purpose

#### Rationale

As a social worker I have practised in a northern and remote urban Native Health Centre and in an emergency and intensive care unit of a northern regional hospital. In these settings I have witnessed the pain, despair and death of many Aboriginal people who struggle with addictions to alcohol or drugs. As a social work educator within an Aboriginal post-secondary institution I am concerned with the knowledge base and skill development of Aboriginal social work students who strive to become effective and balanced helpers in communities where they will be confronted with the overwhelming issue of alcohol and drug abuse. As a woman of First Nations ancestry, and someone who is committed to working with Native people, I am particularly concerned with the control that alcohol appears to have over the lives of many Aboriginal women and the havoc that it wreaks in their lives. I am also concerned with the large numbers of Aboriginal children, families and communities that struggle with alcohol addiction and substance abuse as well as the impact of Fetal Alcohol Syndrome or Effects. I chose to do this woman-focused research out of a desire to gain a deeper understanding of the lived experience of participating in a residential Native treatment program and the sobriety and "healing" that Aboriginal women have attained through such experience and beyond.

Alcohol addiction in relation to Aboriginal women can be linked to the colonization process and oppression that all Aboriginal people still endure in this country (Lawson & Lawson, 1999). Contemporary health and social issues are rooted in the historical and contemporary governance and economics of this country and acted out through the institutionalized and

systemic oppression and marginalisation of Aboriginal people, even today (Mandell, 1998; Mullally, 1993). Through a long and painful process of colonization that is epitomised by Bill C-31; the 1985 amendment to the Indian Act, Aboriginal women continue to experience discrimination within discrimination as issues of race, class, and gender intersect. Aboriginal women are marginalised by the dominant culture, and often within their own communities, as they continue to experience grinding poverty, violence, despair, and the loss of their children and their communities.

Even so, there are women who against all odds find a way to reclaim their sobriety, their spirit, their children, their hope, and ultimately their lives. Professionally and personally I have been awed on many occasions by the incredible strength and resilience of the human spirit. Through the process of my research I have gained a deeper understanding of the human experience of overcoming alcohol addiction, which has the capacity to impact the depth and essential quality of my own professional skills and understanding. I undertook this study because I wanted to know what or who helps women as they travel through the experience of an Aboriginal residential treatment centre, to a place of sobriety and healing, and what or who has helped them since that time. I also wanted to know if it was possible for me as a counselor to gain a clear understanding of this essential lived human experience in order to facilitate or nurture it where appropriate in my professional relationships with clients and students.

Time and time again I have been a witness to Aboriginal women who have told me that they began, or continue, to drink in an effort to alleviate emotional pain and to ward off an overwhelming sense of despair. The despair that I speak of here seems utterly beyond any description that I could offer, while the anguished pain of such despair has been described to me as relentless, even murderous. Research is needed to begin to illuminate the lived experience of Aboriginal women finding ways and means to move beyond such despair and addiction to true

healing and sobriety. Such research would have the theoretical potential to impact policy and practice in the area of addiction treatment for Aboriginal people. By doing so, research could prove to be truly useful to Aboriginal people, communities and resource agencies. With this in mind my research study seeks to illuminate, in some small way, a life experience and social issue that for many Aboriginal women seems engulfed in darkness, and to begin to bridge a clear gap in the research literature.

### Research Purpose

The purpose of my research is to gain an understanding of the experience of Aboriginal women who have participated in a residential Native treatment program in order to deal with an alcohol addiction. It is my hope that this research will have the potential to impact policy and practice by reflecting the lived experience and the voices of Aboriginal women who consider themselves to be *in recovery*. Virtually no research exists on the context of Aboriginal women's lives in relation to their experience and concept of recovery from alcohol addiction. There is a dearth of research about Aboriginal women and addictions, and overall very little in relation to non-native women (DHEW, 1980). The 1980 DHEW report states that completely different dynamics appear to impact the lives of Aboriginal women alcoholics as compared to non-native women. It goes on to say that it is therefore impossible to make a comparison between the two groups of women with the research gap that continues to the present day. The voices of Aboriginal women therefore, need to be heard grounded in the experience of their lives and history as well as in their chosen treatment modalities.

### Research Question

What do Aboriginal women with alcohol addictions identify as influencing factors that have contributed to their ongoing sobriety, throughout, and following attendance at a Native

residential treatment program two or more years ago?

### Research Goals

- To obtain an in-depth understanding of the positive and/or healing experiences as perceived by participants in relation to a Native residential treatment program.
- To gain an understanding of the positive and/or healing experiences as perceived by participants in relation to general or specific life experiences since treatment
- To explore the impact, influence and qualities of any individual or interpersonal relationship that are perceived by the participants as having modelled, supported or facilitated some aspect of their personal healing and/or sobriety during treatment or since that time.
- To explore any family or community support and/or resource experiences that are perceived by the participants as positive in terms of supporting or facilitating personal healing and/or sobriety.
- To explore any relationship between the exposure to and experience of culturally relevant spiritual ceremony, rituals or teachings to a self defined personal healing and/or sobriety.

My goal was to explore each participant's experiences in relation to treatment, as well as any other significant experiences or relationships following treatment that were identified as having contributed to ongoing sobriety. For example, what aspects of a Native residential treatment program were experienced as healing, and why? Which specific experiences, throughout treatment and beyond, did women consider as critical to their experience of gaining and maintaining sobriety? How were the cultural context and treatment and healing modalities of a Native residential treatment program experienced? If such experiences were considered as helpful or healing, how did participants experience this? How was the traditional ceremony and

ritual that is offered through such programs experienced? My research sought an exploration of these experiences through conversational interviews with four Aboriginal women who have histories of self-identified alcohol abuse and who have maintained sobriety since the treatment period, which occurred at least two years ago.

## Chapter Two

### Literature Review

#### Alcohol and Aboriginal People-Historical Relationship

The historic fur-trade era in Canada marked the beginning of the use of alcohol as a tool with which European colonizers and legislation exploited the indigenous people of this country for economic gain (Bolaria & Li, 1988; Frideres, 1998; Fleras & Elliott, 1992). The introduction of alcohol to many Aboriginal peoples throughout this period was critical. It was used as an exploitative economic tool with which to establish partnerships and ultimately to gain control of the economic activities of Aboriginal people (Bolaria & Li, 1988). While the European newcomers shared thousands of years of experience with alcohol many First Nations have had a relatively brief history of exposure to alcohol and "except for attempts at prohibition, they have not generally experimented with alcohol-control policies"(Smart & Ogborne, 1996, p.108). In contrast to mythology that exists around Aboriginal people's drinking habits at the outset of European colonization, many early accounts reflect the idea that First Nations people could and did drink in a well-controlled manner (p.108). According to Smart & Ogborne (1996) many Aboriginal people have only been exposed to "the worst kinds of non-native drinking and have been victims of paternalistic policies developed by non-native governments"(p.108). An example of the heavy drinking of some of the non-Native fur traders and the controlled drinking by Native people can be seen in the following account of trader Daniel Harmann:

Of all the people in the world, I think the Canadians, when drunk are the most disagreeable; for excessive drinking generally causes them to quarrel and fight, among themselves. Indeed, I would rather have fifty drunken Indians in fort than five drunken Canadians. (MacAndrew & Edgerton, 1969).

During the fur trade era First Nations people were often plied with potent liquor in large quantities, in order to undermine their ability to bargain in their best interests (Smart & Ogborne, 1996, p.109). When the devastation of alcohol addiction among Aboriginal people began to affect trade and settlement relations, an 1868 amendment to the Indian Act made it illegal for Aboriginal people to possess alcohol (Canada, 1995). This prohibition lasted for 117 years and was not entirely abolished until 1985 (Smart, et al., 1996). This history of exploitation and paternalism in relation to the introduction of alcohol to Aboriginal people has ultimately had a devastating impact on Aboriginal people and communities. In his book *Crazywater* Brian Maracle (1994) starkly expresses the immensely devastating and far reaching impact of the process of colonization when he states that:

On a general level, what should be understood about native alcoholism is that the stereotype of the drunken Indian is much more than a dominating and unsightly phenomena – it is a symbol of the holocaust that has wreaked destruction on Aboriginal people since European contact (p.9).

In 1989 the National Association of Treatment Directors published a handbook that also compares the colonization experience of Aboriginal people in Canada to that of victims and survivors of the European Holocaust. Any elements of comparison between the horrendous experience of the European holocaust and the colonization experience of the Aboriginal people of Canada are perhaps most useful here in specific terms. It provides terms of reference for non-Aboriginal people whose own experiences are coloured by a systemically racist society (National Association of Treatment Directors, 1989).

Maggie Hodgson, past executive director of Poundmakers Lodge [Native residential treatment program] in Alberta asserts that for Aboriginal people, problem drinking stems from a loss of sense of self, which is related to the outlawing of traditional ceremony a hundred years ago (Maracle, 1994). Also, according to Hodgson a high death rate for Aboriginal people as well

as the loss of knowledge and protocol around ceremonies has been the result (1994). She has said that the prohibition of the use of alcohol by Aboriginal people set up a process where people did not learn to drink normally, and that the unresolved pain of the residential school experience (1994) exacerbated this issue. Smart and Ogborne (1996) also point out that although Aboriginal peoples of Canada reflect great cultural diversity, they share a common history of colonization and cultural erosion (p. 106).

Cuskey and Wathey (1982) assert that mainstream residential treatment programs would appear to be designed and implemented from a white male perspective overall. This being the case, it would clearly be an even further stretch for male-centred, Eurocentric programs to reflect the experience or meet the needs of Aboriginal women. The focus of my research therefore, is to seek a depth of understanding in relation to Aboriginal women who have experienced a culturally based residential program and maintained sobriety through that experience and since that time. My study is based on the premise that the unique history and issues of Aboriginal women may require exceptional models of practice and treatment in the area of addictions. This premise is based on the understanding that a process of colonization has had specific inter-generational effects on Aboriginal people and communities (Chrisjohn, Young & Maraun, 1997). Even so, Aboriginal people have always practised cultural methods of healing and continue to bring such practices into contemporary arenas.

#### Definition of Alcoholism

The world health organization defines alcoholism as:

The consumption of alcohol by an individual which exceeds the limits that are accepted by his culture, if he consumes alcohol at times that are deemed inappropriate within a culture, or his intake of alcohol becomes so great as to injure his health or impair social relationships" (National Association of Treatment Directors, 1989, p. 250).

It is interesting to note that cultural norms are relevant to this definition, which could mean that

in some Aboriginal communities it is possible that a cultural norm of excessive drinking exists. In other Aboriginal communities such as Alkali Lake (a largely sober community) this would not appear to be a cultural norm (York, 1986). A long process of colonization has impacted all Aboriginal communities and cultures in many different ways. Cultural norms have likely been impacted on some levels, potentially including the use of alcohol. On other levels this impact has proven to be temporary as Aboriginal people reclaim and redefine their traditions and cultural life-ways. Another definition of alcoholism was developed by The American Society of Addiction Medicine (ASAM) and the National Council on Alcoholism and Drug Dependence (NCADD). This definition of alcoholism resulted from a two-year committee process that was undertaken by recognized experts in the field.

Alcoholism is a disease characterised by continuous or periodic: impairment control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequence, and distortions in thinking, most notably denial (O'Brien, Cohen, Evans & Fine, 1990, p. 21).

There continues to be a debate about the nature of alcoholism and in fact whether 'alcoholism' is a distinctive phenomena or even a useful concept (Fingarette, 1988). Further to this, Smart & Ogborne (1996) state that the Canadian Government and most Canadian treatment professionals have never fully subscribed to a simple disease notion of alcoholism. According to Gilliam (1998) some of the dangers of adhering to a disease theory are that

it disregards how your personal problems play into addictions ... it implies that you are at its mercy and will experience a loss of control once you begin to use it, ... you will never be fully recovered, and the disease is progressive (1998, p. 100-102).

### Alcohol Addiction

Circumstance  
Sweet, sweet wine  
Make me forget  
The decay of heart  
That raped the land  
Killed our intimate friends

Sweet, red wine  
Cherished warmth  
Making existence bearable  
On this once  
Beautiful land

Cheap, sour wine  
Comfort  
Console me  
I stand stripped  
Of dignity,  
And wise, old ways (Bowen, 1988, p. 76).

Van Den Bergh (1991) asserts that

addictions emanate from an internalized sense of powerlessness and fragility that is manifested by an obsession to engage in behavior that is ultimately destructive but that temporarily anaesthetises uncomfortable feelings and fills a sense of internal void".

According to Lithman (1979)

intoxication can provide an escape from the harsh realities of day-to-day life and bring a temporary feeling of worth. Intoxication [for Aboriginal people] may also be a way of expressing contempt for the broader society and of controlling anger at what that society has done to one's people (1979).

In his book *The Seat of the Soul* (1999) therapist Gary Zukav writes about addiction being linked to a craving to feel worthy and ultimately loveable. This writer goes on to say that on some essential level when people feel powerless they may seek addiction as a way to create a temporary sense of power rather than to feel the emotions related to the underlying issues.

Firman and Geta (1997) argue that "addictions offer ways to avoid the threat of non-being"(p.15); a state of being that Vera Manual (National Association of Treatment Directors, 1989) may have referred to when she talked about "her fragile sense of self" in relation to her own journey with an alcohol addiction. Women might seek the anaesthesia of alcohol as a way to fill an internal void and to temporarily dull pain and despair. A feminist perspective on addictions

further this understanding to include an examination of the social inequalities that exist for Aboriginal women who must contend with a society that is racist, sexist and classist. These aspects are compounded, resulting in unequal opportunity in society today. (Mandell, 1998; Adrian, Lundy & Eliany, (Ed.)1996).

When human beings feel a sense of incompleteness and imperfection they can reach outside of themselves to an external object, persons or situations which when ingested, connected to or engaged provides a sense of wholeness and completion" (Van Den Bergh, 1991, p.3).

According to Van Den Bergh (1991), this phenomena occurs when an obsessive desire for this kind of external experience leads people to an addiction such as that to alcohol or drugs. It seems possible that an inverse experience might happen when Aboriginal women experience a connection to or through a culturally based experience that is holistic, reaffirming and fulfilling. An internal healing would then have to be integrated so that a major shift has occurred from the external to the internal realm of experience for that individual. It follows then that in contemporary times this culturally based healing experience might be gained through unique and specific Aboriginal based residential treatment programs.

Alcoholism among Aboriginal people continues to exact monumental health and mortality costs. Van Den Bergh (1991) writes that it has been estimated that 60% of Native American women are alcoholic and that one out of every four Native American female deaths has been attributed to cirrhosis of the liver. This rate is thirty-seven times higher than rates for non-Native women (Van Den Bergh, 1991). Such statistics clearly indicate a disproportionate relationship between Aboriginal women and non-Aboriginal women relative to those health risks that are related to alcohol consumption. "Research studies on alcoholic women point to growing evidence that alcoholism in women differs from that of men overall, and that alcoholic women differ from each other" (Ashenberg Straussner, 1985, p. 62). Aboriginal women may experience

some of the same issues as non-Aboriginal women relative to drinking, but there are many other unique factors that impact Aboriginal women overall and individually. Nichols (1985) argues that alcohol and prescription drug misuse have socio-political roots in the sexism and oppression of women. The successful treatment of women then, requires an understanding of such forces and that the roles of women in society must change (Nichols, 1985). Here again, while knowledge of sexism and oppression are integral to understanding the issue of alcohol abuse or addiction among Aboriginal women, such is not reflected in the current literature. Much research is needed to link alcohol addiction among Aboriginal women to specific ideological and theoretical underpinnings.

There are various historical and contemporary theories in existence that attempt to explain alcohol addiction. There is also a wide array of mainstream interventionist strategies available relevant to alcohol problems. "These interventions can be distinguished on the basis of a number of characteristics, including setting (residential vs. outpatient), philosophy, theoretical model, type and staffing" (Lightfoot, Adrian, Leigh, & Thompson, 1996, p.188). It would appear that in most contemporary treatment models alcohol and drug addiction problems are viewed as multidimensional, with biological, psychological and social components. Theories in relation to alcohol abuse appear to be closely aligned with contemporary societal ideology at any given time and in fact may be viewed as reflecting social thought as well as the influence of the status quo. This of course, would serve to marginalise Aboriginal women further, since they are not in a position to influence societal thought or the status quo, and have then in effect been silenced and remain largely unserved by such means.

Biological differences are often thought to reflect drinking problems amongst Aboriginal people. (Smart et al, 1996) However, it is clear that drinking patterns and problems amongst

Aboriginal people are influenced by many factors (1996). Smart & Ogborne point out that it is perhaps unnecessary to "justify the need for any special theories to link "native" drinking to "native" characteristics" (p. 101). They go on to say that they consider drinking amongst Aboriginal people to be heavily influenced by "current social and political factors rooted in the historical relationships between indigenous peoples and the rest of Canadian society" (Smart, et al, 1996, p. 101).

According to Dr. Alan Lishner (Moyers, 1998) addiction is fundamentally a brain disease but is not limited to this. He goes on to say that alcoholism is a relapsing disease as well, and that it operates by creating a change in the dopamine levels and functioning in the brain, which then causes a pleasurable sensation. Lishner (1998) says that this response can be compared to the experience of the brain being hijacked.

Dr. Childirish (Moyers, 1998) asserts that while alcoholism does run in families no one is pre-destined to alcoholism. In fact she has stated that the chance of someone being alcoholic if their parents and all of their relatives were alcoholic is sixty percent. She views alcoholism as occurring as a result of the combination of biological vulnerability and environment (Childirish, 1998). It would seem very likely that the oppressive historical and contemporary environment of Aboriginal women would strengthen an argument that furthers this as a familial risk in relation to Aboriginal women/people.

