

**An Analysis of the Perceived Effects of Indigenous Spirituality on Substance Use Recovery  
in Northwestern Ontario**

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### **Abstract**

The purpose of this study was to understand the perceived effects of Indigenous spirituality on healing from substance use in Northwestern Ontario. This study was based on the work of Dilico Anishinabek Family Care, a Thunder Bay organization actively involved in addiction treatment using Anishnawbe culture and spirituality. Semi-structured interviews were conducted with nine Indigenous participants to understand the perceived benefits of spirituality in addictions recovery. These participants were either currently using substances, or had a history of substance use but were in recovery and had taken part in treatment at Dilico. Recruitment utilized advertisements and a snowball sampling method. Traditional spirituality was perceived to be important in healing from substance use. This importance was predominantly relational, as participants described building connections to the self, to the Creator, and others. Additionally, participants identified the COVID-19 pandemic and housing instability as significant barriers to practicing their spirituality and thus, carrying out their recovery plans. Participants also described that living off-reserve limited their ability to access certain ceremonies, medicines, or practices. These findings have implications for considering tailored treatment for Indigenous adults seeking treatment for substance use difficulties.

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## **An Analysis of the Perceived Effects of Traditional Indigenous Spirituality on Substance Use Recovery in Northwestern Ontario**

First Nations, Inuit and Métis<sup>1</sup> face significant challenges with trauma and colonization in Canada which has led to higher rates of substance use and addiction (Maina et al, 2020). This trauma is individual, collective, intergenerational, and poses health risks such as higher rates of substance-use related hospitalizations and overdoses (Maina et al, 2020; Russel et al, 2016). With these implications of increased substance use in mind, this study examines the perceived effects of using traditional Anishnawbe spirituality to heal from substance use in Northwestern Ontario.

*Indigenous spirituality* refers to the spiritual beliefs and practices that Indigenous people identify as being traditional or customary. Indigenous spirituality is a more complex term than spirituality alone and can refer to a way of life, culture, and its general “all-pervasiveness” (Ontario Human Rights Commission, 2015). While this thesis references this topic more broadly, it is important to emphasize that Indigenous spirituality is not homogeneous across all nations, communities, bands, and peoples. In this study, spirituality discussed amongst participants is Anishnawbe spirituality as practiced in services delivered through Dilico Anishinabek Family Care, the agency where this study took place.

To situate my topic, the thesis will open with a self-reflection of my own social location and providing context through a summary of the literature review, including the history of substance use among Indigenous communities. I will then present the analysis of the qualitative interviews conducted for this study. Finally, this thesis will conclude with a discussion of the findings, as well as limitations.

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<sup>1</sup> First Nations, Inuit and Métis refer to the unique rights, interests, and circumstances of distinct Indigenous groups (Government of Canada, n.d.). The term *Indigenous* is a collective name for the original people of North America and their descendants (Government of Canada, n.d.).

### *Social Location*

Social location refers to the complex intersections of our identity and experiences and contributes to the way we understand and participate in the world; social location explains where we are located and how we interact in society with factors such as gender, age, race, income, and ability in mind (McKinney & Heyl, 2009). Reflecting on this definition, I acknowledge I am a white woman raised in a predominantly Catholic and traditionally Western-based educational system. Because of my social location, my firsthand experience is limited with regard to the history and marginalization that have undeniably contributed to the high cases of substance use among Indigenous communities (Brave Heart, 1998; Duran, 1990; Watt-Cloutier, 2015). This section will look at the ways I have moderated these biases.

As I have embarked on an educational career that favours scientific research, doing research in different cultural contexts required continuous examination of bias and feedback. My background provides biases in how I understand the history of Indigenous people in Canada, and how that has contributed to high rates of substance use. However, I have taken careful consideration to avoid the conflict of over-researching through consent with Dilico Anishinabek Family Care's Post-Treatment Centre, which allowed me to conduct research to hopefully benefit this organization. Indigenous communities have historically been over-researched, or "researched to death" and often through questionable means (Goodman et al, 2019, p.6; Tuhiwai Smith, 1999). Because of this over-researching, Indigenous communities have demanded a "nothing about us without us" approach in research (Goodman et al, 2019, p. 13). Considering this sentiment, along with my own personal biases, it was important that this research was partnered with Dilico, an Indigenous organization in Thunder Bay.

Additionally, this research interest is an extension of my educational and professional work. At the time of this study, I was employed at Dilico Anishinabek Family Care's Adult Residential Treatment Centre (ARTC), where Indigenous spirituality is integrated into treatment for substance use. Prior to that, I completed my six-month student placement with Nishnawbe Aski Nation (NAN), which is a political organization committed to advocating for Northwestern Ontario First Nations communities. My frontline work with clients at Dilico and political analysis and research with NAN served as inspiration and guidance for this research. Currently, I work with individuals using substances in a counselling position, and oftentimes am working with Indigenous clients in a therapeutic alliance. Through these experiences and collaborating with Dilico, some of my biases were moderated in order to conduct research that is meaningful and ethical.

Because of the historical implications of research and how it has continued to colonize many Indigenous peoples (Tuhiwai Smith, 2008), my research was also guided by Kirkness and Barnhardt's (2016) Four R's framework of respect, relevance, reciprocity, and responsibility. These Four R's challenge the colonizing aspects of research by supplying a means of engaging Indigenous communities in research to enhance knowledge of First Nations communities (Kirkness & Barnhardt, 2016). This ensures Indigenous participants are not passive members of research, but establishes greater equilibrium through respect, relevance, reciprocity, and responsibility of the research being conducted. The 4 R's framework meant respecting other types of knowledge than my own, and not assuming I was an expert when conducting interviews. I was careful to ensure this research was relevant and responsive to the needs of the community by partnering with Dilico. Being reciprocal meant partnering with the participants and Dilico in a working alliance, removing power imbalances through incorporating specific methodologies.

Lastly, this research had to be responsible, which Kirkness and Barnhardt (2016) acknowledge as making academic information accessible thus, I provided summaries for all participants as well as Dilico. Furthermore, working at Dilico has taught me to use this framework of reciprocal relationships in my professional and academic settings. By continuing to use this framework, my research can contribute to strengthening relationships as outlined in The Truth and Reconciliation Commission: “reconciliation is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country” (The Truth and Reconciliation Commission of Canada, 2015, p. 6).

In addition to these considerations of ethical research, I am cognizant of OCAP® standards, which stands for Ownership, Control, Access and Possession of research, and is a critical and ethical standard for doing research with Indigenous communities. OCAP® ensures research is left with the community or organization and is an important principle in doing ethical research. I have sought formal cooperation from Dilico and have partnered to leave the findings with them as they feel it will be beneficial in reviewing their Addictions Treatment Program. Under OCAP® principles, the organization will own the information collected and decide what is to be done with the findings. As I conducted researching with Indigenous community members, incorporating aspects of OCAP® helped ensure the research is beneficial to the community I am partnered with in the research process. Leaving the research with Dilico, furthermore, helps to satisfy both the four standards of OCAP® mentioned above (First Nations Information Governance Centre, 2019) as well as the Assembly of First Nation’s Ethical Guidelines on Research and Traditional Knowledge (n.d.).

### **Literature Review**

Grounded in my aim to work with Dilico on this research topic, I approached the literature review with the following question in mind: what are the perceived effects of using traditional spirituality as substance use treatment for Indigenous clients in Northwestern Ontario? The purpose of this literature review was to analyze the effects that spirituality has had for Indigenous clients as they experience addictions. More specifically, I sought to explore the relationship between Indigenous spirituality and healing from substance use. As this study is based in Northwestern Ontario, and because studies published on this topic in Northwestern Ontario were scarce, I decided to open the literature review to North America.

Common themes discussed in the literature are: (1) the history of trauma and substance use among Indigenous communities; (2) the benefits of using culture-as-intervention; (3) effects of Indigenous spirituality outside of sobriety; (4) the importance of culturally tailored programming; (5) the integration of Indigenous and Western healing practices, and lastly; (6) the need for further research.

### **History of Trauma and Substance Use**

Scholars agree that to understand the high rates of substance use, it is imperative to understand the history of colonialism as a driving force (Nutton & Fast, 2015; Ross et al, 2015; Tuhiwai Smith, 1999). The Lakota and Dakota/Nakota reservations traditionally took part in no mind-altering substances however, alcohol was introduced and now these groups “suffer psychosocial problems such as extremely high levels of substance use, violence, and suicidal behaviour” (Brave Heart, 2003, p.8). Another example of this is seen with Inuit culture which Sheila Watt-Cloutier suggests never took part in any mind-altering substances before contact with Europeans (Watt-Cloutier, 2015). Now alcohol is used a way of “releasing feelings in a destructive way” (Watt-Cloutier, 2015, p. 74). For some Indigenous communities, substances

were introduced as a way of coping with the many losses experienced by Indigenous people through colonization. Furthermore, researchers concluded intergenerational trauma becomes institutionalized within individuals, affecting not only the lifespan of the individual, but the lifespan of generations to follow (i.e. Brave Heart, 1998; Gagne, 1998; Nutton & Fast, 2015).

A number of studies compare attendance at Residential Schools with use of substances (i.e. Corrado & Cohen, 2003; Fast & Collin-Vézina, 2010; Ross et al, 2015). Corrado and Cohen (2003) found that 78% of participants took part in substance use after their experience at Residential Schools. In this study 82% of those participants reported that their substance use disorder began after attending Residential Schools (Corrado and Cohen, 2003). Consistent with these findings, another study found that 88% of Residential School attendees self-reported substance use dependency due to their experience in the schools (Ross et al, 2015).

Throughout the literature, the experience of Residential Schools was often referred to as historic trauma transmission. Historic trauma transmission refers to a cluster of traumatic events that breaks down social functioning at individual, family, and community levels, cycling through generations (Evans-Campbell, 2008; Wesley-Esquimaux & Smolewski, 2004). The historical oppression from Residential Schools contributes to Indigenous peoples suffering from the effects of trauma, violence, and addictions today (Marsh et al, 2015; Morency & Kistabish, 2001; St-Arnaud & Beringer, 2005). Corrado and Cohen (2003) found that survivors of Residential Schools (and subsequent generations) also struggle with family and personal relationships, finding and maintaining employment, and histories of criminal offences (Corrado & Cohen, 2003). Many survivors of Residential Schools were left powerless to manage the trauma they experienced. Accordingly, substance use also negatively impacted survivors' ability to be

emotionally available, supportive parents, and the cycle continues today (Brave Heart, 2003; Nutton & Fast, 2015).

One conceptualization of this trauma offered by Indigenous scholars is that Indigenous communities might suffer from “soul wounds” (Duran, 1990; Brave Heart, 1998) because of the Residential Schools. Following from this, some authors suggest that the most effective way to heal from a soul wound is to reconnect with Indigenous culture and traditional ways of healing (Marsh et al, 2015). Fleming and Ledogar (2008) as well as Marsh (2015) suggest that using traditional Indigenous spirituality is an appropriate resource when treating substance use among Indigenous populations as it addresses historical trauma and unresolved historical grief. The study by Fleming and Ledogar (2008) specifically reports that increased practice of Indigenous spirituality resulted in increased self-esteem and decreased substance use. Indeed, Indigenous people have been using their spirituality as a way of healing for centuries, even prior to Residential Schools (Marsh et al, 2015; Morgan, 2009). Researchers agree that decolonizing is an important part of substance use treatment as colonization is a primary contributing factor to substance use among Indigenous populations (i.e. Marsh et al, 2015; Nutton & Fast, 2015). Decolonizing<sup>2</sup> can take many forms, but the common theme that emerged from the literature review was a reconnection to traditional healing, such as relearning language, self-governance, and reconnecting with cultural and spiritual practices (Marsh et al, 2015; Nutton & Fast, 2015).

### **Effects of Spirituality in Substance Use Treatment**

Using this theme, I will now discuss the connection researchers have identified between traditional spirituality and healing from substance use (Hazel & Mohatt, 2001; Kelley et al, 2018; Kulis & Tsethlikai, 2016), and will look at the specific outcomes of Indigenous spiritual and

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<sup>2</sup> *Decolonizing* acknowledges colonialism and the oppressive policies that continue to impact Indigenous communities and places self-determination at the centre of research and other activities (Nutton & Fast, 2015).

cultural interventions in addictions treatment. Because researchers define cultural identity as an element of spirituality, or that spirituality is “all-encompassing” (Baskin, 2016; Dell & Hopkins, 2011; Fleming & Ledogar, 2008), this section includes both culture and spiritual interventions interchangeably. Many authors reason the role of healing from substance use lies in reclaiming Indigenous identity, culture, and spirituality (Marsh et al,2015; Nutton & Fast, 2015; Smith, 2012). Reclaiming identity means recovering traditional beliefs and culture. Culture has been used effectively in a variety of treatment programs by restoring balance in health and wellbeing for Indigenous people by providing equilibrium between one’s mental, emotional, spiritual, and physical states (Dell & Hopkins, 2011). This wellbeing is found by providing access to Indigenous customs, teachings, and spiritual activities (Fiedeldej-Van Dijk at al, 2017; Fleming & Ledogar, 2008; Marsh et al, 2015).