Cook, Ashenberg-Straussner and Fewell (1985) have written about the change in social thinking that [through Jellenik's phenomenological research] led to alcoholism being considered a disease, thus acting against the stereotype of alcohol as a moral problem. According to Levinson (1985) the disease concept "redefines the problem as a systems problem. It is the person in relation to the disease and environment rather than an intrapsychic problem (p.12). It's

interesting to note that social thought surrounding the issue of Aboriginal women and alcohol abuse may still link the concept of morality to alcohol misuse. In fact to some extent society views a lack of morality and willpower as the ultimate reason for Aboriginal women to abuse alcohol (Van Kirk, 1980). This view can be linked further to a patriarchal view of Aboriginal people as undeserving wilful children and to a degraded societal image of Aboriginal women (Van Kirk, 1980; Mandell, 1998).

According to Statistics Canada (1993) over 60% of Aboriginal people consider alcohol to be a problem in their communities. And while it appears that some Aboriginal communities have high rates of alcohol problems, others do not (Smart & Ogborne, 1996). McKenzie (1992) suggests that special attention may need to be paid to a variety of factors such as urbanisation, social organisation and economic development in order to understand the use and misuse of alcohol in Aboriginal communities. Some variables that might be included in studies of Aboriginal drinkers are age, gender, tribal affiliation, place of residence and socio-economic status (Scott, 1992).

### Recovery

Bill White (Gilliam, 1998), a researcher in alcohol treatment, has said that the major factor related to recovery is the presence of hope, White says that hope can be regained by stepping into a community of people in recovery, where the gains will be fellowship and education (White, 1998). In this environment a synergy can occur, where a group of people can do together what they haven't been able to do alone. He says that change is a journey of many small steps that are taken everyday, and that behavioral changes must be practised in order to sustain them when the circle (treatment program dynamics) is broken. According to White (1998) it is through such means that an individual can then make a journey back to oneself.

In order to make a journey back to oneself many Aboriginal people would say that "you have to know what is behind you in order to know where you are going" (Monture-Angus, 1996, p. 134). The National Association of Treatment Directors (1989) have written that "healing begins as we begin to relearn our traditions of caring for ourselves and one another, and sharing not only our pain, but our recovery too" (p. 149). Vera Manuel illustrates this when she says:

I see myself in the eyes of Indian women like myself, and when we talk I hear myself in the haunting tales they tell of places they've been, and how they finally came to know themselves (National Association of Treatment Directors, 1989, p.135).

### Societal Image of Aboriginal Women

Before European contact the life roles of Aboriginal women were often based on a matrilineal, matrifocal or matriarchal premise. Bloodlines, place of residence after marriage, and family decisions were therefore often determined by women, who were the centre of community life (Bohn, 1997). Women were also often spiritual leaders and healers, and governed some First Nations. In traditional Aboriginal societies women experienced a more egalitarian life. This is reflected in Creation myths that were traditionally often female or gender neutral (Bohn, 1997). In stark contrast, the dominant contemporary societal image of Aboriginal women is far removed from the powerful roles and relatively egalitarian existence that many Aboriginal women experienced, pre-contact (Mandell, 1998).

The 1991 Aboriginal Justice Inquiry Report states that "a demeaning image of Aboriginal women is rampant in North American culture" (p. 170). The report goes on to examine a societal portrayal of Aboriginal women as that of "degraded, despised females who are dehumanized and faceless" (p.170). As an illustration of the internalization of this negative societal view, one Aboriginal woman is quoted in Maracle's book *Crazywater* as saying: "I hated being Native. I hated being a woman. I thought if only I was a tall good-looking white man (laugh) you know,

things would be much easier for me"(1994, p.262). This quote illustrates the internalization of institutionalised sexism in the lives of Aboriginal women as well as the lived and internalized experience of racial oppression. A negative societal portrayal has "rendered Aboriginal women vulnerable to gross physical, psychological and sexual violence" (Maracle, 1994, p.170). *In In The Spirit of The Family* (National Association of Treatment Directors,1989) Vera Manual is cited as saying how she, like many other Aboriginal women, was "indoctrinated during her formative years with the stereotype of Indian people as lazy inferior drunks" (p. 141). As a result she grew up with a fragile sense of self that she feels led her to ultimately drown her misery and loneliness in alcohol through a desperate period of her life (p.141). This negative and dehumanising portrayal of Aboriginal women is in turn firmly tied into the abuse and degradation that so many Aboriginal women experience on a daily basis.

#### The Intersection of Race, Class and Gender

Many Aboriginal women/people have experienced and then internalized the paternalistic, sexist, classist and racist values of the historical and contemporary oppressive forces that still pervade our society. Vera Manual (National Association of Treatment Directors, 1989) asserts that "Aboriginal women then ultimately experience discrimination within discrimination" (p.141) when these life experiences are compounded. Women face discrimination within their own communities and at the hands of other Aboriginal people who have internalized their oppression and turned their rage inward. The eruption of such rage spills over onto many Aboriginal women who have been emotionally, spiritually, physically and sexually wounded in life and in a society that continues to devalue them (Mandell, 1998; Hurtado, 1999). Linked to this is the fact that inordinately large numbers of women have lost their children to a social welfare system that has

historically viewed them through an ethnocentric lens that does not reflect Aboriginal reality or cultural life ways (McKenzie & Hudson, 1985).

### Oppression

Native people have been double hit by the oppression of modern society: First, by the destruction of traditional values and belief systems within, and second, by the oppression that comes from the outside – economic oppression, theft of land, and resources, and the destruction of a “way of life.” This has created a sense of powerlessness about the future. (Thorpe, 1997, p.4)

In this quote Thorpe stresses the incredible depth and breadth of the devastating experience of the oppression and colonization that Aboriginal people continue to experience in contemporary society (Hurtado, 1999). More specifically she points to the multi-layered attack (colonization) on the lifeways of Aboriginal people and culture. The impact of the process of colonization reverberates today resulting in a sense of powerlessness for many.

In the following quote a female Native American writer expresses the strength and tenacity of the human spirit as personified by an Indigenous woman when she describes the layers of destruction that the long experience of colonization and oppression has wrought.

American Indian women struggle on every front for the survival of our children, our people, our self-respect, our value systems, and our way of life. The past five hundred years testify to our skill at waging this struggle: for all the varied weapons of extinction pointed at our heads, we endure. We survive war and conquest; we survive colonization, acculturation, assimilation, sterilisation, abandonment, neglect, death of our children, our loved ones, destruction of our land, our homes, our past, and our future. We survive, and we do more than just survive. We bond, we care, we fight, we teach, we nurse, we bear, we feed, we learn, we laugh, we love, we hang in there, no matter what (Morrison, 1997, p.98).

In this quote Morrison validates the incredible power of indigenous women and their cultures as survivors of the experience of colonization, while stressing the idea that they are more than survivors - they are *warriors*.

In her book *Thunder in My Soul* Monture-Angus (1996) talks about an initial period of victimisation of Aboriginal women such as herself, which ultimately leads to survival. After a period that she calls "maturing in healing" she writes that "you [Aboriginal women] come into a position where the horrible acts committed against you become strength and compassion and you are a *warrior woman*" (p.182).

I think that both of these writers are expressing the reality that Aboriginal women are surviving the cultural invasion that continues to be the experience of colonization. We are moving beyond, to a healing. From this place of survival and healing, individual, ancestral, and cultural strength is transformed. A synergy compounds such strength, which can then flow through to other Aboriginal people and towards self-determination goals. Through the tenacity of such warrior-women survival then becomes triumph.

### Poverty

As discussed in the 1995 BC Women's Community Consultation Report, "poverty itself impacts directly and indirectly on women's health" (p.3). It can also be strongly linked to low self-esteem among women (Cuskey & Wathey, 1982.). Phillips (1995) has stated that poverty "affects the mind, body and the heart" (p.11). Indeed, the impact of poverty on self-esteem and the ability of people to access resources, as well as the isolating effects of poverty are just some of the many ways that poverty disempowers all women, and specifically Aboriginal women. Disparities in such indicators as education, income and employment are considered mere symptoms of the unequal and internalized colonial power relationship between indigenous peoples and the modern Capitalist State (Bolaria & Li, 1988). Aboriginal women themselves identify "the issues of poverty, violence and abuse in their lives, as well as the experience of social isolation and the need for social and emotional supports" (Phillips, 1995, p.viii). Unemployment

has always been high in reserve communities, and the women who leave such communities for more urban settings often lack the job skills that will enable them to secure well paying jobs (Smart & Ogborne, 1996). Van Den Bergh (1991) has written about the "feminisation of poverty and it's accompanying sense of powerlessness" (p. 13).

### Violence

...I am the one who says "no more"  
Then leaves the man whose fists have reconstructed  
My bones (Fife 1997, p.480)

A report put out by the BC Centre for Excellence in Women's Health (1995) sheds some light on the issue of violence in the lives of Aboriginal women when it states that "90% of all Native women living on reserve report having experienced violence" (p.4). In 1993 The Royal Commission On Aboriginal Peoples referred to a 1989 study done by the Ontario Native Women's Association that says that 8 out of 10 Aboriginal women reported being sexually or physically abused. Bohn (1997) writes that 80-90% of Native American women also report a history of abuse. In 1993 a separate federal, provincial and territorial working group on Aboriginal women's health published a framework for the development of policy and programs. Within this framework Aboriginal women stated that they "view violence such as spousal assault, rape, and child sexual abuse, as well as alcohol and drug abuse, poverty and FAS as serious threats to their mental health" (p.15). While violence affects all members of a family the most obvious victims are women and children.

Métis writer Howard Adams (1989) makes a clear link between the violence that Aboriginal people experience and internalized racism. Negative and derogatory societal messages can be internalized and low self and cultural esteem may result. The rage and frustration that are often linked to internalized racism can erupt into violence, against oneself and too often against

Aboriginal women. In applying a structural theoretical perspective we can view the violence that Aboriginal women experience as the result of the intersection of racism, sexism and classism. An intersection of these primary structures of oppression compounds the experience of oppression (Carniol, 1992), leaving Aboriginal women extremely vulnerable to violence and abuse from Aboriginal men as well as the larger society.

### Residential Schools

Traditional Aboriginal life ways are practised to varying degrees in different Native communities. The process of colonization, and more specifically the experience of residential schools, has forced many Native people to abandon their traditional ways in shame and fear. Internalization of racist and negative societal messages about Aboriginal peoples and culture can be clearly linked to the shame and fear experienced by many Aboriginal people. The force and coercion that is related to the colonization experience, including the residential school experience is also an important factor (Chrisjohn, et al., 1997; Frideres, 1998; Hodgson, 1992; Miller, 1996). In many instances Aboriginal people have lost traditional life ways through loss of land, languages or knowledge of traditional medicine ways or spiritual ceremonies (Chrisjohn, et al, 1997; Frideres, 1998). In her book *Thunder in My Soul: A Mohawk Woman Speaks*, Monture-Angus (1996) discusses the impact of the residential school system. She says that it has left Aboriginal people with a legacy of dysfunction that spans generations. The flow of parenting skills from one generation of Aboriginal people to the next was interrupted, with devastating results. The loss of generations of their children to residential schools and to apprehension by a misguided and ethnocentric child welfare system leaves many Aboriginal women filled with generations of grief and tears. In the following poem Fife jars readers with a searing sense of the intergenerational legacy of the residential school system.

I am the one who watched as my children's hair was cut  
and cried and wept then screamed "return them"  
I am the one struggling to find her way back (Fife, 1997, p 481)

### The Role of Culture in Addictions

Pinderhughes (1989) asserts that for all of us as human beings "culture determines how we see a problem and how we express it: for example whether it is somatic, behavioral, or affective" (p.13). Culture may also "determine what specific symptoms people experience, whom they seek out for help, what they regard as helpful" (p.13) and the traditional healing strategies they prefer. Many women who have gained sobriety and thus the empowerment to take back their lives and reclaim their children have sought the experience of a residential Native treatment program. What these facilities share is a culturally based program and setting that has been designed and implemented by Aboriginal people for Aboriginal people. Critical aspects of this kind of experience are cultural healing components that may include traditional Aboriginal teachings and related spiritual ceremonies and rituals, as well as group process.

According to Kabagarama (1993) culture may be defined as the life ways developed by a group of human beings to meet their physical, mental, spiritual and emotional needs. It includes non-material elements such as values, norms, beliefs, attitudes, folkways, behavior styles, and traditions that are linked to form an integrated whole that functions to preserve the society. Aboriginal cultures maintain a traditional worldview that has philosophical underpinnings that differ in integral ways from the worldview of the larger society and dominant culture (Mandell, 1998). This has been the case since the time of first contact between the indigenous people of this continent and the Europeans. Indigenous cultures world-wide traditionally reflect a collectivist worldview that is based on the interconnectedness and the interdependence of all living things (Bopp, Bopp, Brown & Lane, 1984; Crozier -Hogle, Wilson, Leibold & Sarris,

1997; Epes-Brown, 1991; McGaa, 1990). In spite of the devastating effects of colonization, this worldview is still held amongst Aboriginal cultures and people throughout the world. This ideology is vastly different from the mercantilist and individualist ideology that was introduced by the Europeans at the time of contact (Bourgeault, 1988) and which continues to predominate as a rationale. For example, a reciprocal and respectful relationship with land is a central component of the interconnectedness that underpins an Aboriginal worldview. In the following quote Mayan educator Carlos Cordero illustrates the unique relationship between indigenous peoples and land when he states that indigenous people need land

in a manner that is much different from the European definition of ownership, but in an unbroken ability to connect with the essence of their humanity, based on a natural connection with the earth, the planet, and the universe (1997, p.90).

Writer Leslie Marmon Silko (1997) also places the earth firmly at the centre of the human experience for Aboriginal people when she reminds us to

think of the land, the earth, as the centre of a spider's web. Human identity, imagination, and storytelling were inextricably linked to the land, to mother Earth, just as strands of the spider's web radiate from the centre of the web (p.194).

In this passage Silko not only places land at the centre of human experience, but she also links the varied strands of cultural expression back to the earth again in a perfect model of interconnection and balance.

Another traditional value that underpins Aboriginal experience is a relationship to ancestors. This cultural understanding of an ongoing and timeless relationship with ancestors is well illustrated in the following excerpt from a poem by Hunter (Hunter in Harjo, 1997):

I sit in your lap your loom pushed aside  
You feed me fry bread with too much maple syrup  
I pull your braids you cradle me deeper in your legs folded to make  
A basket for me  
Grandma who died long before I was born  
Come Back  
Come Back (p 153).

In this poem the writer seems to experience and find comfort in the ancestor that she never knew in the physical realm, but with whom she experiences strong knowledge and awareness on some level. She misses the presence of this grandmother while experiencing a powerful connection with her simultaneously. This poetic expression can in some sense be viewed as illustrating the fullness and on-goingness of the *circle of life*, which includes all of our ancestors (McGaa, 1990).

### Group Process as a Healing Tool

Given the strong belief in connectedness described above, human growth and development experiences are still often celebrated among Aboriginal people with group activities, which involve family and clan members. In some Aboriginal cultures for example, the potlatch ceremony is a common group ceremony which might be held to mark a variety of experiences and life passages. For example a potlatch might be held to honour a person who is receiving a hereditary name, or in honour of an ancestor who has moved on to the spirit world, and to commemorate an end to grieving. In 1996 Monture-Angus wrote about an integral relationship between the potlatch ritual and the culture of the coastal Indians (p. 144), that still exists today. Rites of passage are ceremonies that are also still celebrated in some Nations with extended family and clan participation. An example would be a ceremony to mark the birth of a child, or the onset of a young woman's menses or moontime, which would symbolise her role as a giver of life. These examples of collective experience can be linked to the group process that is experienced in a residential treatment centre setting, where other people share in healing and in ceremony.

Historically, group counselling has used the circle as a means of facilitating open communication and the sense of equity that each member possesses upon entering the circle. Native Americans have long used the circle to celebrate the interrelationship that

we share with one another and with our world (Walkingstick-Garrett & Osbourne, 1995). My own elders have taught me that within the sacred circle of life everything that walks, crawls, flies or swims is of equal importance and comprises *all my relations*. Using this concept we are all then of equal nearness and distance from the Creator, who is at the centre of the wheel and of all of creation.

In 1990 Native American social worker and author Kip Coggins wrote about the medicine wheel as a symbolic healing tool in recovery. He says that the "the medicine within the wheel refers to the healing, teaching, enlightenment and spiritual energy that is experienced by those who honour the lessons within this symbol" (1990, p. 2). The medicine wheel is a mirror in which everything is reflected when we use it well as a tool that helps us to look within ourselves (Coggins, 1990). An Ojibway Elder shared the idea that there is a traditional belief that the message is out there for each of us to hear and it is as old as Mother Earth herself. "If you listen with your heart, little by little, all of creation will begin to sing inside of you" (Coggins, 1990, p. 2). This Elder may have been referring to a lesson of hope or healing that can be gained by reclaiming one's culture and traditions. Native treatment centres provide one of the paths leading to a message; and for many Aboriginal women, the first and only available path that can lead to a healing message that flows from our ancestors. A message of hope that is founded on the strength and the love of ancestors is powerful medicine.

Most of the residential Aboriginal Drug and Alcohol treatment centres in BC utilise the Sweat Lodge Ceremony as a spiritual ceremony and healing tool. Walkingstick-Garrett and Osbourne (1995) write about the Sweatlodge Ceremony as "honouring the process of growth and healing that is so central to the modern-day practice of group therapy" (p.33). They go on to point out how this ceremony is a widely accepted and practised tradition that "serves to purify

those undergoing any sort of transformation or healing" (1995, p.33).

### Alcoholics Anonymous

The program and group process aspect of the Alcoholic Anonymous program reflects many traditional Aboriginal values and beliefs. Full participation in the AA program of recovery involves a process of humbling oneself before a higher power in a circle with other group members (Gilliam, 1998; Kurtz, 1979; van Wormer, 1995). Humility is an important traditional value for Aboriginal people and is illustrated in the process of healing circles and in the sweat-lodge ceremony (Maracle, 1994; McGaa, 1990). According to Maracle many Aboriginal people credit AA's success to the fact that it is open to all races and flexible enough to allow for the expression and inclusion of native cultural practices and spiritual beliefs (1994). He asserts that "AA is a very spiritual program" (1994, p.201).