Hazel and Mohatt (2001) used focus groups and surveys to analyze the outcomes of spiritual and culturally based treatment. They reported that 44% of their respondents found Indigenous-based spirituality to be an effective means of healing from addiction. Hazel and Mohatt’s (2001) study as well as Kelley et al (2018) also showed Indigenous spirituality to be a protective factor as it strengthens community bonds. Social support and community have been found to be negatively correlated with substance use (Kelley, Fatupaito & Witzel, 2018; Kulis & Tsethlikai, 2016). Moghaddam and Momper (2011) also note that inclusion of spirituality in treatment showed higher sobriety rates at 6-month follow-up for Indigenous clients.

Alternatively, Kulis and Tsethlikai (2016) suggest that spirituality alone was not significant enough to be a protective factor for substance use, but had to be combined with community and American Indian culture. This connects to Kelly et al’s (2018) findings that spirituality is a significant factor in healing when tied to a sense of community. In another study where treatment

was offered in First Nations communities in Northwestern Ontario, retention rates were 84% after a six-month follow-up (Mamakwa et al, 2017). This is significantly higher compared to the retention rates for culturally Western centres, which lie around 50% for two-year follow-ups (Mamakwa et al, 2017).

One research study showed that engaging youth in cultural activities also acted as a preventative measure as they were less likely to use substances compared to the control group not involved in cultural activities (Marsh et al, 2015). Dell and Hopkins (2011) have comparable results in their study. Dell and Hopkins (2011) researched youth at a traditional healing centre and found that after 180 days of graduating this program, youth had a 74% abstinence rate. These results are paralleled with 84% retention rates of adults in Mamakwa's (2017) study. Fleming and Ledogar (2008), in their literature review on Indigenous spiritual resiliency report that traditional spirituality and culture has been used as a resource against substance use, suicide and other pathological behaviours, and may be used as a preventative measure against these afflictions.

Alternatively, Moghaddam and Momper's (2011) study also show how spirituality can be a method of exclusion and social isolation. They report that many clients attending the treatment centre under study were not aware of their tribal origins. Taking part in treatment in which cultural and spiritual practices are mandatory furthers these feelings of isolation (Moghaddam & Momper, 2011). This theory of social exclusion was not discussed or explored in other articles used in the literature review, but is nonetheless worthy of consideration.

### **Additional Benefits of Spirituality in Substance Use Treatment**

I will now discuss the benefits of using traditional healing that appear to extend beyond the positive effects it has on addictions. Spirituality has shown many benefits for Indigenous

populations in terms of reducing or abstaining from substances however, there is evidence of other benefits such as increased school attendance (Dell & Hopkins, 2011), decreased rates of suicide (Mamakwa et al, 2017), and stronger community participation (Kelley et al, 2018).

Dell and Hopkins (2011), in their study of Indigenous youth using substances found that 84% of youth were attending school six months after treatment, and 81% were not involved in any legal issues. These results are seen in another study based in Northwestern Ontario, which found suicide rates of those in cultural treatment programs were lower than those who had participated in non-cultural treatment programs for substance use (Mamakwa et al, 2017). Mamakwa et al's (2017) study also recorded reduced cases of child protection by 58% for families, fewer rates of suicide and crime, and higher rates of school attendance.

Connection to community was observed as a benefit of using culture as intervention. Connection with the self and community is an important aspect of culture and spirituality and is strengthened using culture as intervention (Fleming & Ledogar, 2008; Kelley et al, 2018; Mamakwa et al, 2017). This was a particularly interesting finding as researchers found that community strengthened sobriety (Hazel & Mohatt, 2001; Kelley et al, 2018), yet sobriety also appears to strengthen community. In one study, community participation had increased 365% with a culturally tailored program (Kelley et al, 2018). These studies point out the vital connection that community and spirituality play together.

### **Importance of Culturally Tailored Programming**

Another theme that came out of the literature review was the need for culturally tailored programming. Culturally tailored programming refers to treatment which recognizes the unique characteristics of Indigenous communities (DeVerteuil & Wilson, 2010; Dickerson et al, 2016). In other words, it's important to recognize the highly individualized cultural and spiritual

practices of Indigenous communities, which no one standardized recovery treatment would fit. Researchers call for treatment modules that are individualized to specific demographics of Indigenous populations (DeVerteuil & Wilson, 2010; Dickerson et al, 2016).

Dorman et al (2018) suggest that there are distinct cultural considerations to be made when implementing urban-based treatment centre models in remote communities, which makes community members suspicious (Dorman et al, 2018). These suspicious are largely due to physicians being implicated in the rise of opioid use, a lack of partnership with service providers, as well as feelings of stigma from participants (Dorman et al, 2018). In addition, the authors make a specific reference to the geographical barriers that Northwestern Ontario First Nations face in accessing treatment. Opioid use is disproportionately high in Northern Ontario, and shortages of resources exist which prevent uniform access to treatment (Dorman et al, 2018; Mamakwa et al, 2017). These barriers are largely due to the nature of remote communities, which rely on seasonal roads, and have no locally available treatment management (Dorman et al, 2018).

### **Integration of Indigenous and Western Healing**

There were some conflicts in the literature review when discussing the effectiveness of using traditional spirituality as a healing method. While many researchers agree that traditional spirituality is an effective means of treating substance use among other affiliations such as suicide or pathological behaviours (Hazel & Mohatt, 2001; Kelley et al, 2018; Moghaddam & Momper, 2011), there was disagreement in how this treatment should be delivered. Many of the articles supported a blend of traditional Indigenous spirituality with Western-based approaches in treating substance use as they complement each other to increase success (Dickerson et al, 2016; Marsh et al, 2015; Rowan et al, 2014, Stewart et al, 2017). However, other researchers believed

Indigenous healing should be separate from Western healing as the latter tends to employ a medical style of treatment (DeVerteuil & Wilson, 2010).

DeVerteuil and Wilson (2010), for example, hold the position that Western and Indigenous healing are not the same and should not be treated as such, especially considering the impact of colonialization. They believe the different types of healing are too distinct to be combined. These authors are also careful to note that not all Indigenous people may find benefit in traditional healing methods, nor embrace traditional cultural practices (DeVerteuil & Wilson, 2010). The authors mention Indigenous clients in urban settings were not having their needs met with Western methods and were encouraged to “look elsewhere” when seeking supports from non-Indigenous services, belittling Aboriginal approaches to healing and failing to provide appropriate treatment for Indigenous service seekers (DeVerteuil & Wilson, 2010). Considering the legacy of colonialism, non-Aboriginal treatment centres may struggle to provide culturally appropriate treatment with the complex causes of health issues (i.e. colonialism) that Indigenous people experience (DeVerteuil & Wilson, 2010).

Another study reiterated the issue that standardizing treatment potentially trivializes culture (Novins et al, 2012). This, researchers say, reduces flexibility with clinicians in using skills they have worked for years to develop. Furthermore, this study reported the need for more Indigenous-based treatment centres designed specifically for Indigenous patients with substance use problems (Novins et al, 2012).

Hodge, Limb and Cross (2009) reported the colonizing effects Western therapy has on Indigenous clients. These researchers suggest that Indigenous views of wellness are typically not entertained as legitimate in Western therapeutic modalities, and consequently, many Indigenous clients view therapy as oppressive (Hodge et al, 2009). This study also reports adopting

culturally foreign views in the therapy process is in essence an agent of colonization as Indigenous clients are coerced into adopting Western norms (Hodge et al, 2009).

Alternatively, there were also many agreeable points regarding blending Indigenous and culturally Western based treatment measures. This was the most common theme regarding the success of using traditional spirituality for substance use treatment. Many of the articles articulated successful integration of Indigenous healing practices and Western based methods of treatment. Retention rates are comparatively higher using a blend of Indigenous and Western based treatment than exclusively non-Indigenous treatment centres across North America (Dickerson et al, 2016; Rowan et al, 2014, Stewart et al, 2017). Dickerson et al (2016) for example, speak to the blending, and more specifically to using motivational interviewing with Indigenous clients. This, the authors stated, was the most effective form of Western treatment as it was most closely aligned with Indigenous cultures throughout the U.S. (Dickerson et al, 2016). Moghaddam and Momper (2011) acknowledge that First Nations clients in the U.S. report greater success rates when using traditional spirituality in treatment healing from substance use. The literature suggests there is a consensus among researchers that Indigenous healing cannot be separated from Western healing as this is a pathway towards restoring health and healing (Marsh et al, 2015; Morgan, 2009).

### **Need for Further Research**

Studies acknowledge a need for expanded and deeper research (Fiedeldey-Van Dijk et al, 2017; Rowan et al, 2014). Authors such as Dorman et al (2018), DeVerteuil & Wilson (2010), Fiedeldey et al (2017), Marsh et al (2015), Rowan et al (2014), and Venner et al (2018) call for more research that looks at culturally-appropriate treatment involving Indigenous healing practices. These articles also outline the gap in understanding between Western models of

treatment and connection with self, community, and traditional spirituality. The First Nation Mental Wellness Continuum (2015) also states there is a lack of access to culturally based programming tailored to individual community needs. For example, culturally embedded and community-based programming which involved members of the community was an important characteristic for the success of Northwestern Ontario *buprenorphine* programs (Mamakwa et al, 2017).

Overall, there were only four articles that were based out of Ontario, and only two of those were in Northwestern Ontario. The authors of both Northwestern Ontario articles also called for deeper research and understanding for culture-as-intervention used in substance use treatment (Dorman et al, 2018; Mamakwa et al, 2017). There was also a larger call for culturally specific research into distinct community needs (Fiedeldey-Van Dijk et al, 2017; Rowan et al, 2014). This is particularly important for this research as the study was focused on a specific population in Northwestern Ontario. By conducting research with distinct communities, this study contributes to the gap of deeper research and understanding culture-as-intervention based on community needs.

### **Methodology**

I employed aspects of Indigenous Research Methodologies (IRM), which incorporates storytelling to honour Indigenous knowledge with Participatory Action Research (PAR), which has key elements for carrying out ethical research with Indigenous communities (Canadian Institute of Health Research, 2009). According to Baum, MacDougall and Smith (2006) and Caxaj (2015), PAR is focused on generating research to enact change, focuses on power-sharing between researchers and participants, and seeks to directly involve the community in the

research. On the other hand, IRM focuses on recognition of Indigenous knowledge, relationships and respect, and collectivity and reciprocity (Kovach, 2005; Lilley, 2018; Smith, L.T.,1999). At the heart of both methodologies is the respect and ethical treatment of participants. In this sense, IRM and PAR complement each other by using these principles to build a framework for decolonizing and meaningful partnerships with the community.

Based on the structure of PAR and IRM and the importance of relationships and respect, it was important that this research was conducted in collaboration with Dilico, ensuring the community as well as the participants were a part of this process. By collaborating with Dilico, I was able to satisfy some prerequisites of IRM, PAR, and OCAP®. Using elements of PAR is what van de Sande and Schwartz (2017) suggest as a decolonizing and power sharing methodology when researching Indigenous communities. The critical importance of transparency and benefit to the researcher and the community form the basis of the relationship (Brunger & Bull, 2011).

## **Method**

In alignment with the objective to employ elements of IRM and PAR, I used a qualitative interview method. Some researchers suggest using methods which best honour storytelling and build upon oral traditions when working with Indigenous community members (Kovach, 2009; Lowan-Trudeau, 2012; Sinclair, 2003). Qualitative interviewing can be considered a culturally safe method when working with Indigenous community members as it is largely based on active listening and observing, allowing the participant to share their story and emphasize their voice (Kvale, 1996; Seidman, 1998). Furthermore, employing a qualitative interview allowed for a basis of relationship building and respect, which further satisfies components of Indigenous Research Methodologies. Kvale (1996) calls the qualitative interview method conversation as

research, which aligns with other researchers' suggestions for appropriate research methods when working with Indigenous participants (Kovach, 2005; Sinclair, 2003). I used semi structured interviews, as this best honours IRM using an Interview Guide (*See Appendix A*). I used a limited number of questions but ultimately followed the participant as they shared their experience of spirituality and substance use.