Many supporters of Alcoholics Anonymous would say that this group process gives participants the right to honour their own spirit and decide who or what their higher power might be (Kurtz, 1979; Makela, 1996; Maracle, 1994; Robertson, 1989). This idea is congruent with the traditional spiritual ceremonies of Aboriginal people (Bopp et al., 1994; Epes-Brown, 1991; McGaa, 1990). Encouragement to recognise your higher power was one that was not offered to generations of Aboriginal people who were forced to accept Christianity in residential schools and were disrespected and often mistreated in the process (Chrisjohn, et al., 1997; Miller, J. 1996). Thus the opportunity to make this choice freely is an important one to many Aboriginal people and one that is a key concept in the AA program.

The concept of oratory and storytelling is also an integral traditional cultural value and practice in indigenous cultures everywhere. It facilitates a passing on of the history, lifeways, and values and beliefs of ones culture and family. Participation in the AA program also reflects a

strong narrative component. Participants share aspects of their stories as they feel inclined to do so, and through the telling often feel a sense of group affinity, as well as experiencing a sense of relief from sharing their stories, thus lightening their emotional *burden baskets*. The AA process also involves listening with respect and compassion to the stories of others, which is an integral aspect of many Aboriginal ceremonies and rituals (Maracle, 1994).

On the other hand the Alcoholic Anonymous program can also be examined as a patriarchal organisation, wherein a father-child relationship is implied (Gilliam, 1998). For example, AA's reference to a male God and to program notions of assuming a position of powerlessness, surrender and humility can be viewed as being steeped in patriarchy and oppression (Gilliam, 1998). Aboriginal people have experienced many generations of a paternal relationship with the Crown and the church. The Indian Act and the intergenerational impact of residential schools are illustrative of this. Gilliam (1998), a non-native woman, has written a first person account of her own journey through alcohol addiction. She asserts that the steps [rules] and philosophy of the AA program are embedded in the philosophy of patriarchy and hierarchy. Although Gilliam credits the AA program with helping her maintain sobriety for a while, she says that it was a sobriety laced with fear that is intrinsic to the twelve-step program. She views both the AA program and patriarchy as being dualistic and based on fear and on being obedient while conforming to an authority (Gilliam, 1998). The *program* focuses on behavior, where you have to "fake it till you make it" and "act as if". Ultimately Gilliam, credits spiritual writers and teachers such as Shakti Gawain and Deepak Chopra with helping her to focus on an inward journey toward love, wisdom and healing. Charlotte Kasl (Kasl in Gilliam, 1998), who is a psychotherapist and developer of the sixteen-step empowerment model for discovery and overcoming addiction, says that her research indicates that women with alcohol additions

repeatedly relapse until they are able to deal with abuse, incest, and addictive sexual relationships. Addressing some of these same issues could be considered as integral to the healing journey of many Aboriginal women/people. In fact some of the participants in this study disclosed experiences of physical, emotional, spiritual and sexual abuse. Several of them related periods of relapse prior to facing these issues in a culturally healing way.

Treatment in an Aboriginal or Native residential treatment program reflects some of the same traditional values in group process that are inherent in the AA program. There are however many profound differences. These programs have been developed and are staffed by Aboriginal people, and are largely located in rural settings on reserve territory. The aspect of spirituality through teachings, ceremony and group process is fundamental to all such programs, with the belief that some level of healing will come through participation in these aspects of treatment. Participants are given a choice to partake in and take meaning from ceremony. The oral tradition of Aboriginal people is encouraged and honoured through such experiences as healing circles and the sweatlodge ceremony. The experience of a Native residential treatment centre begins with acceptance, respect and caring, that is offered and modelled by other Aboriginal people who know the reality of being an Aboriginal person, and who often know first-hand the reality of struggling with an alcohol addiction.

Prior to doing this research the premise of my understanding was that sobriety is the goal of attending a residential treatment program. In fact, relative to my experience as a practitioner, that is in fact the goal of many Aboriginal people who struggle with an addiction to alcohol. I have counseled numerous Aboriginal women/people who requested referral to a treatment centre as a way to gain sobriety. It was only through this research that I came to realise that healing was probably the ultimate goal for many women. At the outset of this research I was not

aware of the overall failure rates of a sobriety model. (Gilliam, b/1998). A unique situation exists with Aboriginal people however in that the AA program can be viewed as reflecting a number of traditional Aboriginal cultural values. For this reason it is possible that research findings may be quite different overall as compared to the larger society and success related to a sobriety model.

In comparison to a sobriety model a popular contemporary model of addiction treatment involves a harm reduction approach. This model aims at reducing the consequences of self-identified heavy-drinking occasions. It focuses on decreasing the risk and severity of adverse consequences arising from alcohol consumption without necessarily decreasing the level of consumption. Harm reduction is at heart a practical approach. Standard success is not some ideal drinking level or situation such as abstinence or low-risk levels. The goal is to lower the chances of adverse consequences by reducing the introduction of this prevention measure (Erickson, Riley, Cheung & O'Hare, 1997).

#### Cultural Healing Strategies:

Some mainstream residential treatment programs strive to meet the needs of Aboriginal people and do so to varying degrees and with varying success. From a male-dominated Eurocentric stance it would clearly be an even further stretch to reflect the experience or meet the needs of Aboriginal women/people. After all, the addiction issues that are targeted in such programs and institutions can be viewed as having their roots in a Eurocentric patriarchal system (Lightfoot, Adrian, Leigh & Thompson, 1996; Parr, & Rosenfeld, 1996; Bolaria & Li, 1988). However, many Aboriginal people and communities are in a process of reclaiming their history and relearning traditional cultural ways. This process has included the design and implementation of culturally based Aboriginal residential treatment programs (Adrian et al., 1996; Makela, 1996).

For many Aboriginal people, an Aboriginal treatment centre program provides an avenue to learn about and take pride in some aspects of cultural and ancestral ways. Such programs also provide culturally relevant healing modalities and models of practice with which to understand addictions as well as life experiences that may be linked to an addiction problem (Adrian et al., 1996; Maracle, 1994). Aboriginal residential programs strive to honour all available avenues for culturally relevant healing opportunities in relation to addictions (Adrian et al., 1996).

### Aboriginal Treatment Centres

Healing has begun in some Aboriginal communities and for some people. This healing may at some level be very related to a reclamation of cultural ways and pride. One of the places where this is occurring is in some residential Aboriginal treatment programs. According to Smart & Ogborne (1996) there are 51 federally funded residential treatment programs for Aboriginal people in Canada. These facilities offer intensive non-medical treatment lasting from four to six weeks on average with 40% of client admissions being women (1996). In Aboriginal based programs people can come to learn, share and heal with other Aboriginal people. Together they gain strength from learning about the "remarkable tenacity of their ancestors in the face of the adversity inflicted upon them from the time of contact" (Kue-Young, 1994, p. 216). There are many common experiences linked to the larger experiences of colonization and oppression that warrant healing for both men and women. However it is critical to recognise that many Aboriginal women have specific issues related to gender and may benefit from a women-only or women-children treatment situation rather than a co-ed situation. For example, women who have been abused by men may be triggered emotionally or intimidated by men in a co-ed situation and may be further traumatised by such an experience.

All Aboriginal people need to come to an understanding of the disintegrative processes of colonization, and they need to know the consequences of having been defined outside

of themselves, and of being powerless” (Royal Commission On Aboriginal Peoples, 1993, p. 83).

Monture-Angus (1996) points out that Aboriginal people themselves, as well as the literature indicate that “the process of contact and colonization from an Aboriginal perspective is not yet commonly understood” (p. 177). A residential treatment program developed and delivered by Aboriginal people is a starting place for an understanding of these issues for many Native women. Once such an understanding is gained and a process of decolonisation has occurred, women can then perhaps move more readily towards healing. It seems clear that Aboriginal women have a need to understand the institutional forces of invasion in their worlds and the consequences in relation to their children, land, economies, cultural values, self determination and self image. Through experiences such as those gained through native treatment programs with other Aboriginal participants, women can begin the healing. They begin this journey by coming to terms with a colonized history and moving forward to learning how they can act to create change for the future by acting on issues, and thus empowering themselves (Royal Commission, 1993). Aboriginal people “have survived their own horrendous holocaust and have great things to teach their children; they are healing and have hope for the future” (National Association of Treatment Directors, 1989, p. 154). Residential treatment programs offer a way to access hope and healing for many, and a way to *the red road* - the path to a spiritually guided healing.

Mohawk writer and educator Monture-Angus wrote in 1996 that “healing begins as we begin to relearn our traditions of caring for ourselves and one another, and of sharing not only our pain, but our recovery too” (p. 149). Aboriginal treatment centres or healing lodges are places where a process of relearning and healing begins for many Native women/people. Not unlike the effect of a single pebble being tossed into a calm lake, ripples of healing can move out to

potentially impact the larger circles of family, community and Nation. Aboriginal treatment programs in British Columbia use a variety of treatment approaches although cultural and traditional approaches are emphasised. According to the National Association Of Treatment Directors (1989) examples of some traditional approaches might be the "option to take part in a sweat lodge, sacred pipe or smudge ceremony, or to share in the experience of drumming and singing, or the offering of prayers" (p. 250). Monture-Angus (1996) quotes elder Rolling Thunder who said "bringing about healing for an individual or nation depends on respect for all things, including all of nature, one another, and our differences" (p.153). These aspects are experienced through such healing ceremonies, and "help us to recognise our place in the world, as well as our gratitude" (156). Epes Brown (1991) argues that Aboriginal people:

who have lost or neglected their religious traditions may experience a realisation that such traditions and related life ways constitute within the world today not only a viable reality within themselves but also a valid and powerful response in terms of fundamental values, to many of the problems faced by the contemporary world" (p.65).

An Elder associated with Round Lake Treatment Centre in Armstrong, BC has said that "using traditions takes Aboriginal people back to a time when there was something to be proud of, and that it is important for people to know their true history and to be able to draw strength from it" (National Association of Treatment Directors, 1989, p. 157). The Royal Commission on Aboriginal Peoples (1993) says that Aboriginal residential treatment programs view themselves as being different from mainstream programs in part because their "treatment goals strive for connection to a cultural healing that goes beyond the individual to their family, community, and ultimately to their Nation" (p. 3).

The research of Laidlaw, Malmo and Associates (1990) indicates that Indigenous treatment programs are philosophically grounded in the feminist and holistic view whereby "the client is the expert and therefore the best judge of what is right for her" (p. 4). According to

David Fisher (1991) this concept is also in alignment with constructionist principles whereby the client is considered as the expert. Fisher says that assisting clients to construct their own reality is also a fundamental ethical principle of social work (Fisher, 1991). One Aboriginal therapist illustrates this philosophical view when she writes about "walking with a client for awhile in equal partnership, so that when therapist and client part ways both lives are enriched from the experience" (National Association of Treatment Directors, 1989, p. 164). This approach to power sharing from an egalitarian stance is perhaps central to a universal indigenous worldview that is illustrated by the symbol of the medicine wheel or the sacred wheel of life (Bopp et al., 1984).

There are special considerations in relation to Aboriginal women attending treatment. Childcare is often an issue for single mothers, as is travel in relation to distance, time and cost. As a result many women are made to feel guilty for choosing to attend treatment (Adrian et al, 1996). Many people may consciously choose to participate in a Native treatment program in order to gain sobriety, to heal and to learn about Aboriginal culture with other indigenous people (Maracle, 1994). One Aboriginal person shares the validation that he/she gained from this experience:

After a year of sobriety I went to a native treatment centre – Poundmakers Lodge – and there I learned about Indian people and the Indian culture. Like some really profound things happened to me there. Everybody had the same story. We were all uprooted from our families; none of us knew anything about Indian people. So all of a sudden it dawned on me that I wasn't alone out there anymore... The journey in sobriety has not been an easy one for me. But I feel like the dark clouds are gone. The self-loathing is gone. The hate is gone. I don't know if there's a happy ending. There's hope. For the first time I believe there's hope (Maracle, 1994, p.128).

Pinderhughes (1989) argues that knowledge of cultural dynamics, and of how ethnicity, race and power influence human functioning is critical knowledge for all human service workers, and specifically for those who work with minority groups. I would think it impossible for any Aboriginal women to be comfortable in a therapeutic relationship with social workers or any

other human service workers who have not examined their own power and privilege. Also, according to Pinderhughes (1989):

A client's sense of powerlessness may be reinforced in the cross-cultural encounter, and empowerment requires the use of strategies that enable clients to experience themselves as competent, valuable, and worthwhile, both as individuals and as members of their cultural group (p. 72).

I would argue that the experience of empowerment could be more easily facilitated within one's own cultural group; and with therapists who may have had similar life experiences, as well as having similar values and beliefs. As a counselor it has been my sense that some Aboriginal women attain sobriety after attending a Native Treatment program in part because of the perception that a level of cultural and spiritual healing has occurred through trusting, sharing and learning with other Aboriginal people.

### The Sweatlodge Ceremony

In Maracle's book *Crazywater* one woman shares the powerful cultural and spiritual healing of the sweatlodge ceremony when she talks about experiencing this ceremony and being encouraged to heal by four eagles who come to her with a message.

"Let go, let go." I sat up and looked up and I could hear them. And the four eagles kept circling around until I couldn't see them no more. They just went straight up. And something happened to me. For the first time in my life I cried. I cried from within. I never did that before. And I had a hard, hard time leaving that ceremony because what I found was my identity, who I was as a human being. For the first time I was proud of who I was. For the first time I felt that spirit. When I was sitting there and heard those eagles say, "let go, let go of everything," I knew the Creator had forgiven me (1994, p. 162).

Another Aboriginal woman shares the powerful revelation that she is left with following her first sweatlodge ceremony: "I crawled out of the sweatlodge and I looked around and said, "There is a God and I have found him"(Maracle, 1994, p.170). This particular woman had always been a Christian, but it was only through the experience of the sweatlodge ceremony that she came to

understand the concept of being "spiritually reborn". A Chipewyan woman tells about her healing journey and how "my people are on a journey of healin so that we will be rightfully take our place in this society and I see how I play a part in that as a recovered alcoholic" (Maracle, 1994, p.281). All of these women describe a transformation of the spirit.

## Chapter Three

### Research Methodology and Method

#### Basket Metaphor

To me there are many parallels between the woman-centred research process that I undertook, and the creative and organic process of weaving a basket. As a woman and a novice weaver the basket metaphor feels natural to me, and in some sense allows me to honour my/our grandmothers and the baskets they wove and carried. Metaphorically, my phenomenological research findings will become the essence that is cradled within a symbolic *research basket*. It also seems apparent to me that this metaphorical basket can be viewed as a research basket on one level, and as a medicine or *healing basket* on another level.

As I began the task of weaving a symbolic research/healing basket, I realised that I had to start with a strong and supple frame, on which all the other fibres would be dependent and on which they would be interwoven and be interdependent. My research question then, which forms the very underpinning of this research study, became the spine of my *basket* frame since it ultimately determined the final shape and design of the basket. A strong research “spine” was then attached to strong metaphorical ribs. The ribs of the basket were lashed to the spine of this basket by interweaving these parts so that they were interconnected from the beginning. For the purposes of this metaphor, the ribs of the basket included a literature review, method, and a presentation of the research experience. Upon this framework my descriptive phenomenological feminist oriented research investigation was ultimately woven.

First thing I do is to know the design. Then I make the basket.  
I never try to make a basket unless I know the design. The  
design comes to me in a dream. Then I make the basket.  
(Snooks, 1997.)

In basket making, just as in phenomenological research, there are critical concepts to consider in creating a strong and well-crafted product of good design. Initially I would choose strong and supple organic material from which I would create a vessel-shaped basket frame. Once I begin the actual process of weaving a traditional basket, I must make ongoing choices from a variety of organic fibres and textures. In order to more fully appreciate the potential of a given fibre or imagine how it might fit with the other basket fibres, I would likely touch them in various ways. I might hold them up against the illuminating light of the sun in order to more fully appreciate likeness or difference in size, colour, texture, and natural fibrous tendencies. Ultimately I would make choices in relation to fibres that will be drawn together or separated, either because of similarities or contrasts, or out of an intuitive sense. Likewise in my research I created a research framework and gathered fibres of life-experience from women participants. After transcribing my data, I then sorted and contemplated the difference and the similarity in the threads and fibres of women's experiences. I then entered a consciously reflective process of holding these fibres of experience up and turning them, again and again, in the light of discovery in order to gain awareness of their essential meaning. Throughout my research study I consciously struggled to comprehend the life experiences of participants from various angles and distances. I worked to shed new light on them, or to isolate a thread of meaning and then focus all of my attention onto that fibre in order to truly see and understand the essence of it. Just as in basket weaving, my research has led me to dance with the natural forms and textures that emerged, through the individual and interconnected strands of the stories. These stories, as in basketry, required me to allow the organic material itself to guide the process once a strong frame was constructed.

## **Introduction**

Although I am a woman of Aboriginal ancestry, I am not visibly an Aboriginal woman and have not then experienced the world as a woman of colour. I did not grow up in an Aboriginal community or with my Aboriginal mother, and in fact learned about my Métis ancestry as an adult. I have since reclaimed my Métis, First Nations and European heritage. I am reminded here of an important moment of truth and recognition in my own life in terms of this reclamation. During my first experience in a sweat-lodge ceremony the Métis sweatlodge keeper reminded participants that we exist today as the physical embodiment of all of our ancestors, who are lined up behind us. According to this teacher, we *are* our ancestors. From a traditional Aboriginal perspective we therefore carry a responsibility to honour the lives and the spirits of the grandmothers and grandfathers that have gone before us. In this way the ancestral ties are strengthened through the knowledge of this interconnectedness. I felt this revelation at the time of this great teaching, and strive to live by the knowledge of that teaching today. From the stories of the participants it seems clear that some participants may well have experienced this kind of connection to their own ancestors as well, as is the way of Indigenous peoples world-wide.