### **Sampling and Data Collection**

The population for this study was specific: Indigenous adults with previous experience with substance use, who had incorporated traditional spirituality into their recovery plan. To gather a sample for this study I used purposive sampling and subsequently snowball sampling. Prior to beginning interviews, I received Research Ethics Board approval (*see Appendix B*) as well as approval from Dilico (*see Appendix C*). Participants were initially recruited using purposive sampling as I selected and recruited through Dilico, based on the demographics of Dilico's clients (Rubin & Babbie, 2017). I used an informational poster to recruit participants. The poster included information such as an overview of the study, participant honorarium, and the demographics required. As the interview process began, I naturally began snowball sampling as clients asked to share the study with friends or family members with similar experiences to their own. The friends who were referred to me fit the characteristics of the demographic being studied and thus, fit into the sampling category. Interviews were conducted between September 2020 to November 2020. Interviews ranged from twenty minutes to sixty minutes but averaged approximately 40 minutes. Participants were provided a \$10 Tim Horton's gift card upon completion of the study. Participants were informed they would receive the gift card whether they decided to discontinue the interview or not.

Initially, the interviews were intended to take place at Dilico. However due to the COVID-19 pandemic response, interviews were conducted over the phone as this was public health policy at the time of data collection. Interviews were recorded and transcribed verbatim. I ensured I was still in a private space while conducting phone interviews to maintain confidentiality. This impeded the intentions of using IRM as virtual interviews obstructed relationship-building and storytelling as we were missing many non-verbal cues. However, I employed as much of IRM as possible given this barrier. Limitations of virtual interviews are discussed later in further detail.

Before conducting interviews, participants were read a formal consent letter and asked for verbal consent (*see Appendix D*). This was an active consent form, as I worked strictly with adults. After reading the consent form to clients, I provided layman's terms if necessary. I provided them with a copy of the consent form via email. This form outlines what the research process looks like and that they will be permitted to withdraw at any time. If they wished to have a copy of their interview transcript, I offered to provide this to participants; however, there were no requests for transcripts of interviews. I also provided the participants a copy of the interview guide via email before beginning the interview to ensure they would be comfortable discussing the questions with me. I explained that because this is an open-ended interview, conversations may expand beyond these questions, as this is intended to loosely direct the interview. I reminded participants they are under no obligations to answer any questions.

### **Analysis**

Thematic analysis was the principle analytic tool for this research. Thematic analysis aims to identify patterns and themes among qualitative research (Braun & Clarke, 2006). The study was intended to answer the question, *what are the effects of spirituality in substance use*

*treatment*, and thus, the codes and themes identified answer the research question from the first-hand accounts of participants.

Interviews were recorded and typed verbatim apart from filler speech (“ums” and “ahs”). To protect confidentiality, if a participant mentioned another organization, the name of their reserve or their address, as some examples, these words would be removed and replaced with square brackets. Participants were informed that identifying information would be removed from their transcripts. In one particular interview, the audio was turned off for a portion of the interview as the participant disclosed personal information that was not relevant to the research question. The participant was informed the recording was turned off for this period. Transcripts and audio recordings will be stored in a locked cabinet in my supervisor, Dr. Gokani’s office for 5 years.

I read through the transcribed interviews twice before coding. Codes were used to describe participant’s experience of addiction treatment and traditional Anishnawbe spirituality as a part of recovery. I used an inductive approach to developing these codes and build units of meaning. This produced a list of codes, which I was able to group into sub-arching themes. Codes were typically developed because of direct questions asked from the interview, however some emergent findings were a result of organic conversation through the interview. Codes were manually graphed using Excel, and ultimately grouped into themes, sub-themes, and emergent themes which are discussed in the next section.

### **Findings**

The analysis of the interviews suggests positive experiences with spirituality in recovery from substance use. All nine participants considered spirituality as an integral part of their recovery; only two respondents reporting past experiences where spirituality was not helpful but

both considered it helpful now. The major themes that emerged from analysis of the interview data are: (1) traditional Indigenous spirituality is integral to recovery from substance use; (2) fostering connections was the most important element of Indigenous spirituality in recovery; (3) Indigenous spirituality is crucial in preventing relapse; and (4) elements in spiritual-based treatment plans which participants identified were missing from their recovery.

While these four are the main findings, another group of themes emerged when analysing the data. These themes are not directly tied to the research question or the guided interview questions, but they help answer the perceived effects of using Indigenous spirituality in recovery. This group of themes I call *emergent themes*. They include (1) the effects of COVID-19 on accessing spiritual practices; (2) homelessness as a barrier to practicing spirituality; and (3) the dislocation of being off-reserve compared to on-reserve when practicing spirituality. I begin with the main themes.

## **Main Findings**

### ***Indigenous Spirituality is Integral to Recovery from Addictions***

The most prominent theme from the findings is that traditional Indigenous spirituality is integral to recovery from substance use and an important component in sobriety and overall wellness. All nine participants who were currently incorporating spirituality in their recovery plan reported that Indigenous spirituality has been successful for them in their recovery<sup>3</sup>. For instance, Participant 5 discussed attending Dilico as well as another treatment centre whose name has been removed,

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<sup>3</sup> An important distinction here is that success in recovery is an individualized experience, and “success” will have different meanings for everyone. Success does not always mean sobriety, thus participants identified what success meant for them, rather than focusing on abstinence from substances as a universal measure of success, even though majority of participants did report sobriety as the desired outcome of their recovery plan.

I went to treatment in [name removed] cause it's a cultural-based centre. They do sweat lodges and everything. Hearing the drums made me emotional. It made me cry or something. In that way I feel connection to my culture. I feel something. When I hear the drums or when I hear the language, it helped me. Those are the days I don't drink or do drugs.

This quote encapsulates the importance of including spiritual and cultural practices for this participant, indicated by the connection they made between abstinence and sacred practices. Similarly, Participant 6 mentioned attending Dilico due to the cultural and spiritual inclusion. When asked why they had chosen to attend Dilico for treatment, Participant 6 stated "it's traditional there... it's important to me. I want to touch base with my old spirituality." Another participant, who has experience at several treatment centres (which were not all Indigenous focused) mentioned that,

For me, [spirituality] has been helpful. I feel like not every program can offer you all of those things all at once. I know lots of people who go into recovery and stayed. For me, that's not my story. I had to struggle and fall down along the way... be brought to my knees. I think most people that come to recovery, you need a bond greater than yourself. I can't do this alone. I need that help and I need to pray and consciously work on my spirituality and that connection. Believe in something greater than myself. (P9)

This participant found resources in more standardized, western-based treatment centres but asserted that spirituality is what had been most successful for them. They later discussed the importance of their spirituality in healing from substance use, stating their Indigenous spirituality has meant 'everything' to them: "This time around, getting clean and sober has been everything to me. I know Dilico is culturally based. I know this is where I should be." This individual also

reflected later in their interview, “I came into recovery six years ago... the one thing that was always missing is spirituality for me. I know [Dilico] is where I should be to finish up my healing journey.” For this participant, they identified that their spirituality has been a crucial component for them to be successful with their recovery. Furthermore, this person acknowledged their confidence in completing their healing journey due to practicing their spirituality and using it as a way of healing.

Interestingly, Participant 1 mentioned that while spirituality is not a large part of their recovery plan, they feel it has helped turn their life around. This person stated, “I’m not a really spiritual person. I would say [spirituality] is a part in my recovery plan...I believe the Creator guides me.” Participant 1 also stated, “I think people turn their lives around and their spirituality is a big part of their recovery. I thought if it worked for them it could work for me.” When asked if their recovery plan, which involves Indigenous spirituality, has been working for them, Participant 1 responded, “Oh yeah. 100%. I’ve been clean for over a year now.” For this person, although they do not identify as being a spiritual person, they have found meaning in their spirituality that has been beneficial to their healing journey, and also indicated this has been successful for them. Another participant shared a similar narrative of discovering their identity in relation to spirituality. Participant 7 stated they were only beginning their journey with spirituality and reported:

I would say I feel more grounded now that I’ve become more spiritual with myself. More with my culture. That’s what I’m working on right now. Working on the culture and being more spiritual and connected to that. I find it interesting what it does to help me feel good about myself. Seeing as I’m relearning my identity.

Participant 7 later mentioned that through relearning their identity with their spirituality, “I don’t need to have [substances] in my life to be happy. [I’m] enjoying things I used to.” Additionally, this person shared that using their spirituality in their recovery plan has helped them process things they have lost:

I wasn’t able to process my emotions...I started drinking more to not process them. I took it out on my health. A few times I tried taking my life... I didn’t know who I was. I didn’t have no purpose in life. I felt like I was stuck. ... Found out [my friends] found something to follow. Other people found [spirituality] that made them sober. I wanted that.

This quote captures the general theme that spirituality has been important in recovery for this participant, but also has affected other areas of their wellbeing. By processing emotions in a healthier way, this participant observed indirect effects their spirituality has had on their life.

Several other participants who mentioned their spirituality was important in their recovery similarly reported peripheral effects which they identified as positive. For example, participants noted in their recovery with using spirituality, some were “relearning [good] habits” (P1), coping with triggers (P1, P2, P6, P8), going back to school or work (P1, P3), re-establishing previous hobbies (P3, P7), improving family relationships (P7, P5), and processing trauma (P1, P7, P9).

Three participants who commented on the theme of Indigenous spirituality being integral to recovery, participant 3, 6 and 9, noted that this was their first attempt using spirituality in their recovery plan. All three of these participants chose to attend treatment at Dilico based on the incorporation of Indigenous spirituality. Participant 6 stated that prior attempts resulted in them slipping every three or five days. Now, they pray in their traditional language and set down tobacco, which has been successful: “You put down tobacco so the Creator will answer your

prayer. I think it's keeping me strong right now. Cause I used to fall every 3-5 days." Participant 9 retold their story as follows:

I did lots of healing out [at previous treatment centre]. Trauma work. And 2 years ago I went to [another treatment centre] and got lots of tools for my recovery that way. The one thing that's always been missing is spirituality for me. I've always been a spiritual person. Um, but never really practicing the Nishnawbe culture. My culture. It was lost in my family. This time around, getting sober and clean has been everything to me. And I know how Dilico is culture based. I knew this is where I should be to finish up my healing journey. I got tools from the [aforementioned treatment centre] and it's time to really focus on my relationship with creator and ultimately my spirit.

Participant 9 described the process of their healing journey at different treatment centres. This participant mentioned the importance of doing trauma work and building skills at other centres, but feeling there was always something missing from their recovery. Not until they came to Dilico did they find that missing piece, which they stated was their Nishnawbe culture and their connection to the Creator.

Participant 3 shared a similar story in seeking spiritual connections,

I guess, [finding a connection] might have started while I was using. I had moments of clarity. Something... I was connected here and there. I did get sober a few times in my life. I knew there was something there. And there was something telling me I could do better and I could change my life. But I never had the will, or I was never able to give up my will to get clean and sober. There was certain moment of clarity along the way, but I think giving up my will... the last time going to detox was what really helped me. Um. I was able to stop fighting everything and everybody and take the guidance I was given

and put some real action in behind it. And carry out what I thought the guidance was... [Dilico] actually incorporates a lot of traditional healing. Sweats, drumming, sharing circles. I get to participate in those as well... Yeah um so, first and foremost I'm trying to build a better connection with my creator and in doing that, I also build a better connection with myself.

For Participant 3, humility was what led them to begin using spirituality in their recovery journey. This participant mentioned taking part in traditional ceremonies as an important component for building connections with themselves and with their Creator as the foundation for their recovery. Furthermore, this participant also reported 16 months of sobriety with their current recovery plan, which included traditional Indigenous spirituality.

A subtheme of using spirituality successfully to address addictions are the methods of using spirituality in a recovery plan, which were vast and individualized. The findings showed a range of various practices and rituals, which were all considered spiritual. Participants identified taking part in practicing their spirituality through *praying* (P1, P2, P6, P8, P9), *smudging* (P1, P2, P3, P4, P6, P8, P9), *going to sweat lodges* (P1, P2, P3, P4, P5, P6, P7, P8, P9), *participating in Pow Wows* (P2, P3, P4, P5, P6, P7), *incorporating the medicine wheel* (P1, P2, P9), *drumming* (P3, P5, P6, P9), *singing* (P4, P6), *dancing* (P5), *dreaming* (P6), *feasts* (P5), *sharing circles* (P3), *beading* (P9), *basket making* (P9), *speaking traditional languages* (P5, P6, P9), *practicing kindness* (P8), and *maintaining connections, whether to the Creator, other people, or themselves* (P1, P3, P4, P5, P6, P7, P9). From the data, praying, smudging, attending sweat lodges, Pow Wows and maintaining connections were the most practiced elements of their spirituality. Of the practices and rituals of spirituality analyzed, participants referenced *maintaining connections* more frequently than any other piece of their spirituality and this also formed the most in-depth

conversations. Because of the comprehensive discussions regarding this topic, *fostering connections* will be discussed as its own theme in the next section.