I do not experience the world today as my grandmothers did for a variety of reasons. However, I do possess a growing awareness of my privilege in ways that many of my ancestors did not experience by virtue of their skin colour or social class. I also realise that my life is in fact very different from the lives of many other women of Aboriginal ancestry, including the participants in my research in at least some respects. Considering these kinds of potential differences, throughout all stages of my research I have struggled to be aware and vigilant in regards to acknowledging my relative privilege.

There are Aboriginal people who may in an Aboriginal cultural context be described as traditional in terms of following cultural spiritual practices and lifeways. There are also those

who would define themselves as bicultural in that they walk in both worlds, experiencing aspects of traditional Aboriginal culture as well as those of larger contemporary society (Morrisette, McKenzie & Morrisette, 1993). Finally there are many Aboriginal people who, for various reasons, have or will largely assimilate into the dominant non-native culture. The dominant mainstream culture ultimately of course reflects the values of the status quo [white, male, middle class] and is in many aspects Eurocentric (Mandell, 1998). As a researcher I have tried to be wary of making generalisations about participants and their relationship to Aboriginal culture. It was important that I remain respectful of individual differences and limit my tendency to read meaning into a situation that may in fact be devoid of such. I am also aware that although traditional Aboriginal spiritual practices are a part of my own life path I had to be vigilant that I did not assume that some essential aspect of such experience and practice has been the critical healing factor or turning point for participants. Such may not have been the case. Although I believe there is a relationship between traditional Aboriginal spiritual ceremonies and healing (Walkingstick-Garrett, & Osborne, 1995) I have tried to acknowledge and diminish my own bias by honouring all of the women who participated and allowing their voices and stories to speak for themselves. In order to honour people, whether it is on an everyday basis or throughout the process of conducting a research study, we must approach them with an open mind and heart. I think van Manen (1990) refers to this concept when he writes about the human science researcher as a guardian and defender of the true nature of that which we set out to examine or discover. To be a guardian and defender of the essential lived experience of participants has been my goal throughout the process of this research study.

## Introduction To Methodology

I chose to apply a descriptive, phenomenological methodology to my research for several reasons. I wanted to gain an understanding of the essential lived experience [essence] women's lives from their perspective. I also chose to apply a feminist epistemological approach this approach would support my goal of hearing and reflecting the voices and stories of Aboriginal women while validating their experiences and lives. In a more global sense this overall approach appealed to me as a social worker, a feminist, and a woman of Native ancestry with ethics and values that were in alignment with a specific investigative process.

Giorgi says that to do phenomenological research "means going to the every day world where people are living through various phenomena in actual situations"(1985). This concept fit with my research goal of exploring and gaining an understanding of a specific life experience in relation to Aboriginal women. As a woman of Native ancestry it was also important to me that I choose a method that would allow me to apply a feminist approach that could facilitate capturing the "wholeness" of women's experience and one that would honour the oral tradition of Aboriginal people. This concept is supported by Yeglidis and Weinbach (1996) when they suggest that feminist research "relates to women's ways of knowing" (p.144). Further, this suggests that researchers go to women and seek out their ways of knowing and understanding, and find ways to validate their experiences.

According to van Manen (1990) "phenomenological research is a search for what it means to be human"(p. 12). He goes on to assert that this method involves studying the life-world as it aims at gaining a deeper understanding of the very nature and meaning of everyday experiences (van Manen, 1990). My goal has been to gain a depth of understanding of the nature and meaning of the lived experience of Aboriginal women in relation to a specific life experience.

I wanted to hear their stories and gain an understanding of their experiences of gaining and maintaining sobriety, and specifically what women experienced as being helpful or healing throughout an Aboriginal residential treatment program and beyond.

### Descriptive Phenomenology

Phenomenology asks for the very nature of a phenomenon, for the essence that makes some-“thing” what it is, and without which it could not be what it (Macaan, 1970; van Manen, 1990). Van Manen (1990) states that phenomenological research is the human scientific study of phenomena and that the subject matter always involves the structures of meaning relative to the lived world of human beings. These structures of meaning contain the essence of a particular experience. This research approach is discovery-oriented and seeks to discover what a certain phenomena means and how it is experienced by human beings. Ultimately, in undertaking this research I hoped to gain a deeper understanding of the nature and meaning of a particular life experience so that such might have the capacity to impact the work that I do as a practitioner and as an educator. I also hope that it might also have the potential to impact practice or policy in the field of Aboriginal women and alcohol recovery.

Ultimately I chose the methodology and epistemology that I thought would best allow the authentic stories and voices of Aboriginal women to be heard and honoured. In order to facilitate this I needed to undertake a research method that would allow me to support and define the experiences of women without interpreting them. A descriptive, phenomenological approach to my research provided this opportunity. Other critical factors in my choice of methodology were finding an approach that would have clear expectations of soundness and rigor from a human-science perspective, and one that would have the potential to be meaningful in relation to policy and practice within the fields of social work and human service. The final factor in my

choice of methodologies was to find one that fit with my own professional, cultural, and personal values and ethics, and would therefore allow my research to be woman-centred as well as participant-centred. According to Kirby & McKenna (1989), "how you go about doing research is inextricably linked to how you see the world" (p. 63) For this reason I chose a non-interpretative feminist epistemological approach to my research. A phenomenological methodology and feminist epistemology allow for a woman's experience to be illuminated in ways that reflect egalitarianism and a woman-focus, both of which are integral to honouring both the woman and her experiences.

According to Giorgi (1985) phenomenology has created access to human phenomena that has ultimately led to findings and discourse that had not been captured through other research approaches. When Husserl (Macaan, 1970), the father of phenomenology, points out that the guiding principle of this methodology is to "go back to the things themselves" (p. 252) he is directing researchers to discover the essence of lived experiences through authentic means. This must be gained from those who have lived a particular life experience and are willing to collaborate with a researcher in mining everyday life experience for the essential core-meaning of it.

A phenomenological approach to my research ultimately seemed to be the most supportive method in terms of meeting my research goals, and it ultimately gave me a framework within which I would saturate my understanding and senses with the lived experiences of women. Van Manen points out that "a good phenomenological description is collected by lived experience, recollects lived experience, is validated by lived experience and validates lived experience" (1990, p. 27) Phenomenological research strives to hear and reflect the valid stories and experiences of people, and is therefore valid. Reliability however, is not applicable to

phenomenology in the classic research sense. For example, it would not be possible to replicate the interview experiences that occurred between myself and the four women who participated in this study. If we did meet again in relation to this research we might discuss other aspects of their stories, or other stories altogether, but we would never be able to replicate the exact experience from which the data was gathered. In addition, a different researcher would have developed different relationships with these and other women, thus gleaning different phenomenological data. The concept of reliability would be further challenged if the researcher had been a non-Aboriginal woman, of a distinctly different social class, or if the researcher had been a male for example. The experiences that I went through as the interviewer throughout conversations with all four participants led me to understand that there is in fact no place in this form of research for reliability in this sense. It would in fact only serve to stymie a phenomenological research approach, which ultimately seeks to gain and reflect an essential understanding of a particular lived experience.

Through the process of giving voice to their experiences, women participants gained potentially transformative understandings in relation to an aspect of their lived experience. Van Manen (1990) asserts that through the process of giving voice or story to our life experiences, we are in fact interpreting the actual experience. "Reflection on experience is always recollective; it is reflection that is already passed or lived through" (1990, p.10). It is only through this recollective process that we can then reflect critically upon our own life experience and gain a truer understanding of it in an integral sense. If the telling of a life-experience transforms it in some way, then factual aspects of the original experience itself diminish in importance, as compared to the perception and understanding that human beings can gain from the transformative process of consciously remembering life-experience.

Perhaps then, through the sharing of stories and rememberings, participants in my research have in some sense transformed their experiences through the telling. Through intentional listening and reflection I have tried to honour the experience of each woman. I ultimately entered a process of conscious reflection in relation to the data, and after drawing out specific filaments of description and meaning, I then wove them together in a patterned way to create a metaphorical *basket*. This *basket* then becomes a vessel that, on a metaphorical level, contains an essential understanding of the lived experience of Aboriginal women.

### Feminist Research

There is a strong goodness of fit between my personal and professional values and ethics and those of phenomenological and feminist research. There is also a strong goodness of fit between phenomenological and feminist research although these two research approaches are not the same. For example, it is possible to apply a feminist approach to a number of different methodologies, while the reverse is not possible. Mason (1997) notes that a feminist approach to research considers women holistically within their own environment and renames women's experience in their own terms. These aspects of feminist research matched perfectly with my research goals as well as my value-stance as an Aboriginal woman. A feminist approach allowed me to gain a holistic perspective of a particular experience in the lives of Aboriginal women. As a feminist I wanted my research to have the potential to impact the lives of other Aboriginal women and communities in a positive way. It was also important that I use a method that would allow me to honour the experiences of women by allowing their words to stand strong. I wanted to find ways to support Aboriginal women and their stories, without interpreting those stories.

Feminist research is based on the theoretical premise that women and minorities are oppressed in our society, and indeed throughout the world. This stance recognises that as with

the Aboriginal women who participated in my study, the intersection of the oppressive forces related to race, class and gender are recognised and must be addressed. This understanding made it imperative to find a method that would empower women participants throughout the interview and research process and beyond.

Recognition of oppressive forces in the lives of Aboriginal women leads feminist research to view the issue of alcohol addiction in relation to Aboriginal women as a societal problem. A feminist analysis becomes a social analysis and reinforces the idea of moving the issue of Aboriginal women and alcohol addiction from the perspective of an individual issue to an analysis of structures and belief systems within those structures. These *structures* are societal institutions such as hospitals, government (legislation such as the Indian Act), government agencies (Ministry for Children and Families) and programs (mental health and drug and alcohol). They reflect a Eurocentric stance that supports and perpetuates the oppression of Aboriginal women. This core recognition of the intersecting oppression forces in the lives of Aboriginal women is what moves the issue of alcohol addiction from that of an individual problem to a societal problem.

As a woman of Native ancestry myself and as someone who has worked with many Aboriginal women with alcohol problems I know that the relevant issues are very complex and multifaceted. I'm also convinced that the only way to begin to address the issue of Aboriginal women in relation to alcohol addiction in a meaningful way is through a process of hearing the stories that women have to share. As researchers and social workers we must find ways to support such stories in ways that are relevant to social work practice and that lead to the creation of positive social change.

Feminist research is a qualitative approach that uses the words of women while "aiming

at being instrumental in improving women's lives in some way"(Mason, 1997, p11). A feminist stance also embodies the feminine values of connection and interdependence (Mason, 1997), which were integral to the cultural values of Aboriginal people and communities. Lather (1988) states that it is only by using a qualitative method such as a feminist analysis, that researchers can accurately capture the complex pattern of a woman's life in context and in her own terms.

Feminist principles can guide research, but do not dictate the use of a specific method. 'Thus, feminist researchers may utilise many different methods and approaches, including phenomenology (Mason, 1997). According to Mason there are three principles in relation to feminist research. These include "capturing women's experiences, striving to improve the lives of women, and reconceptualizing power so that the research participant and the researcher are on the same plane"(Mason, 1997, p.22). These feminist principles offered guidance to my research overall because they focus on honouring women and their stories, as well as empowering and improving women's lives.

## **Procedures**

### **Ethics Committee Approval**

Once I chose a descriptive phenomenological, feminist-oriented method with which to approach and investigate the lived experience of women relevant to my research question, I developed a research proposal. Upon completion of my proposal it was reviewed by my thesis committee and then submitted to and approved by the UNBC ethics committee in the spring of 1998. I then began the process of identifying potential research participants.

### **Recruitment Process**

I recruited participants through a process whereby the women self-identified as interested participants or were referred by other Aboriginal women who were aware of my research. Since

I am a woman of Aboriginal ancestry, and work with Aboriginal people in a variety of situations, my exposure to potential participants was high. Women initially heard about my research through word of mouth through my professional and cultural communities.

Once potential participants agreed to be interviewed I met with them individually or spoke with them on the telephone to orient them to the entire process as well as confirm that they were appropriate participants. Criteria for participants was that they self identify as Aboriginal women who had participated in a Native residential treatment program at least two years ago, and that they had not used alcohol since that time. Participants were to have attended a women-only, family or co-ed treatment program. As it happened, in all instances with the participants in my study, the women had attended co-ed programs.

#### Participant Characteristics

Two of the women who participated in this study live in rural reserve communities and the other two live in smaller cities in BC. Three of the participants are currently married, two to men that they were with at the time they participated in a Native residential treatment program. The fourth participant has a close male friend who lives nearby and who is very supportive of both her and her adopted son, whom he is helping to raise. This woman's friend went through a co-ed residential treatment program with her. One of the other women initially entered treatment with a male partner as well, but several months later attended and completed another Native residential treatment program alone. The two women, who were married at the time of attending treatment, did so alone, although in both cases their husbands had previously been through a treatment process and were sober.

All of the participants are mothers. One of the women is currently raising an adopted son who is of elementary school age, while another woman has teenage children living at home. The

remaining two participants have grown children who, at the time of the interview, did not live in the family home.

Three of the participants have Indian status according to the Indian Act, and grew up on reserve. The fourth woman is in the process of reclaiming her status through Bill C31 (Native Women's Association of Canada, 1986), but to date self-identifies as Métis. Two of the participants attended residential school as children.

Two of the women had been sober for several years prior to attending a Native residential treatment program. The other two women drank heavily right up to entering treatment for the second time. The two women who had been sober for several years attended treatment on a one-time basis, while the other two women attended treatment twice. Both of these women returned to treatment within several months of their initial treatment experience, with one woman returning to complete treatment after being required to leave a different Native residential treatment program.

### Setting

I arranged to interview each of the four women participants at a time and place of her preference. I also offered to pay for childcare and transportation as needed, and to pick up and take participants home in my own vehicle as needed. Only one woman had a small child at home, so as we had pre-arranged, I paid for childcare costs for the two hours that our time together took. No one required transportation or funding to cover the cost of gas. For the actual interviews, I went to the home of three of the participants, as was their choice. The fourth participant came to my home at the end of a workday, as I live nearby her place of employment.

### Interview Process

At the outset and throughout the conversational interviews with each woman, I

consciously tried to create an atmosphere of comfort and safety. In each instance the participant and myself spent time visiting informally prior to beginning the actual conversational interviews. I consciously tried to create an empowering experience whereby each participant was given ultimate control of the entire interview experience. I did this by reiterating my research and interview plan, fielding any final questions and comments in relation to this process, and suggesting various ways in which the participant could freely impact this process in relation to her own needs. For example I encouraged participants to feel free to pass on answering any questions that they were uncomfortable with, and to do so without any explanation or questions if they wished. I also advised all of the women that I would answer any questions or concerns throughout the interview or afterwards and to feel free to raise them throughout the process, which they in fact did. Participants were advised that they were free to stop the interview at any time, either momentarily or permanently if for any reason they wished to do so, without explanation. I encouraged each woman to add to our discussion where and when she felt it might be appropriate and where it would further the telling of their stories. The criteria in the participant consent form was discussed in detail at this stage, and the forms were signed and obtained. Two participants read the analysis and provided feedback and all participants were given transcript copies of their conversations with me. All of the participants requested a copy of the research when completed, which will be delivered in person to allow for discussion in relation to it.

I felt somewhat nervous initially at the first interview, with a woman I had not met in person previously, and at the beginning of the third interview, again with a woman I had not known previously, and who appeared initially very uncertain. I think I was nervous because I wanted the process to be completely non-threatening and non-exploitative but was uncertain

how the experience would unfold. I was also anxious because I was aware of the privilege that I walked with as an educated person *doing* research. However, I ultimately felt very comfortable with each woman, and was awed by the courage and generosity of each of the participants. I think they also felt comfortable overall, although I'm sure that this was not the case at the outset. In fact one of the women who I had not met previously, told me in conversation afterward that she wondered what she had got herself into when she saw me coming up her driveway. Ultimately though, she said that she was surprised to discover that she felt very comfortable throughout the interview and in fact had enjoyed the process.

Throughout the conversational interviews the unfamiliarity and the privilege of a process that allowed me to ask participants to tell me what I wanted to know about them and their life experience impacted me. This was very different from my experience as a counselor, where I might ask questions that I thought might be helpful to the client or to my ability to understand and thereby assist the client to help herself. This awareness lent a self-indulgent quality to my perception of the interview process overall in spite of my efforts to empower participants. However, my overall sense of these interview experiences was of the incredible generosity of the four women who so willingly shared their very personal stories for the purpose of my research.

The interview consisted of unstructured questions in a conversational format. (See Appendix 11). According to Mason (1997) the use of unstructured interviews is one way of reconceptualising power by emphasising the interdependence of the participants and the researcher. My interview guide was referred to in a general way and the discussions did access experiential data relevant to my research goals, albeit in a very informal, conversational format. Flexibility was critical to the interview process, so that participants would be encouraged to pass on addressing a particular question, for example, or to share an aspect of experience that had not

been addressed. Throughout the interview and research process, each participant was regarded as the expert in relation to her own experience. Far too often this has not been the experience of women research participants, where their experiences have been controlled and interpreted from a male-oriented scientific perspective. "For centuries men have spoken for women, interpreting and rethinking their experiences. Phenomenological interviewing gives access to women's memories, feelings and thoughts in such a way as to validate their reality, not that of the researcher (van Manen, 1990).

Of foremost importance to me throughout the entire research process was the idea that participants feel respected and validated, and that ultimately they might experience their own stories in new ways through the retrospective process of consciously reflecting on them.