### ***Fostering Connections as the Most Impactful Practice***

Fostering connections, whether that was with themselves, others, or the Creator, was the most impactful way of practicing spirituality. Connections were experienced in many ways. The following table is an outline of what participants felt connected to.

| Connections  | Participants who found this connection meaningful |
|--|---|
| “Mother Earth”   | P1,P4, P5, P8, P9                                 |
| Creator  | P1, P6, P8  |
| “Unexplained” <i>i.e.</i> “something bigger” or “higher power” | P1, P3, P4, P6, P7, P8, P9                        |
| Own spirit   | P1, P4, P6  |
| Self   | P3, P4, P7  |
| Other people   | P3, P4  |
| Everything   | P5, P8, P9  |
| Culture  | P5, P7, P9  |

Participants expressed that the most significant connections from the interviews are connections to the “unexplained.” These responses ranged from “higher power” (P3, P4, P7), “greater power” (P6) “something greater than yourself” (P9), “something bigger than me” (P1). It is also worth mentioning that participants described multiple compounding connections as being beneficial. Participant 9, for example, described connections to four categories: Mother Earth, something greater than self, everything, and their culture.

The way participants fostered these connections also ranged. Participant 1, for example mentioned “smudging”, “prayer” and “meditating” as a way of maintaining connections. Participant 3’s methods of maintaining connections appear more casual as they mentioned they carry out the Creator’s will, and thus sustain connections, by “doing the right things” (P3) and

“going to meetings, sports and work” (P3). These responses, as well as the chart above, outline the diversity and individualization of spiritual connectivity participants experience.

Interestingly, a portion of respondents reported that connections were important in recovery, but also, they felt no connection to anything while they were actively using substances. Participants 1, 3 and 9 all shared similar experiences of feeling *disconnected* when using. For respondents who commented on the theme of connections, this was the most important piece of their spirituality when it came to healing from substances. Participant 1 for example, shared their story of finding connections again after feeling dissociated from their spirituality:

I had zero connection at all [when using]. With my spirit, with God. You know, it was gone. It was horrible. And it wouldn't come back. They say your spirit leaves your body when you're all messed up like that for a long time. It took me a long time to get my spirit back and start loving myself again. Having a connection with something. That would be [the most helpful]. Going from no connection to having something. (P1).

Participant 3 also shared their story, which follows a similar narrative as Participant 1: they had no connections when they were using, but that finding connections is what ultimately led to their abstinence.

When I was using substances, I had no spirituality. I was totally disconnected. And I didn't care about connecting...first and foremost, I'm trying to build a better connection with my Creator and in doing that, I also build a better connection with myself. And I'm awakened to more things. I learn a lot more about myself...Just finding some sort of connection was the most important thing for me and it didn't matter what it was. I just needed to be connected to something. And that connection now is growing into other things that I never knew it would.

Lastly, Participant 9 follows the subtheme of disconnection to connection by stating that

My connection had always been clouded with the disease of addictions because my disease lies to me and makes me believe things aren't true... To really start having that connection from my head to my heart... I'm able to sit in my own shitty feelings and pray about it, drum, smudge, or bead or baskets or sew.

Additionally, Participant 9 disclosed that,

putting substances into my being, it creates more of a disconnect from my soul... It made me further away from my spirit... My spirit is so far behind me. I was cut off at a young age from trauma and not growing as one with my spirit.

This quote reflects not only the disconnect they experienced from using substances, but also the disconnect due to trauma, which this person later shared was intergenerational after their grandparents attended a Residential School.

Participants also discussed the effects that their sense of connection had on their life. For Participant 4, connections with others gave them hope they could stay away from alcohol:

If you have no connections, then you're just by yourself and not talking with anyone or connected with anyone on a certain level... your chances of staying sober are pretty slim... I talk to my higher power every morning because I pray for the power to get through this day and maintain sobriety.

Participant 3 also acknowledged other effects this has had on their life, such as

reconnecting with the sports I enjoy... some other gifts would be the work I'm doing. I'm able to give back. I'm able to sponsor others now. I would never imagine others would ask me for help on how to get clean and sober... Also, my family. Having my family back. My mom doesn't have to worry about me anymore.

For this person, the effects of maintaining connections extended outside of sobriety, as they identified improved interpersonal relationships and philanthropic work. Similar to these effects of benefits extending outside of sobriety, Participant 7 reported that spirituality “gave me purpose or some path I should follow”. Participant 1 also mentions how these connections have become second nature to them:

I do stuff that is deeply spiritual and trying to make that connection and I do make that connection. But because I do it so often, I don't really think about it when I do it. So, I do it on a daily basis now come to think of it. I pray for everybody all the time.

Maintaining connections has become instinctual for this person after incorporating this practice in their recovery plan. What had been an active treatment plan for Participant 1 has become daily habits as they perpetuate those connections every day.

### ***Spirituality as a Means of Preventing Relapse***

8 of the 9 participants interviewed identified using their spirituality as a means of preventing relapse. Of all the participants who reported that spirituality was integral in their recovery, many mentioned that this was due specifically to practices which prevented relapse. Many participants shared narratives of “slipping” or experiencing relapse multiple times in their journey and identified spirituality to be a protective factor against returning to continued substance use. Spirituality being integral in recovery and preventing relapse are two distinct themes, as recovery is a highly individualized process, and does not necessarily mean abstinence. Participants identified what “integral in recovery” meant for them, whereas preventing relapse was specific to discontinued substance use.

When Participant 1 discussed relapse prevention, they responded “oh yeah, 100%” when asked if they used spirituality to prevent relapse. Similarly, Participant 2 stated “I haven't used

anything since I started [practicing spirituality]. I haven't fallen off the wagon so to say. I've been sober for four months...I was never into it before." For this participant, using spirituality was a new process in their recovery which contributed to a sustained period of abstinence.

Looking at practices which supported sobriety, participants shared several spiritual components that were helpful for them. Participant 4 shared, "[spirituality] helps me stay sober." Specifically for this participant, sharing stories and attending Pow Wows and sweat lodges was important for them when it came to their recovery. Participant 4 shared,

Like, usually whenever I go to a [sweat lodge or Pow Wow], I will talk to someone, and they will tell a story of something they've gone through. Its gives me a bit of extra hope I can stay away from alcohol and whatnot. That I can stay sober.

Using spirituality as a tactic of preventing relapses is echoed by other participants such as Participant 8, who said "I pray every day" in response to coping with daily triggers to use substances. When asked about managing cravings, Participant 2 stated, "Smudging is one thing... [sweat lodges] have been most helpful." For both participants, their abstinence was in large part due to their spiritual practices mentioned above: sweat lodges, smudging, Pow Wows, and praying to the Creator.