### Data Analysis

#### Transcribing

I transcribed each conversational interview myself, listening to fragments of the tapes many times as I struggled to accomplish this task with limited typing skills. I coded each of the audiotape labels as the tapes were made as well as all identifying data in the transcripts themselves. I then read and reread the transcripts as well as listened to each participant's audiotape in full a number of times. This process gave me a strong sense of familiarity with the data. I developed an overall sense of each conversation and story in relation to each woman, as well as a gradual growing awareness of themes and sub-themes as they emerged from the overall data. As I listened over and over again to the actual audiotapes I gained a growing sensitivity to the nuances of each recording. For example, the more often I heard the tapes the more I became aware of tonal changes and voice inflections, and where this occurred throughout a particular recorded story. I also became aware of gaps or silences in the conversations. I became

sensitised to the data in a profound sense after hearing it so many times isolated from visually experiencing each participant as she shared her story originally. My visual rememberings became overshadowed in some sense by the impact of the voices themselves, and the transcribed data. This was an unusually isolating experience that tied me closely to the data and the voices of the women as they shared their stories.

### Meaning Units

After a lengthy process of reading and rereading the transcripts, as well as listening again and again to the audiotapes of the interviews, I began tagging or marking relevant and potentially meaningful or interesting text that related to the goals of my research and my research question. I used a highlighter method (van Manen, 1990) for this process, whereby I considered the text of each transcript in a line-by-line process, identifying meaning *units* of text with a fluorescent marker pen. I repeated this process several times in order to glean the transcripts for chunks of text that were meaningful in relation to my research question. Giorgi (1985) emphasises that *meaning units* are considered to be constituents and not elements when he writes that “a constituent is a part determined in such a way that it is context laden. An element is a part determined in such a way that its meaning is as much as possible independent of the context” (p.14). The process of identifying these relevant constituents or meaning units marked the beginning stage of a thematic analysis of my research material.

After carefully gleaning the transcripts for constituents of meaning I began the process of moving this tagged data into naturally occurring thematic pools. Where identified meaning units from the transcripts did not seem to naturally flow into a thematic pool; they were placed temporarily into a kind of holding pond for further consideration. This process of moving meaning units into isolated thematic pools was accomplished by using my computer to execute a

cut and paste process. I went through the identified meaning units again and again, until the holding pool was ultimately emptied and a couple of new thematic pools were created in order to find a way to integrate all identified meaning units. Some of the meaning units initially went into more than one thematic pool while I completed this sorting process, but ultimately they were more strongly identified with one theme or another. After naming the thematic pools as a way of gaining an overall understanding of what each of them held, I began to see sub-themes emerging naturally as well. These were also named and organised so that they would apparently flow from the larger or more dominant themes, and these integral connections would remain clear to me.

I then began a process of putting each of the identified meaning units (within a thematic pool) into a column, with the meaning unit written out verbatim, in the words of the women. In a second column across from each meaning unit, I wrote a short summary or transformative statement (Giorgi, 1985) of what I thought most clearly described the core meaning of each of these constituents. This step was critical to “capturing, in singular statements, the main thrust of meaning”(van Manen, 1990, 6.1.2) or essence in relation to each of the thematic statements.

### **Themes**

According to van Manen (1990) in phenomenology the term *theme* refers to an element which occurs frequently in a text or within structures of experience. He defines themes as structures of experience and notes that they “are like knots in the webs of our experience, around which certain lived experiences are spun into meaningful wholes”(van Manen, 1990, p 6.1.1). In phenomenological research it is these themes “that make up the universe of meaning”(van Manen, p.6.1.1) that we set out to explore relative to a life world experience. Once I was able to identify the essential themes in my transcribed data I began a process of weaving phenomenological description around them.

## Essence

In order to discover the nature of the phenomena related to this research investigation I immersed myself in a search for the *essence* of a particular lived experience. As I struggled to orient myself to the phenomena of women's experience I engaged in dance of discovery that led to the nature or essence of the life-experience under investigation. This process was at times challenging and frustrating since "the meaning of lived experience is usually hidden or veiled" (van Manen 1990, p27). At other times the dance proved exhilarating and rewarding, in the knowledge that I had captured an essential understanding of some aspect of the lived experience of the participants.

Metaphorically, I can also compare the process of my discovery of essence to the visual experience of witnessing a sun dapple that momentarily illuminates a translucent water droplet on a leaf, or when sunlight tenderly backlights the petals of a flower and transforms and expands such experiences. In a perceptive sense I discovered a transformative way of being with the data that ultimately facilitated the illumination of an essential understanding.

Even though "lived experience is soaked through with language..."(van Manen, 1990, p. 38) it is a challenge as a phenomenological researcher to "gain insightful descriptions of the way we experience the world pre-reflectively, without taxonimizing, classifying or abstracting it"(van Manen, 1990, p. 9). Van Manen concludes that it is only because of language that we are able to recall and reflect on experiences, and yet the words or textual expression that we choose to reflect such experience through are often elusive. "The essence or nature of an experience has been adequately described in language if the description reawakens or shows us the lived quality and significance of the experience in a fuller and deeper manner"(van Manen, 1990, p10). This is the creative challenge of a descriptive phenomenology. The ultimate goal is to find ways to

“transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once a reflective re-living and reflective appropriation of something meaningful”(van Manen, 1990, p 36).

### Ethical Considerations

With the knowledge and permission of participants I audio-taped the conversational interviews and transcribed them verbatim shortly after the actual interview. At that time I removed identifying information from the transcripts for the sake of confidentiality. Written or verbal summaries of transcribed data were offered to individual participants to confirm that the data accurately reflected the interview experience from the participant's perspective. These were discussed with participants, and although no changes were required, I was prepared to collaborate with the participant until her voice and lived experience were clearly reflected to her satisfaction.

All transcribed data and tapes were considered confidential material. To that end I advised each participant that I will keep the data in a locked drawer in my office at home and that I will destroy this material within a five-year period. I also advised each woman that if I decide to use the original data for further research related purposes within this five-year period I would get permission from her first. In relation to the actual data, I removed any potential identifying data from audio-tapes and transcripts and encoded the data so that individuals and home communities could not be identified. It was of the utmost importance that each participant's right to confidentiality be honoured throughout the process of my research and beyond. Ethically it was critical that as a researcher I was sensitive enough to ensure that a participant's experience was non-exploitative and that it was in fact an empowering experience. I tried to accomplish this in part through the process of protecting confidentiality and data, as well as confirming the validity of the data and analysis with each participant. I collaborated with each participant throughout the

process of my research until she felt that her experience has been accurately and essentially reflected.

Replication of this study is impossible for many reasons. For example, another researcher would have a different conversation with each of these women or any others, even by following the same conversational guide. A non-native researcher would have a different experience with these or other women, and in fact I might well have a different experience with other women, and could never replicate many aspects of the experience that did occur. So, although I might undertake additional interviews with the same participants, the conversations would be different, although they too would be valuable in terms of furthering my understanding in some sense. In spite of the impossibility of replication, and maybe because of it, the stories of participants allowed me to gain what I set out to do. I gained an understanding of the lived experience of these women and what they perceived as helpful and healing, throughout the treatment process and beyond. In the process of coming to that understanding I also came to a deeper understanding of the life experiences that women consider as critically linked to the development of an alcohol addiction. Although I had not anticipated that the participants would choose to share their stories from the beginning of their relationships with alcohol, it was in fact a natural progression. It was also critical to the study in terms of anchoring the data throughout the analysis as well as linking back to points raised in the literature review.

## Chapter Four

### Data Analysis

#### Introduction

This chapter consists of an analysis of participants' experiences that are discussed according to specific themes. Specific quotations or descriptions illustrate the thematic elements and are further developed through a presentation of varied examples (van Manen, 1990). Patterns and textures emerged throughout the process of weaving filaments and clusters of experiential threads into a metaphorical research/healing basket. This occurred as the individual strands of women's experience revealed themselves to be simultaneously unique and yet interconnected. They reflected patterns of experience shot through with individual threads, as in some forms of traditional basket design. Patterns emerged in an unfolding way, from the initial process of gathering the stories of women through the application of a phenomenological investigative process. This ultimately led to essential understandings about the influences that contribute to the ongoing sobriety and healing that participants experience in relation to the research question.

The essence of a particular lived experience, or in phenomenological terms, a general structural description of an experience, is critical to fully expressing and reflecting a lived experience from a phenomenological human science perspective. With this goal in mind, the essence of the experience that I have investigated through this research process will ultimately be presented "as an example composed of examples" (van Manen, 1990, p.25).

My goal throughout this research process has been twofold. It was important to present the lived experience of participants in a manner that honoured their expertise and stories in relation to their experience of recovery and healing. It was also critically important from a

phenomenological perspective that this research shed light on an essential understanding of lived experience. One critical aspect of accomplishing this task was to honour the participants' experience through the use of their words, as a way of interweaving the emerging themes and structures of experience. Linked to this goal was the choice to present the interwoven threads of women's experience as a way of protecting the individual stories of women, and of honouring the Aboriginal values of interdependence and interconnectedness. Another aspect of honouring the expertise and stories of women was to let their own powerful and eloquent words stand strong, thus free of any academic grammatical correction for example.

### Limitations

I initially identified a number of limitations to this research study based on several factors. In addition there may be additional limitations that I remain unaware of. In retrospect I would say that the limitations did in fact impact this study to some extent although I attempted to minimise this. They are as follows:

- This research project involves a very small sample, and the results cannot be generalised.
- Since I am not visibly an Aboriginal woman I have not therefore experienced reality from this perspective. I have not experienced oppression based on an identifiable racial characteristic, which women of colour experience on a daily basis. By virtue of this I walk with more privilege than many women of colour do.
- Whether or not I have examined my own privilege and whether or not I am willing to share it was initially unknown to participants, thus Aboriginal women of colour may have distrusted me, particularly initially.

- Since my Native ancestry is Metis (Cree and Sioux) I come from a specific cultural background that was similar to only one participant, so that an issue of trust or cultural difference may have come into play.
- Any conscious or unconscious expectations that I may have in regards to this research may have encouraged me to overlook important research issues or indicators, although I tried to minimise them.
- Since I am a woman from a working-class background there was a class difference between myself and some participants who may be representative of the underclass in our society in terms of socio-economic status and privilege. My motives and intent may therefore have seemed suspect to some participants.
- A high post-secondary education level and the light colour of my skin provide me with an experience of privilege that is not available to some of the participants. I tried to be constantly vigilant that I strive to acknowledge the privilege that I experience and that I share the power that is related to this privilege with participants. My ability to succeed in doing this may have been compromised by the ongoing subjective experience of thoughtfully examining layers of privilege.

The limitations of this study will become clear through any discourse that it may stimulate. Through the course of completing this project the discussions that I have had with friends, colleagues, practitioners and participants has enriched my understanding and at times challenged me. Future discussion and discourse relevant to this study will be critical in order to create further understanding relevant to the research question.

The small number of participants in this research study may be viewed as a limitation by some. However, I chose to limit the participant number to four as a way of allowing the

experiences of those four participants to be most fully explored and examined. It is not possible to assume that the data gained through this research could be generalized to all women who have attended a Native residential treatment centre and been sober since that time.

### Acknowledging the Fuller Stories of Women

All of the Aboriginal women who participated in my research were articulate, eloquent and powerful in the telling of their personal stories. They identified linkages that ripple out from their experiences to that of other Aboriginal women. With searing clarity these women expressed the lived experience of sexual, emotional, physical and spiritual abuse. These experiences may well flow into the collective experience of many other Aboriginal women, many of whom continue to struggle with alcohol addiction. Their stories transmit the essence of the lived experience of intersecting issues of race, class and gender from the uniquely marginalised position of Aboriginal women in society today. Each story is the story of a warrior-woman, a story of triumph over struggle, a story of survival.

Each of the four participants in this study knows, without equivocation why she chose to access a Native residential treatment program, and how this was linked to her search for healing. Each woman is also aware of what and who positively influenced and impacted her on a journey to healing and sobriety. All four participants took part in this research as a courageous act of trust and generosity. It seemed to me that metaphorically speaking, each woman, like a flower, offered herself to the light of discovery. Stories were shared in an unfolding way that moved inward, to the fragile inner petals of experience and finally to the central core of her experience. Through this unfolding process each woman began by narrating her story from the beginning, adding a natural fullness to the interview experience and to the data. At the outset of the conversational

interviews, each participant clearly chose to identify a specific occurrence in her life that was tied to a first awareness of alcohol as being problematic.

### Awareness - the Power of Alcohol

One woman shares her memory of a powerful and immediate response to alcohol at the age of twelve. During this first encounter as a child she recognised and responded to the power of alcohol as a tool to anaesthetise.

It became a problem when I had my first drink, and I was twelve years old. I remember the first time I drank -- it was in the summertime. I think I was -- I think I had maybe three bottles of beer, maybe four. I remember drinking the first two bottles but I don't remember drinking the third and the fourth. I realised what alcohol did for me -- it helped me forget it helped me push away anything that was coming up in my mind or in my heart. My emotions...and it helped me push aside all of my experiences and memories that I didn't want to have. So when that experience was over, like I said I realised right away what alcohol did and how I could use it. And thereafter, anytime I drank I didn't drink to socialise, I didn't drink to have fun for any other reason but to forget -- and to bury -- to cover up all that stuff. Yeah, just pain -- pain and memories. Memories that I suppose I wasn't sure if they were memories or I was maybe just going crazy.

This quote illustrates how, through her first experience with alcohol, this participant discovered a way to create a barrier between her consciousness and the wounds of childhood sexual abuse that festered within her. Another woman links her problem drinking with being a very young newly married bride, striving to fit into a new community and a new role after moving to her husband's home territory.

I think it was mainly to fit in with people --because I was a stranger when I came to this territory thirty years ago. So trying to fit in with his crowd and his friends and people in general --I didn't like it. I didn't like to drink but I did it anyway. I started to get careless and that's what worried me. I was working at the time and I used to go to work hung over. I found I couldn't function the way that I normally did when I wasn't hung over and I didn't like that feeling...and it was scary, some of the things that I did. It gave me more self-esteem --you know -- like I could do anything --and I felt invincible.

This woman, like other participants, discussed early drinking experiences that initially gave her a sense of power and infallibility. This sense dissipated over time, leaving despair and hopelessness

in the wake of terrible hangovers and shame. Although participants recognised that the false courage gained through alcohol use was illusory they felt the need for it in order to integrate into new circumstances or roles in life or even to face the pain of living on a day-to-day basis.

According to one woman:

Probably the first time that I drank...not the first time that I took a drink, but the first time that I *drank*, was probably when I was about twelve years old. I went into a blackout. I couldn't remember anything. It was pretty frightening and I tried to slough it off you know [to pretend] that I could remember -- and that's the way most of my life happened, going into blackouts. So it depended on the state of mind that I was in --the things that I was suffering through at that particular time. So it was always there to hide the pain. I came from a stance of wanting to die -- like a death wish -- because the pain of living -- because I'm a sexual abuse survivor. And so it [alcohol] was used to block things out. And on top of that knowing that I had a problem with alcohol. Actually, I wanted to be White. I guess I thought it would solve my problems, because I thought I drank because I was an Indian...that things happened to me because I was an Indian. I needed help to justify why I felt the way that I did, but I needed a way to make sense of things.

In a very powerful way this woman shares her self-knowledge through recollecting her need to deflect emotional pain and related memories from her consciousness through the use of alcohol. She makes it clear that she knew the power of alcohol in terms of its capacity to temporarily obliterate her pain. She was also aware that she had an addiction problem with alcohol that was a separate issue. This participant also framed her relationship with alcohol as a self-fulfilling prophecy, in that she had internalized the racist view that all Aboriginal people are alcoholics and that there is no value in being an Aboriginal woman. This description illustrates the internalized racism that Aboriginal women/people struggle with, in that the institutions in our society reflect these messages through consistent, albeit mostly covert, methods.

### The Residential School Factor

All of the participants identified the residential school experience as a critical and negative factor in their lives and considered this experience crucial to their relationship with alcohol. Two of the women had attended residential school, while the other two identified the intergenerational

impact of a residential school experience. One woman shares the rage and abandonment that she experienced when she was sent to the Kamloops residential school with no explanation from her family.

Initially, when we were first sent to Kamloops I was under the impression that nobody wanted us. We weren't being told why we were being sent away. I spent a whole year at residential school being angry, wondering why I was there. My mother was dying, she had cancer and she knew that if we didn't go there we would be abandoned because at that time all our relatives -- my oldest brothers, were all into alcohol. It was scary and lonely.

In retrospect this woman came to understand that her mother sent her to residential school as a way of protecting her, since she was dying and had no sober alternative for her children at the time.

Many Aboriginal people suffer post-traumatic stress from firsthand experience with residential schools (Miller, 1996). In an intergenerational way this continues to devastate families and communities through a ripple effect. Children who attended these schools felt abandoned, lonely and frightened, while many were profoundly abused. The loss of family, community and culture through the residential school experience has been devastating to generations of Aboriginal people, who struggle to survive and to reclaim what has been lost. Each one of the participants in this study identified the residential school experience as the single most critical factor linked to their alcohol misuse and to the misuse of alcohol by family members and communities.

One woman spoke about the physical pain and humiliation that she experienced as a six-year-old child upon arrival at residential school. She was naturally left-handed and was physically and emotionally abused by her teacher whenever she favored this hand, even outside of class-time.

My first day at residential school was torture for me, and it stayed that way for maybe one month solid. I wanted to use my left hand to write, and my teacher, she strapped my hand every time I would reach for the pen...and she did that to me every day.

Even before classes started she would stand in front of my desk and intimidate me. She had that strap stickin out of her hand like this [gestures] or she'd have a yardstick or one of those pointer sticks. Everyday and as soon as I'd make a move - bang! I'd get it . . . she just humiliated me, in front of the whole class.

This description reflects the fear and humiliation that this woman suffered as a vulnerable young child during her first days in the foreign and threatening environment of residential school.

Another participant spoke to the ongoing emotional and spiritual pain that she and other residential school survivors carry as a legacy from the residential school experience:

I had a lotta stuff in me that needed healing...like I came out of residential school. Most of those that come out they still need healin, lotta healing. They have a lotta hurts in them yet. No matter how much treatment we go through we still hurt. There's a lotta hurt in us yet, from that residential school. The worst part was getting licked, that is -- when I'd have that big strap on me. She put the towel on my bum and strapped me with a real big strap. And I was starting to roll it back and I just had to bust out crying because she hit me harder and harder until I cried. Most of them that come from residential schools were alcoholics and a real lot of them too that died. I looked at the old pictures of all of us that was at residential school. There's a real lot of them that died. It was hard. It was hard for us to go back to our ways from before when we came out of residential school. There's too many memories -- lotta memories from a long time ago, what happened there, and its just no respect for me there anymore -- cause of the way we was treated there.

In this quotation one woman painfully articulates a link from a residential school experience to drinking and death for many of her former classmates. She also acknowledges that healing is an ongoing process in which layers of related pain are gradually shed.

The two women who survived the residential school experience also spoke about the spiritual abuse that they encountered throughout their school years. They both poignantly expressed the loss of connection for them, as children, to the Creator and to their own spirits on some level. In these institutions these participants and multitudes of other Aboriginal children were subjected to the loss of a culturally based spiritual expression, while simultaneously being forcefully subjected to a foreign religion, under inhumane circumstances. This is illustrated in the following description of one woman, who acknowledged the anger and mistrust that was the

legacy of such abuse:

I have a lot of anger and no trust at all. And then that's all we used to do was pray all the time...soon as you got out of bed you kneel down and pray. And then, after you dress up, wash up -- and then you're ready for church again in the morning. And then you're kneeling there for about an hour -- going to church, come out of church, and sit there and have breakfast. And sit there -- and *I'm starving*... they hardly fed us at that school.

Another woman describes the intergenerational impact of her parents having gone to residential school, and the subsequent loss of cultural identification and lifeways.

First of all, you've got your loss of culture and loss of identity, with the impact of residential schools you know. And you've lost your culture, no connection at all with your culture. And you've lost your spirituality . . . Not to say that everybody had a bad experience in residential school, but my parents did.

This woman was also able to link the alcoholism and sexual abuse in her wider family to the residual effects of residential school, as well as the deficient parenting skills that both her parents and she inherited through this system.

### Sexual Abuse

One woman connected her experience of earlier sexual abuse and the subsequent healing that began in a Native residential treatment centre to the knowledge that she was sexually abused as a young child in residential school. She clearly states that these experiences as well as the experience of attending residential school were the core issues that led to her future relationship with alcohol.

To me, my sexual abuse issues were the core, as well as to me -- the sexual abuse issues and the residential school issues are very close to one another, if not intertwined -- because, when I started to deal with my sexual abuse stuff I started to have dreams and memories of my early years in residential school, and that was terrifying . . . I was able to conclude that I was also abused in the school . . . Prior to going to treatment I knew those issues were getting in the way of my relationship, connection with my husband.

This woman also acknowledged that through the treatment process she came to realize that her past sexual abuse issues had been interfering with her ability to be open and trusting with her

partner.

Another woman shared her experience of sexual abuse as an adult, at times when she was drinking heavily, as well as while married to a sadist. She acknowledged that the pain of these experiences made her welcome the temporary anaesthesia of alcohol induced blackouts.

I actually welcomed the blackouts, and when I'd be sexually abused coming out of a blackout -- I'd drink a lot more to get back into it. And later in my relationship -- being married. It was a relationship in which he was very cruel -- he was sadistic. He beat me for every time that I was with him [sexually]...and typically he would just tear my clothes off and then he'd help himself to me...and here I was being abused and married as well.

This woman went on to share the painful story of the horrific sexual abuse that she endured as a child. This began when she was an infant who fought to keep her abuser away by not dirtying her diaper. She spoke about beginning to deal with some of the issues of childhood sexual abuse in treatment, and recalled the overwhelming rage that she felt towards her deceased mother for not protecting her as a child.

It helped me in dealing with my anger, that anger that was suppressed over the years...feeling angry at my mom. And then I realised where that came from was her being in the house when I was sexually abused, and angry at her for not being there -- and "why didn't you come when I was calling?" And so, ever since I was a baby I'd been abused -- since I was in diapers... so that in my head I had always been helpless. Nobody would come. But I also learned how not to talk or make noise and how to hold myself from going to the bathroom. And that way if I did, then they wouldn't have any reason to come. Can you imagine a little baby thinking those things? But, those are things I just learned.

While doing an art therapy exercise in a group session during treatment this woman was able to break through some of the rage and sadness that she had carried for many years. Through this process she gained an incredible sense of peace in finally letting go, and was also able to appreciate the gains that she had made in choosing to trust the group and the group process at that time.

### Central Theme – A Search for Healing

Through a lengthy process of examining the data and holding individual fibres and then clusters of meaning constituents up to the light again and again, I gradually gained a dawning awareness of a central theme in the data. All four of the Aboriginal women whom I interviewed had accessed a Native residential treatment program in search of healing. Each woman sought healing from the anguish and residual pain and dysfunction that oppressive life experiences had caused her. Women sought healing in a holistic sense, acknowledging the mental, physical, spiritual and emotional aspects of healing and recovery. It became apparent that a central theme of *a search for healing* was closely bound to the motivation for these women to participate in a Native residential treatment program.

This central or core theme of *a search for healing* emerged through the inclusion of the two participants who had been sober for several years prior to accessing treatment. The stories of these women shed new light on all of the data, as it became clear that sobriety was not an issue for them prior to attending treatment, but that attaining a level of healing and wellness was. This understanding then extended further to the idea that sobriety was not, in fact, the primary issue for any of the participants. A search for healing was the ultimate goal in accessing a Native treatment program. Through a process of conscious reflection in relation to the data it became apparent to me that other Aboriginal women/people also access treatment as a way to heal. The idea of holistic healing grew when I considered that all participants talked about healing in an ongoing, unfolding, multidimensional way that was separate yet integral to gaining sobriety. This notion of a holistic recovery from alcohol addiction is reflective of an indigenous worldview that acknowledges the interconnectedness and interdependence of all things.

After several years of sobriety two of the participants had come to terms with the need

for emotional and spiritual healing, which had previously been overshadowed by addictive behavior. During an intervening period of sobriety these women had gone through a process that led them to seek healing from emotional and psychic wounds that were no longer anaesthetised with alcohol. Through a period of sobriety that fostered self-awareness and personal growth the women were motivated to let go of pain that had burdened them for a lifetime, by moving into and then through it. This concept of a search for healing is illustrated when one woman talks about her decision to access AA meetings prior to treatment:

I didn't think I needed to do anything other than just stop drinking...and closer to me starting to attend the AA meetings I started to realise that there was a reason for my drinking and those reasons were starting to pop up. Like I'd remember different things from my childhood, or situations that I was trying to keep down. I was finding that I couldn't keep them down anymore.

This woman attended AA for some time after she stopped drinking and prior to attending treatment. She learned that through taking the risk to share within an AA group, she gained acceptance and was able to give voice to painful life issues that she had been carrying alone. Through group experiences, such as that which the AA program offers, several of the women had gained awareness of parallels between their personal stories and those of other Aboriginal women/people. For one woman the AA program and group process facilitated an acceptance that motivated her to continue on her healing journey.

I started to talk about those things that I did when I was drinking -- you know, I know I wasn't a very good mother. I know I was behaving inappropriately many times, so I had to talk about that. Prior to that they were all in here -- just in here [gestures to her heart] so I had to talk about them. And I think that what really helped me get to that point is that those people accepted me--no matter what I said--no matter how much I put myself down

Ultimately this woman came to understand that although she had made tremendous gains through the AA program, she needed to move on in her healing journey. Like many others she recognised the limitations of the AA program and in moving beyond it took steps to reclaim her

culture. She goes on to say:

I stayed with AA, I suppose until I was able to look at and deal with a lot of the issues that came up as a result of my drinking. Once I was able to live with myself and talk about my story and not be overwhelmed by it I stopped going -- because even today I think that AA served its purpose for me. I started practising different aspects of my own culture. I began to realise there was more that I needed to do. I knew there were issues more deeply rooted than that [than she could address through the AA experience].

Two of the participants accessed treatment several years after gaining sobriety when the need for healing became undeniable. One of these women made the decision to seek healing through treatment shortly after experiencing a post-traumatic-stress response. When a client disclosed sexual abuse her own response was immediate as well as emotionally and physically overwhelming.

I started to freeze up. I found it very difficult to sit there and have a conversation -- inside I was getting tense. I was freezing. When I got home I cried. The next day I couldn't go to work because I was so upset. It brought up all those memories of being abused myself. For a few months I tried to push it away and I tried to continue to work, but when that lady got the help she needed other people started coming to me -- and talking. I found I couldn't deal with that. So I decided to do something -- "if I'm gonna continue to work in this field I need to do something about my own issues".

In this passage this woman connects her physical and emotional response to previous sexual abuse and makes a decision to seek help, in part, in order to continue to help others.

Another participant who had been sober for several years prior to attending treatment finally did so in the culmination of a search for healing as well. For this woman the search was grounded in the hurts of her marital relationship. She decided to attend treatment in order to move from *dis-ease*, through a healing process into developing the capacity to build a healthy, loving relationship with her partner. Through the process of treatment this woman, like several other participants, came to recognise her own unique needs as an individual, and the right to have them respected.

We were practising alcohol for many years, and for many years when we did quit we didn't do anything about it. We didn't go for treatment -- we didn't go for help . . . It was

thirteen years before he [her husband] went to treatment, and thirteen years before I went to treatment . . . You have to put away your pride if you want to survive, and go for that help.

This description reflects the reality that, on another level, this woman chose to create an opportunity to access healing from issues that she believed had led to her drinking problem initially.

One of the women spoke about her realisation that she could no longer carry the grief and the unpredictable rage that had characterised her life, and the recognition that she would have to make the decision to seek healing in order to reclaim her emotional wellness and her life.

So even when I did stop drinking it would take me into flipping out because I had no coping mechanisms -- nothing concrete. The pain was coming out and no way to deal with it, nowhere to turn. The final straw was I had just been fed up with life -- and my sister died and my mom died six weeks later -- and in 1987 it was four years later and I hadn't dealt with it. I just put it on the shelf. I couldn't handle the grief.

In retrospect this woman recognises the unresolved grief and denial that she was struggling with. She also possesses the newer knowledge that only she can be responsible for herself, most specifically here, in terms of gaining sobriety and healing. An earlier understanding of the responsibilities of womanhood influenced this participant in her endeavours to "look after her man" in a socially sanctioned manner. On another level she desperately hoped that she would gain vicariously from the treatment process that she chose to enter in order to help her partner.

When I did go to treatment -- it was really strange too, the guy that I was living with, he was an alcoholic and I justified that it wasn't me that had the problem, so that's how I got myself to treatment. It didn't work of course.

This description frames the caring role that is scripted for women in a patriarchal society. It also reflects the understanding that in assuming a caregiver role in relation to a spouse, women may choose a stance that facilitates avoidance of personal responsibility for addictive behavior and recovery. This can occur through justification that a partner's needs and problems must take

priority over ones own. In reflecting on her experience this participant clearly recognised that until she was prepared to seek healing for herself, rather than as a caregiver for her partner, she could not fully open herself to the healing experience that she needed. This same woman goes on to talk about the experience of entering a treatment program for the second time (many Aboriginal women/people access treatment on multiple occasions prior to gaining sobriety) after being asked to leave a previous Native treatment program because of angry and aggressive outbursts.

Oh, why did I go back to a treatment centre? Because I needed help - - I recognised that I needed help and I didn't want to suffer through that pain...and that I remembered some of the Elders [in the first program] talking about that part of it [the pain of healing]. What helped me is that [the Elders said that] if you feel the pain and are responsible for a situation as quickly as possible then there's minimal pain. So if you hang onto it keeps coming back. So that sort of thing helped me.

This descriptive statement illuminates the experience of anguish and isolation that ended when this woman discovered an integral thread of hope in the words of Elders at a treatment centre. She was encouraged by Elders to move through a healing process, so that the associated pain would ultimately end. These elders were mentors in that they were survivors, and their words were rooted in the wisdom of experience. The encouragement and modelling of Elders and mentors are critical to many Aboriginal women/people who choose to undertake a healing journey, and to develop the commitment and strength to see it through.

The realisation of a search for healing as a central theme was a transformative moment for me with respect to my analysis of the data. At that point my analysis changed from a focus on addiction to women seeking healing. With this shift the data immediately began to reflect the holistic view of healing that participants had in relation to accessing a Native treatment program.

The other understanding that I gained in relation to a central theme of a search for healing was an understanding that some participants clearly considered treatment as a viable path

that would give them access to medicine people and traditional healing rituals within a contemporary setting. It became apparent to me that this expectation is perhaps unique to Aboriginal people, in that many Aboriginal people view treatment centres as healing lodges. It is here that cultural teachers, healers and ceremonies are known to be available, along with a majority of Aboriginal staff and a full component of other Native participants. The following description illustrates the cultural expectations that Aboriginal women may have of treatment centres, and the meaning that is attributed to such experiences.

I started going back to practising some of my cultural ways --and I knew at a Native treatment centre all those aspects would be there. It may not be from my tribal group but at least there was something there that I could relate to --and there was at -----[a specific treatment centre]. They had sweats once a week, they had pipe ceremonies twice a week, they had elders in residence, that we could turn to --and once a week they had a feast where they brought elders from neighbouring bands to the treatment centre.

Participants talked about the access that Aboriginal people have to gaining cultural identity and expression through a Native treatment program that brings participants and culturally relevant healing methods together. One woman emphasises this as follows:

I think it's very important that Aboriginal people go to an Aboriginal treatment centre to have the interconnectedness with their culture --to get back their cultural identity --to be proud and respectful people again. And we need to be able to come forth and bring that out, so that our people will be able to work towards that solution of getting well--that wellness.

This statement illustrates how strongly this participant related to the cultural aspects of her experience in a Native residential treatment program as healing and how she sees great value in this experience for other Aboriginal people as well.

### Acceptance and Belonging

Each of the themes that ultimately emerged from the data was impacted by and interwoven with the central theme of a *search for healing*. A sense of unconditional acceptance and belonging was experienced by participants through the process of treatment, and then beyond

through a journey to healing. It is important to recognise that, as with several participants, many other Aboriginal women/people have never experienced acceptance or a sense of belonging prior to the experience of treatment.

In the following description, one woman talks about reaching a point where, through the validation and support of staff and fellow participants, she begins to experience herself as a woman in a new and profound way, separate from her role as a wife and mother.

They made me feel very special, and I hadn't had that kind of treatment from anybody for a long, long time. They made me feel like I was a human being -- that I am a person with needs and wants that are important --and they helped me to find me, because I was so used to being somebody's mom or somebody's wife...a doormat so to speak. But they treated me with respect up there. They cared; they genuinely cared, and that's what I liked about them.

This description illustrates how one woman came to the realisation that she has a right to have desires and needs that are unique to her as a person, and that she has a right to be respected, rather than being taken for granted.

In reference to her experience with Alcoholic Anonymous meetings, another woman spoke of the warmth and unconditional acceptance that was extended to her through AA group members. In addition, through the group meetings and process this woman, like many other people, was able to recognise the common experiences, needs and feelings that she shared with other group members. The acceptance and awareness that was gained nurtured a sense of belonging and gratitude as described in the following words of one woman:

I started paying attention to what people were saying about themselves and how their stories were very similar to mine and I could identify, I could relate to their stories. -- And I think that what really helped me get to that point is those people accepted me, no matter what I said, no matter how much I put myself down . . . They were always welcoming me very warmly. They'd give me hugs and they'd really...they'd ask me how I was doing and to me it wasn't superficial, they were really concerned about me. -- So they just kept coming back and reassuring me that I was OK whereas in any other setting I never experienced that.

Other participants expressed similar experiences and insights that were gained through participation in a residential treatment process. Through the process of gaining a sense of belonging, each woman felt heard, accepted and valued as an individual and as an Aboriginal woman. This concept is illustrated in the words of two participants as follows:

Once I got here, and started to hear other peoples stories and tell them my story, I found out we are all the same. The same things happen to us all -- different circumstances, but you know, it was still the same.



They weren't any different from anybody else; they weren't any different from me. They weren't any different from other people that I knew, that were drinking. They had the same problems. Their feelings were the same. No matter how much younger they were than me, they were like me. It didn't matter what nation they were from . . . I wasn't a stranger there even though I was. I mean physically I was, but spiritually I wasn't. I felt like I was there before you know, but I guess that was just because of the similarities in the cultures . . . I knew it didn't matter where I came from, you know -- that they still cared.

These women were no longer outsiders, without knowledge of how to get into the group, but rather, each woman experienced herself as a full member of a valued group, often for the first time. One participant spoke about her deep fear of trusting and how she began to challenge this in her relationship with her counselor throughout the treatment process.

After I got used to her -- it was hard for me to tell her, you know -- everything -- you know -- really hard to trust a person that you don't know, until after you get used to talking with them.

This woman gradually allowed herself to begin to trust a staff member through the process of developing a relationship built on mutual respect and acceptance. Another participant spoke very powerfully about how she took the risk of trusting a counselor by sharing traumatic experiences that she had endured in her own life, as well as the abuse that she had inflicted on others. She carried tremendous fear and guilt in relation to her abusive behaviours, and had feared giving voice to them because she felt that she risked incarceration by admitting to her own abusive

behavior.

It was good in the sense that we talked about me being abused and me abusing a younger person -- being really cruel to them -- and I thought it was discipline and it wasn't. I thought I'd be put in jail for it. She told me that at the time it wasn't my fault -- what I went through. And I think that was my saving grace, was that I hung onto that, that it wasn't my fault. But I still needed to deal with being a responsible adult for the things that I had done, even though I didn't know it was wrong.

This woman experienced a tremendous sense of relief at sharing her story and at the supportive non-blaming response of the counselor. Through this experience she was able to move on to taking responsibility for her actions, without the burden of guilt that she had carried for so long.

### Reclamation – The Link to Ancestors:

Aboriginal people have always maintained strong ancestral ties that have historically been strengthened and reflected culturally through a range of creative and thoughtful human activities. For example, storytelling, song, dance, and the experience of ritual and ceremony have always included those who have gone before us, through the retelling of their stories and the validation of the human experience. Through this process all Aboriginal people were reminded in a profound way of our place in the universe, within our community, and our families. Through such reinforcing processes we came to understand from where and who we come, and therefore who we are and where we are going. On the circle of life there is no beginning and no end, and our ancestors remain on the wheel of life with us forever.

The freedom of the Aboriginal people of this country to take part in these activities and to recreate links to our ancestors was interrupted through a devastating process of colonization. Through this process the cultural expressions that reinforced the ties to our ancestors were damaged or severed, in some cases forever. Aboriginal people are reclaiming many aspects of culture, which in turn can reconnect us with our ancestors and spiritual ways. For some Nations

this was never lost, while in others some of these aspects may be lost forever.

All of the participants shared descriptions of a powerful reconnection to their ancestors. This spiritual reconnection was born through the medium of traditional ceremony and ritual, which gave participants a sense of groundedness, and offered a wellspring of strength to tap into. This was understood to be rooted in a very long line of ancestors. Women expressed feeling a connection to the spirit of ancestors who were bound to them through blood and a cultural heritage, and from whom they sensed a powerful gift of caring and guardianship. For those women who came from families that they described as dysfunctional, there was a new-found connection to ancestors who were perceived as healthy, loving and strong.

Women spoke of this connection in different ways but it was clear that they were expressing a transformation. This occurred through the process of reuniting with their ancestors in a timeless healing ritual connected to Aboriginal culture and philosophical underpinnings. Three of the participants express a powerful reconnection to ancestors through ceremony as follows:

I really felt like as if the spirits [of ancestors] were in there [the sweatlodge] listening to me praying, and that they appreciated what I did. I could feel that. I don't know how I could describe it to you -- it was just a feeling that I got that they were glad I was healing - that I was looking after myself



I seen them [ancestors] do it [the sweatlodge ceremony] a long time ago when I was small -- but then it came to me for how it is now going in the sweat.



I could see them [her ancestors]. It was just that all-empowering presence. They were there and listening to me -- and that -- they would be there with me. It's for me to remember that they are there.

These quotations reflect the powerful way in which these women were able to see, feel and experience their ancestors through the traditional healing ceremonies that they experienced in

treatment. Their words also reflect the transformation that they experienced through a process of reconnection with ancestors.

This powerful reconnection to ancestors is something that I also experienced through traditional ceremony. I folded this understanding into my heart through a profound experience in the sacred environment of the sweatlodge. I, too, like women participants in this study, was spiritually transformed through this process. This understanding gives me strength and comfort as it does to participants, in that I too am aware that I am never completely alone and that I carry the spirits and the gifts of my ancestors within me. Along with this knowledge I also carry the responsibility of knowing that I have a voice that can make itself heard in many ways, where many of my ancestors, particularly my grandmothers did not, and where many of relatives today, who have a darker skin colour than I, do not.

#### Reclamation – Cultural Esteem and Identity:

Women talked about the impact and experience of the traditional ceremonies and teachings that were experienced in a Native treatment centre setting. Sacred ceremonies were perceived by all participants as timeless. On one level they were experienced as innately familiar and integral, and yet entirely new to their experience on another level.

It's something that's *so old*. Something that has been there for many, many, many, many generations. To me it's something that I may have encountered maybe even in a previous life. I could have been part of that, and -- just the overwhelming feeling that I get in my heart, when I hear some of those songs -- not all songs, but certain ones. When I hear that drum...that drum is what draws me . . . It was just like I came home...I could be anywhere, but when I hear that drum it's like I'm home. It was always there. I'd be away from it for years, and then when I'd go back to it, I'd get that same feeling, in my heart. And it was like I wanted to burst wide open, you know...and many many times just hearing a song would make me cry, and I wouldn't even know what they were singing about.

Women described the familiarity of such experiences, and the profound ancestral and cultural

connections that grounded them on their healing journey.

My grandfather, I know he used to do that. Ah -- well, we were just too small but I know they used to do it. They used to have sweats a long time ago, but I learned more about it at (a specific native treatment centre). Only place I found out about it was at (a specific treatment centre) cause we never used to go to sweats. Until it just came back to us -- about sweats, everything. You know -- like culture and language. I seen them do it a long time ago when I was small, but then it came to me for how it is now goin in the sweat. I sure like them -- ya know, havin sweats. I'd sure like to have one here of my own, like for the family. My oldest son is gonna make one out here...of our own, over by the creek.

This woman remembers the traditional ceremonies that were a part of community and family life when she was a very young child, and were interrupted by the residential school experience and through legislation. The future is linked to the foundation of the past as this participant shares her plan to bring ancestral ceremony into her contemporary family life by constructing a family sweatlodge.

As one woman looks back in time she recognises that her healing journey was inevitable from the time of her first experience within the sweatlodge. In her words "It started back there in that sweat lodge. It was destined...it was all mapped out for me to get to there [treatment]". At that time the course of this woman's life was changed, and a new story aside from her problem-saturated life was made possible. Many Aboriginal women have internalized a view of themselves that is reflected in the dominant culture, through lenses that are coloured with institutionalised racism and oppression. Through the process of reclaiming cultural esteem and through a healing journey that renewed ancestral ties and reclaimed cultural ways and self, each participant also came to understand that her healing journey needed to include other Aboriginal people who would be her mentors and guides. The descriptions of two women illustrate this idea as follows:

The healing circle, the spirit spot, the sweatlodge -- learning about the medicine wheel, being able to use it as a problem solver, for looking at life and how it has evolved. And understanding about my culture. That's how I got here. There's no other way. The western philosophy wouldn't have done it for me. And it was that interconnectedness

with my people and with my culture and traditions that got me here today . . . I didn't realise until then that I had cultural self-hate -- and I told them "gee -- this answers a lot" . . . at [specific treatment centre] they teach us a lot of stuff that we -- that some of us don't know -- your own culture . . . It felt good to be a part of that culture -- to be in the sweatlodge -- to be in the spirit spot -- to talk to the creator and to know that there is a power greater than me, and to realise that with the teachings. The spirit is always there within reach and all we have to do is reach out and find it.



I think it's very important that Aboriginal people go to an Aboriginal treatment centre to have interconnectedness with their culture -- to get back their cultural identity. To be proud and respectful people again. Because, that's been taken from us, through no choice of our own, most times. The alcohol and drugs are but a symptom of what is really within us.

These words express an understanding that, for these women, a cultural healing that included traditional spiritual aspects was an integral piece of their healing journeys.

#### Reclamation – Cultural Expression:

Many Aboriginal people live off reserve for various and complex reasons. The lack of economic and educational opportunities are key factors as well as the need for increased and improved housing and health supports, for example. In addition a huge number of Aboriginal people were removed from their communities through the residential school experience, and later by the child welfare authorities. Many of these children never came home, and many others tried unsuccessfully to reintegrate after years in a completely different cultural environment. Specific issues arise for women, such as marrying and living off reserve, or marital splits that have forced women to leave their husband's home community and their homes with nothing. Women also flee violent relationships, or unhealthy partners and even communities in order to protect their children.

For these and related reasons Aboriginal women often miss the opportunity for cultural expression and experiences, such as that gained through ceremony and the interaction with

elders. The following description reveals one woman's yearning to practice her own cultural ways, although she has a great willingness to learn and accept other cultural experiences and teachings that reflect the worldview of Aboriginal people and tradition. This woman, like many other Aboriginal people, is open to accepting teachings and cultural expression that is representative of Aboriginal cultures that are not her own. This *pan-Indian* view is perhaps most common with Aboriginal people who are removed from their own culture or territory, but tradition and cultural knowledge has arguably been lost to a greater or lesser degree in reserve communities as well. People hunger, as this woman does, for expression and experience that reflects an indigenous worldview and life experience.

Because I'm not able to embrace my own heritage, my own culture, I'm embracing whatever is available, with Aboriginal people. To me it doesn't matter...it doesn't matter if it's not from my own people, as long as it's First Nations. I will attend as many ceremonies as I can. I will go out of town for a ceremony if I know about it.

Another woman talked about the strength and the grounding that she gained from practising her culture through smudges and talking circles throughout the treatment experience.

We had a smudge everyday . . . just smelling it and inhaling it would ground me, and it would give me strength. It would help me to speak. And another thing was when they passed an eagle feather around, when it was our turn to speak...and when I held onto that feather I felt that no harm could come to me, that I could say anything without feeling shame. So it gave me strength.

Through the grounding experience of ceremony, this woman, like many other Aboriginal women/people was able to gain courage that allowed her to share her pain and experiences with others as she walked her healing journey.

### The Sweatlodge Ceremony

All of the participants experienced the sweatlodge ceremony during treatment, and for several of the women, it was their first opportunity to do so. They were all able to open themselves in a profound way to an experience that required mental, physical, spiritual and

emotional endurance as well as a high degree of trust. Women made the decision to invest themselves completely in this ceremony, in spite of many past abuses of their trust and in spite of initial fears of doing so. In reflecting back on this experience several women spoke about the impact of this ceremony on their spirits as well as their bodies, their minds, and ultimately their lives. The following descriptions are testaments to the strength of the human spirit and to the healing power of the sweatlodge ceremony.

It was kinda scary at first, you know, cause it's dark and that -- but after that when I started getting used of it I started to like it -- the cleansing of everything in you, and going in the water. Yeah, I like sweats -- they pray towards the creator and pray for god. And, uh, I think too [that] in the sweat they pray for the creator, but I kind of think it's the same anyway, god and the creator.



I believe the sweatlodge, being...very spiritual and a way of connecting with the creator. What better way -- when you come into the world naked, you know, and we go out of the world naked with absolutely nothing. When I'm in the sweat lodge my heart, my whole being is completely open because there's not gonna be a judgement there. And so, if I can put my trust in the creator I can put a little bit of trust into human beings -- but not all my trust. The first time I went in it was all-powerful. There was four pipe carriers in there. It was the most wonderful, strange experience. Yet I understood my language, yet I don't speak it and I don't understand it fully. But in that sweatlodge I could -- and my wolf came to me -- the eagle was with me you know -- and the bear, and it was just unreal. I just seen so many things and was a part of so many things...and I can still have that energy at any time. ... The teachings, the medicine wheel is the mainstay of who I am today and of being proud of being a grandmother, of being a woman.

Women talked about the importance of finding a cultural way to express and experience their spirits. For one participant a part of her need, as with many other Aboriginal people, was to have an alternative to the religious expression that was enforced through the residential school experience. She sought a cultural form of expression that would be meaningful to her spiritually and help her let go of the bitterness and pain that marked the spiritual abuse that she had suffered.

I think it helped me keep in touch with my spirit -- I think it helped me realize that if I couldn't reach out to anyone in the physical world that I knew there was someone else

that I could turn to and I just needed to find a medium to do that . . . Well I think what it did [sweatlodge ceremony during treatment] was it helped me to have something to believe in. When I was going to residential school I was ordered to pray -- I was ordered to kneel here, and "this is how you kneel". And "when you pray this is what you say" and "when you pray you say this so many times". Nobody ever explained to me why, nobody ever told me what was good about doing that. And so when I left residential school I was ten years old, and when I walked away from that school I told myself "I'm not ever walking into another church again unless I'm going to a wedding or a funeral". And I stuck to it. I never went to church again unless I wanted to. And saying all those prayers all those years. Being on my knees. I didn't get anything out of it. I didn't like doing it. I didn't see the purpose in doing it. But when I started back to the sweats, and began taking part in the smudges and the pipe ceremonies -- over and over again, no matter where I went -- those ceremonies were always practised with "you don't have to do this if you don't want to. We're not forcing you to be here and you pray to whomever you want to pray to", and "you say your prayers in your own way". And that really helped me. If I didn't go back to practising some of my cultural ways it would have taken me much longer to feel that connectedness, not to feel alone -- it would have taken me much longer. I say that because when I left residential school I was bitter...very angry about what those people had forced me to do. To take on a belief system that was foreign to me without explanation. So, I think that if I didn't go back to my cultural ways I would have stayed bitter longer.

Through traditional ceremony such as the sweatlodge ceremony and the winter-dances that are a part of her culture, this woman ultimately reclaimed that part of her spirit that had been so wounded through the experience of residential school. She had suffered the loss of her traditional spiritual practices as a young child and had felt only rage at a religious institution that assumed a place of incredible power and precedence in her life with no explanation. Through the reclamation of her traditional spiritual ways she found healing and was able to let go of the bitterness that she had carried from childhood.

#### Group Process:

As well as gaining a sense of belonging and acceptance from staff and fellow participants, the participants were aware of the value of the insight and awareness that they gained through interaction with other group members. In addition, another important component of the group process was the opportunity to give back to others through this mirroring process by extending

empathy and compassion. Over time, each woman developed a level of self-esteem and trust through the group process that was an integral part of the treatment program. Ultimately, they were able to open themselves to the objective insights and the constructive criticism of others. The participants were able to experience themselves in new ways and to validate their experiences through the reflection of themselves and their reality in the stories and feelings of others. One woman experiences a normalising effect when she listens to the relationship issues of other group members: "Listening to them, I wasn't the only one who had relationship problems with my partner". Another participant reflects on the learning that she gained by allowing herself to be vulnerable enough to open herself to the group process experience and come to a point where she could accept constructive criticism:

They pointed out to me how my attitude stunk and [later] how my attitude changed and how my expressions, my facial expression, not to mention my non-verbal [were linked to this] -- I couldn't see from their eyes so I had to accept partly that what they were saying was true.

One woman expresses the feelings of frustration and isolation that she experienced through some aspects of the group process involved in treatment. The following statement illustrates the expectation that she initially had of herself, even in treatment.

The way they were dealing with things, the way they helped themselves, you know. It seemed like I'm doing all this stuff too, and why don't I see any improvement, you know, but yet I could see it in other people.

This statement illustrates how this woman could objectively appreciate where other participants were making gains and moving forward in their healing journeys, but was frustrated with the interior view of her own experience. Ultimately the group experience assisted her as she chose to let go of some of the self-judgement that she carried. Through the mirroring effect of the group process experience this woman was able to see herself in others and to then find forgiveness and compassion for herself as she did for others.

### Mentors and Role Models

All participants clearly identified people who they considered to be mentors or supports related to their sobriety and healing. In all cases the person(s) identified was sober, and in the cases of three women the most significant mentor was a spouse. One woman considered her late grandmother to be her greatest mentor in that she had experienced unconditional love in this relationship, as well as kindness. She also recognised her grandmother as an important teacher and mentor in relation to her language, traditional stories and lifeways. She remarked:

Mostly my grandmother was a lotta support for me – like going back to a long time ago -- when I came out of [residential] school. She went to residential school, too -- I didn't know. A long time before I did. She went up to grade three and gee, she was more smarter than I was – for a real elder old lady . . . My grandmother -- she was my teacher . . . yeah, she'd tell us a lotta stories – we used to sit there and listen . . . I got so used to my Grandmother and she was so kind – she was really kind – she was a nice old lady.

This woman's grandmother had also survived residential school as well as an alcohol addiction, and went on to lead a life of sobriety and usefulness that inspired the participant in many ways.

### Mentors – Through Treatment

All of the participants recognised mentors in treatment centre staff or amongst other participants. The following two descriptions illustrate the impact of staff members who played an important role as healthy, capable Aboriginal women who were valued and respected by the women. One woman expresses her admiration for a female staff member that inspired her through her skilled no-nonsense approach to her work, and with the immense joy that she was able to take in life in spite of her past struggles with alcohol addiction

I really admired her, you know – she was so logical . . . she was raised by her grandma and she knew a lot and she carried that with her all through her drinking and whatever carrying on she did – all those years of alcohol abuse. And I don't know what happened with her, I don't know what made her go straight but – it was wonderful to see her still having that knowledge – not forgotten. It was her, it was her grandma, right there. It was just amazing to watch.

Another woman talks about the trust that she was able to develop in her relationship with her counselor during treatment. This was a remarkable act of courage in that this particular woman expressed a strong fear of trusting that she linked to her residential school experience.

It was mostly my counselor who helped me over there [in treatment] . . . like if I had problems or something I could pull her aside and then try and talk to her – what's bothering me. And she used to know all the time, about me, because I used to tell her everything that used to bother me

One participant, who is a sexual abuse survivor, acknowledged the mentorship role that a night attendant played in her healing. With his help she felt more able to face the fear that she was experiencing in relation to feeling unsafe at night with her door unlocked. He did this by acknowledging and bearing witness to her fears and tears, and ultimately helped assuage those fears with authentic compassion and a common-sense attitude.

Two women spoke about the growth of friendship and trust that developed with other women participants in treatment. Although the relationships ended with treatment for various reasons, the importance given to such encounters lives on. Women spoke powerfully about the importance of being with other Aboriginal people throughout the treatment process, and in ongoing healing. Even the initial decision to attend a Native treatment centre was linked to the need to be with other people who had experienced life from the standpoint of an Aboriginal woman. It was considered critical to be with people like oneself, with other Aboriginal people. It was not considered as important to be with women only in treatment. In fact this issue was not raised at all by the women, all of whom attended co-ed programs. When I asked about the impact of women only or co-ed treatment programs the women thought it somewhat inconsequential, although this view was modified when it came to the issues of sexual abuse and domestic violence, which were dealt with in women-only circles.

To varying degrees and through different expression, Aboriginal people experience a

common indigenous worldview (Crozier-Hogle et al., 1997; Mandell, 1998). Aspects of this worldview underpin a range of cultural expression and collective experience that promote a sense of community, kinship and family ties. These dimensions of Aboriginal experience are transferable amongst all Aboriginal people to a greater or lesser extent. The Aboriginal women who participated in this study, like other Aboriginal people, had some expectations in relation to the idea that they would encounter other Aboriginal people at a Native treatment centre. For example, a couple of the women went as far away from home as possible to attend treatment so they would be less likely to have friends or relatives in the same treatment program, as staff or participants. They expressed the idea of wanting to be free to concentrate on their own healing, without having to be concerned with the response or needs of people that they might know. However, these women also had expectations that they were more likely to be understood and accepted by other Aboriginal people, even outside of their own traditional territory. It was clear that all of the women felt an important sense of kinship with Aboriginal people. They were considered to be likely to have had some similar life experiences, as well as the possibility that there would be other participants who were members of the same Nation, or who had friends or family in common with them.

#### Mentors Beyond Treatment - Family

Partners who had done their own healing and who supported their wives in sobriety and healing were considered as inspiration to the women. Although having a long-time sober partner was not part of the participant criteria for my research, it now seems likely that this factor is a very important one in terms of impacting the success of three of the participants in their sobriety.

This concept is illustrated in the words of one woman:

My husband -- since I started healing he has been very supportive -- he's lost a lot of patience with me many, many times, but he hangs in there. And he really helps me. He's been my biggest inspiration, because for anybody to quit drinking -- he would have been

the last person on earth anybody would think would do it.

This description illustrates the respect and admiration that this woman feels for her husband, who has dealt with his own serious alcohol addiction successfully, and has encouraged her on her healing path. Another woman spoke about the ongoing support from specific *recovering* family members that was crucial to her earlier in her healing journey, and which is still available to her at any time. She recognises the value of these relationships and the commitment that her family has made in supporting her in her sobriety and wellness.

My brother used to come and talk to me and I have an adopted sister working at [a specific treatment centre]. I'll just phone her or go over there and talk to her -- so she's helped me lots and my brother . . . She knows lots about me too, because we grew up together with my grandmother and she knows -- or she even knows when I'm troubled or something too, she knows right away.

This same woman goes on to talk about another facet of the influence of her family in terms of her ongoing sobriety. They associate her with the new story that she has created through her healing journey, and she is determined to maintain the new life and the healthy relationships that she has built. This is reaffirmed regularly when she is in the company of other Aboriginal people, who struggle desperately with alcohol addiction, as she once did. Through such encounters she is reminded of the value of her new story as held up against the painful starkness of her former problem-saturated life.

I wouldn't want my children and grandchildren and my little guy to see me -- the way I was before, because now when I see those people that are drinking around town I just see myself -- from a long time ago -- cause I don't want to go back to that no more, no way.

In reference to her young adopted son and the blessing of having a second chance at motherhood she says "sure is something -- sure has changed my life a lot, that little guy -- since I had him". Because of her relationship with alcohol this Aboriginal woman, like many others, had previously lost her children permanently to the child welfare system. Fortunately she was able to

reconcile with her children as adults, when they came back to their home territory and extended family. She commented:

My oldest daughter, she said she didn't have any feelings towards me – no hard feelings. And I told her how I felt, and that you know, that they were gone from me for so many years and I told her "I was really scared towards you guys when you come back" and she said "oh mom, we just love you the way you are, and that "you're not to blame".

In these words this participant expresses the fear and vulnerability, as well as the thankfulness, that she experienced when she reconciled with one of her children, who met her shame and fear with forgiveness and love.

### Community Supports:

Another theme that emerged from the data was one composed of filaments that were associated with women's positive experiences with community supports and resources. Three of the participants accessed community supports early on in their healing journeys and all of the women continue to access them in a range of forms that include ceremony, traditional gatherings, a women's support group and AA meetings. One woman spoke about the range of community supports that she accesses, from attending weekly AA meetings and practising the AA 12-step program to regularly taking part in cultural ceremony and ritual.

I attend AA at least once a week, and then I practice. I realised that when I did go into ---- [a specific Native treatment centre] it wasn't a very good network [a realisation about her insufficient support network while in treatment] not strong enough and not enough people to support. If I called four people and they weren't there, there goes my support network.

Through treatment this woman came to realise that a strong support network was critical to her post-treatment sobriety. She made a conscious effort to create one that had enough people who were healthy and committed to supporting her in her sobriety. Another woman acknowledged the helping influence of AA early on in her healing journey.

I think it was the times that I went to AA meetings in town that helped me lots too. To tell you the truth now that I'm strong enough that I don't need to go to any AA meetings or anything now — that I'm really strong enough to stay away from drugs or alcohol. That's why I don't hardly go to anybody now — AA meetings and that. But the only thing that supports me is my sister working at \_\_\_\_\_ [a specific treatment centre] cause if I have problems I phone her or my brother, cause he hasn't drank for I don't know how many years too now.

This woman now feels relatively confident in her sobriety, and feels that she has all the support that she needs within her extended family.

The following quotation illustrates the influence and value of informal helpers, who in this instance, are long-time friends and community members as well as committed members of a women's support group.

I have a ladies' support group that I went to before treatment, and they're — we're still together. Not all of us, but there's still about three of us that get together quite a lot. We associate with each other a lot still. And I can really see the changes in them and how they've grown, and they can really see the change in me and how I've grown. They've been supportive and — because they've been with me right through the bad times — and they knew what I went through . . . There were many, many, many times when they were always there to boost me up — just to really be there for me, to hear me out, no matter how awful the story was, or how awful I made it sound.

This description frames the critical role that informal helpers can play in the lives of women/people with addiction problems. It reveals the immense value of the reciprocity of unconditional acceptance and support that this woman experiences through a well-established women's support group in her small community.

### On a Healing Path

Each participant in this study possesses an interior experience of healing from addiction and emotional pain. She is keenly aware of the critical influences in her sobriety and healing, and how these flow out to impact the lives of others. At the end of the conversations, when asked if they had anything further they would like to say, two of the women chose to share the following

messages of inspiration and healing:

So, as an Aboriginal woman today I'm proud of who I am, and knowing that I'm gifted. And to me the life experiences that I have is something that I can use today to help other people because other people have given it to me -- to give back. The teachings, the learning about what I can do for me, for my family, for the community -- without the ego. It's coming from the heart without expecting. When I did things before there was always a tag to it, because that's how I was taught. So listening to my elders today, listening to my dad and the teachings that he gave me even though there was some dysfunction there.



I'm more proud now to say that I am an Okanagan woman and these are the things that I know about myself and my people. This is who we are. This is how we live. I'm much more knowledgeable, I'm much more aware, and it's freeing.

These eloquent words are rooted in experience and wisdom. They were shared by warrior-women as a gift of hope to other Aboriginal woman on a path to healing. In a powerful way they exemplify the healing path that these and other Aboriginal women/people have chosen and reflect the immense strength and courage of those who walk this path.

## Chapter Five

### Conclusion

#### Summary

The purpose of this research was to conduct an exploratory, qualitative study on the experiences of Aboriginal women who had participated in a Native residential treatment program at least two years ago, and who had been sober since that time. This was undertaken by applying a descriptive phenomenological methodology and a feminist research perspective. I interviewed four Aboriginal women with the goal of exploring and gaining an essential understanding of their lived experiences.

At the outset of this research study I was gifted with the stories of four courageous Aboriginal women who chose to share through this research as a way of extending their stories of healing to and for other Aboriginal women. I was awed by the willingness of women to share their stories for the purposes of my research, since I was a virtual stranger to some of the participants. I consider that the depth of risk taking in sharing such life experiences and feelings was a gift. This gift was given so that it might flow out from each woman, through me, and on to other Aboriginal women who might identify with aspects of their experiences, and gain from their sharing. I also believe that the willingness to share at such a deep level is in some sense tied to the traditional Aboriginal value of sharing and to an oral tradition. Incredible strength frames the stories of the participants, and this strength reflects and epitomises the great strength and tenacity of the collective Aboriginal spirit.

After reading the methodology and data analysis chapters one participant stated that for

the first time she could appreciate the successes and gains that she had made, as she recognised the threads of her experience interwoven with the experiences of other Aboriginal women. She stated that her cultural values had not allowed her to take pride in her individual accomplishments. However, when she read the interwoven stories in the data analysis chapter she celebrated the gains and the healing that these women had made, and acknowledged her place among them. She took pride in the journey that the other women had made, and thus in her own journey and accomplishments.

In the data analysis stage the identification of a central theme was a turning point in my relationship to the data and to the analysis itself. Inclusion of the two participants who had been sober for several years prior to attending a Native residential treatment program helped me to come to this understanding. Without their stories my thematic analysis might have evolved somewhat differently. In fact, I may have missed the most crucial understanding that I did ultimately gain in relation to the overall data and relevant to the research question. This was the understanding that all of the participants had in fact accessed treatment in a search for healing primarily, and to gain sobriety as a secondary yet critical goal. The other themes and sub-themes that emerged from the data were tightly interwoven with this central idea of a search for healing, creating thematic understandings that I had not anticipated.

Seven significant themes emerged from the data. They are all firmly interwoven with the central theme of a search for healing and are all thematic elements that were identified as helping or healing factors related to women gaining and maintaining sobriety. I chose to do this research because I wanted to learn more, rather than because I am an expert in the area of addictions or the issue of alcohol addiction relative to Aboriginal women. I had a need for further information and understanding as a practitioner and took the opportunity to gain this through the course of

my research. I acknowledge that some of my important understandings may seem somewhat naïve to those who have expertise in this area, whether through personal experience with an alcohol addiction or through professional study and practice. However, as was my intention, I gained significant understandings in relation to addiction through the process of completing this study and I am indebted to the four women who made this possible.

### Personal Response to the Data

It was exciting to see the themes arise, particularly after the central theme of *a search for healing* emerged from the data. I chose to weave the threads of experience from the different participants together without considering this until the analysis was complete. At that point I realised that although I could have identified particular women so that readers could follow specific stories related to specific women I had not done this for several reasons. I wove the common or related threads of life-experience together as I presented them. This was done as a way of creating a strong overall pattern of interconnectedness, rather than highlighting any one story or woman. I also realised that I wanted to protect the women in terms of any judgement or bias on the part of readers. Ultimately I didn't want the stories, experiences or words of some of the women to be considered more worthy or valuable than those of other women.

When I undertook this research I set out to explore what women considered as helpful or healing throughout the process of attending a native residential treatment program and since that time. I did so because as a practitioner I wanted to know how to assist clients as they struggled to gain and maintain sobriety. As a counselor I had met many more people who appeared to be unsuccessful in their attempts to gain sobriety, and wondered at the qualities or experiences of those who were. In doing this research I am reminded that as well as the qualities of each individual, success would appear to be very linked to a number of critical factors. Ultimately I

learned that there is perhaps no magic quality that one human being is gifted with that ensures success in this regard. Rather, it may be possible that the Aboriginal women/people that I have met that did succeed in their goal of gaining sobriety and healing did so as a result of the presence of supportive factors that I may have assumed were absent at times. Nothing happens in a vacuum. All of the women in this study ultimately succeeded in gaining and maintaining sobriety, but this research verifies that none of them did it alone. This is a positive understanding in that it reinforces the notion that support is truly critical and that it does make the difference. On the other hand, this insight could be construed as troubling in that in retrospect I realise that I was perhaps hoping to find the key with which to help Aboriginal women/people who truly are alone, often in a potentially dangerous urban environment. This realisation is somewhat disheartening. However, I can now ground myself in the knowledge those women who have support are more likely to succeed in gaining and maintaining sobriety, while those who do not can be assisted as they create support systems and find healing. The stories of participants may serve to remind practitioners and educators that we have much to learn from the experiences of our clients.

### Personal Impact of the Research

So much richness to the data, so much texture and colour and resilience that at times I struggled as it twisted and turned in the light of discovery. The *dance* that I did with the research data changed tempo and form many times, as my relationship with the data changed and matured. A number of the thematic strands that I identified earlier in the analysis were set aside as I found stronger strands that begged to be entwined in new ways with the data. I have experienced a layering of meaning in the data, and can only hope to transmit some of this to readers.

The process of doing this research has been a transformative one to me. I set out to learn in an area where I knew I needed to learn and where the methodology was the guide to a process that took me to levels of reflection and pondering that I could not have foreseen. The depth of the experience has been spiritual on some level, but I think that when one is concerned with the lives of human beings one must always include the spiritual aspect of self and others.

### Implications for Social Work Practice

This research study has clear implications for me as an educator and as a social work practitioner, particularly in light of the contemporary self-determination efforts of Aboriginal people and communities. It is my hope that it may also prove useful to other practitioners, researchers and educators, as well as to students in the social work and human service professions.

The experience of hearing women's stories and doing this research has enriched and broadened my understanding of theory and practice as well as the praxis that occurs relevant to these two concepts. I have learned a great deal about addiction theories and the lived reality of addiction and recovery through the process of doing a literature review and the overall process of doing research. I can share this in meaningful ways as I continue in my professional work. Women shared stories about what was helpful or healing to them in relation to healing and sobriety. This invaluable information can be brought into my work in numerous ways as an educator and as a practitioner. For example I can bring the stories and insights of these Aboriginal women, individually and collectively, to students, colleagues and to clients as a way of offering alternatives and insights and as a way of validating what works for some Aboriginal women. I will integrate what I have learned into the fabric of who I am and how I work as an educator and as a practitioner. Some of what I've learned challenges mainstream theories while

illuminating and validating traditional Aboriginal theory, and this I can consider and share with others.

As Aboriginal communities assume control over social and health programs my research has the potential to be useful in terms of beginning to meet a gap in the research literature. It may be a useful tool for stimulating much needed discourse or research on this important topic. More specifically, the results of this study may prove to be relevant to the needs of Aboriginal communities and services in the development and evaluation of programs and services relevant to Aboriginal women/people.

#### Significance and Relevance for Future Research

This research study is ultimately non-conclusive and is only one possible description of women's experience. I have identified helping and healing factors that participants identified as related to the research question. As well as identifying such factors this study may have the capacity to reinforce the helping and healing factors that were thematically analysed and discussed. In some small way it may also have the capacity to impact and influence the development of new strategies in relation to treatment for Aboriginal women/people. It is my hope that this potential would not be limited to Aboriginal women/people.

There is a clearly discernible gap in the literature in relation to Aboriginal women and alcohol related problems and addiction. Virtually nothing exists in the literature in relation to Aboriginal women, alcohol addiction, and culturally based treatment modalities and programs. My research has the capacity to begin to address this gap from the critical perspective of another woman of Aboriginal ancestry, as well as from a social work perspective. Meaningful alcohol and substance abuse treatment modalities and programs for Aboriginal people are desperately needed,

and the success or failures of any such programs, from the perspective of Aboriginal people themselves, must be examined closely.

Ultimately, research that is done in this area may have the capacity to positively impact existing programs as well as programs and policies that are developed in the future. Most importantly to me, my research and the stories of women participants will undoubtedly positively impact and enrich the work that I do as a social worker, an educator, and as a community member. I also understand that the essential lived experience of any human being, including myself, will in some sense remain elusive

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## **Appendices**

## Appendix A

### **Agreement of Participation Form**

I am requesting that you participate in a research study that I will be working on over the next several months. The purpose of this research is to gain a better understanding of the experiences, relationships and resources that you encountered throughout treatment and since that time, and that you think may have had or continue to have an impact on your sobriety. This study will be conducted by me talking with individual women of First Nation's ancestry, who have participated in a residential treatment program at least two years ago and been clean and sober since that time.

This research forms a component of my Master's of Social Work degree at the University of Northern British Columbia. If you decide to participate in this study I will arrange interview times and places for your convenience. Your participation will involve one conversational interview of about two or three hours, and one or two telephone calls or meetings afterward. At no time will you be required to answer any specific questions that you do not wish to address, and we can stop the interview process at any time that you wish. The interviews will be tape recorded so that I can transcribe them later into written form. The tapes made during our conversation will be summarised and coded to ensure there is no identifying information within the summary. I will discuss a summary of our discussion with you verbally, as well as give a copy of it to you in written form if you wish. This follow up will allow an opportunity for you to add comments or clarification.

Your participation in this research project is completely voluntary. All audio-tapes of our conversation will be locked up in a secure place in order to maintain your confidentiality. Your name or home community will not be used and you will not be identified by any means in any publications that result from the research. With your permission I may use taped interviews for further related research over the next five years; after which the tapes will be destroyed. Your anonymity will be maintained in the final research findings and you will receive a summary of the research if you wish.

If you agree to participate in this study, you may still withdraw at any time.

Do you have any questions?

If you have any questions later, please feel free to contact me by calling collect.

Brenda Bannerman  
Box 2549  
Merritt, BC V1K 1B8

Phone: 250 378-2097

Please read the following paragraph, and, if you agree to participate please sign below.

I understand that any information about me obtained from this research will be kept strictly confidential. I do understand that my research records may be subpoenaed by court order or may be inspected by federal regulatory authorities.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Researcher \_\_\_\_\_ Date \_\_\_\_\_

This research is being conducted by Brenda Bannerman

## Appendix B

### SAMPLE INTERVIEW GUIDE

- Discuss the purpose of this research and how it will be carried out
- Discuss and sign the consent form
- Reach an understanding on how we will proceed with the conversational interview
- Discuss any concerns/questions/conditions

### SAMPLE QUESTIONS

Please tell me about your experience of attending a Native residential treatment program ?

Probes: Was it a co-ed program or was it for women or families?

What aspects of that experience were useful? Why? How?

What aspects of that experience were meaningful? Why? How?

What aspects were healing? Why? How?

Who was helpful or important to you throughout the experience of attending treatment?

Who or what could have been more helpful during treatment? How?

Who or what could have been more helpful since treatment? How?

Did you take part in any traditional healing ceremonies or rituals?

Probe: Tell me about these experiences.

What did they mean to you then?

What do they mean to you now?

How has your self esteem changed since you attended treatment and attained sobriety? How is this experienced? What would others say?

Who or what has been helpful since treatment in terms of supporting you in your continued sobriety? How do you experience this?

Did your participation in a Native treatment program alter the way you feel about yourself as a woman of First Nation's ancestry? How? Why?

Have you been through a residential treatment program on more than one occasion?

Probe: Did you ever attend a non-native program?

What was the difference for you in attending a Native program versus a non-native one?

What did you learn from the experience of participating in a treatment program with other Aboriginal people? How would this differ from attending a non-native program?

Is there anything you would like to add?