Of the eight participants reporting spirituality as preventing relapse, five reported their current period of sobriety is the longest they had experienced abstinence. These participants related their current period of abstinence to their spirituality. Participants 1, 2, 7 and 9 reported that at the time of the interviews, this was the longest time period without using substances and that this was due to using traditional practices. Participants 1, 3, 6 and 9 reported periods of abstinence longer than a year when actively engaged with their spirituality, which they currently were engaging in at the time of the interviewing process. Participant 9 shared prior to using

spirituality, they would “pick up a bottle” to cope, however since using spirituality in their recovery plan, they reported being able to “consciously turn it over to the Creator... asking for guidance and protection”. Similar to this individual’s experience, Participant 2 reported being abstinent for over a year. Participant 2 shared, “this is the longest I’ve ever been clean. Like, since my first joint, or beer”. In relation to this period of sobriety, Participant 2 discussed strategies for managing their cravings such as “I do deep breathing... someplace I’m by myself and practice my breathing and relax and focus. I’ll say a prayer and put down tobacco. Then I feel better.” In addition to managing cravings, they also mentioned, “I tried to stop drinking and I relapsed many times. This is the longest I’ve gone since I started drinking.” When asked what Participant 2 equated their sobriety to, they stated it was their spirituality keeping them sober, particularly while involved at Dilico’s Adult Residential Treatment Centre (ARTC): “I was never into [spirituality] before...since I went to ARTC, [I started practicing]. Yeah. It is because of spirituality.”

Additional stories are explored around the concept of abstinence, such as when Participant 4 was prompted with the question “how does your spirituality affect your relationship with substances?” This person’s response was,

It helps me stay sober. But I don’t know, like, it helps me stay in touch with my culture.

Cause when I’m out there drinking, I have no focus. I have no focus and no wants to learn more about my culture.

Furthermore, Participant 4 discussed alcohol as being a negative spirit. They state the only way of getting rid of negative spirits is by abstaining: “Alcohol isn’t good for the spirit itself. It takes over your body and mind...alcohol is a bad spirit”. When asked “how do you keep the bad spirits away?”, Participant 4 responded “by not drinking alcohol”. Learning about their spirituality and

culture, as well as keeping negative spirits away was a method of preventing relapse. Participant 5 also shared ways their culture motivated their sobriety,

Hearing the drums made me emotional. It made me cry or something. In that way I feel I was connected to my culture cause when I cry, I feel something. When I hear the drums or when I hear the language it helped me. And on days that I drink or do drugs...I feel like one with myself or I feel like I have a purpose or something.

For Participants 4 and 5, their culture and teachings are what has motivated them to continue practicing and remain sober. Particularly for participant 5, who reported that practicing their culture and spirituality gave them a sense of purpose, which motivated them to remain sober. This quote captures two themes: that spirituality is integral in their recovery and also that spirituality is important to prevent relapse.

The sole participant who mentioned they were not currently using spirituality as a means of preventing relapse was experiencing homelessness but stated that if they were committed to their culture and spirit, they would not relapse (P5), as quoted previously in the findings.

Housing insecurity will be discussed further in *Emergent Findings*.

### ***Elements of Spirituality Missing from Treatment***

Eight of the nine participants shared what they felt was missing from their recovery plan. This was either 1) spirituality missing from their previous recovery plan, 2) traditional Indigenous languages, 3) teachings from Elders and, 4) involvement with the Fellowships (i.e., Alcoholics Anonymous).

Six of the nine participants interviewed mentioned that in previous attempts at sobriety, traditional spirituality was missing for them (P1, P2, P3, P5, P7, P9). These 6 participants stated they were engaged in a recovery plan which involved traditional spirituality at the time of the

interviews. “[Spirituality] is part of my plan”. Participant 1 described their disconnect with their spirituality prior to engaging with Dilico, and that their spirituality was not currently a part of their recovery plan: “Well before that, I hadn’t been to a sweat in like 10 years...I’m just going full force and trying to do a 360 of my life.” This person is actively using spirituality in their treatment plan as their way of doing a “360” of their life, or to dramatically change their recovery plans. Participant 2 also mentioned that they now take part in spiritual and cultural practices every day because of Dilico, “It’s part of treatment everyday. Dilico is showing me that right now. It’s been enlightening. It’s opening my eyes. Giving me pride in who I am as a native person.” Prior to attending Dilico, they were not actively engaged in their spirituality and claimed this has been keeping them sober (P2). Participant 7 also shared they are “relearning their identity” (P7) through engaging with their spirituality. Participant 7 stated that, “I [previously] didn’t really believe in anything or follow anything. Being spiritually connected with my culture gave me purpose or some path to follow.” Finally, Participant 9 discussed their previous experiences at other treatment centers and stated, “The one thing that’s always been missing is spirituality for me.” This participant also discussed their belief about the effects other organizations would experience if they incorporated cultural and spiritual practices:

I think [spirituality] is what the western [treatment modality] is missing...we’d have less homelessness, less people addicted, less poverty...We are such a take, take, take society right now. You never give away. That’s huge in the culture. You don’t take without giving anything...I think we would be unstoppable.

Three participants who discussed this theme, Participant 5, 6 and 9, discussed language as a deeply spiritual and sacred aspect which they would like to see incorporated into treatment. Participant 5 stated, “when I’m praying it doesn’t feel right to not pray in my language. I wish I

could learn [Ojibway].” This participant also stated that Ojibway was their first language, but it was lost once they began high school and left their reserve. When asked what kinds of effects losing their language had, this person shared their concerns that losing their language made them feel “less native” and outcasted. Participant 5 reported this is a common narrative for children who leave their reserve to attend school:

I wish I could learn my language 100%... I wish I could learn my whole language.

Ojibway. I used to [speak it] when I was a kid. I used to speak fluently. It was my first language. It happens to a lot of kids on the rez. School starts.

When asked about the effects that losing their language would have on them, and other children in their community, Participant 5 said, “Not feel like you’re Native. Make you feel like an outcast. When others know how to speak it.” Participant 6 also shared the importance of language in treatment. This person mentioned their desire to sing in their traditional language as their grandmother had. They felt their language would bring strength and be able to resist cravings:

I wish I could know how to Pow Wow sing cause my grandma did. And she played the drums. I wish I could do that. I think I would be strong in spirit and not be able to drink anymore.

Additionally, this participant shared “[Speaking Ojibway] is very important... With prayer especially. You put tobacco down so the creator will answer your prayer. I think it’s keeping me strong right now. Cause I used to fall every 3 or 5 days”. Lastly, when asked what they felt was missing for them, Participant 9 also stated learning their traditional language,

I want to learn more of the language. The language is spiritual and sacred. It's a sacred tongue. Speaking. Being able to speak my language is something... and being able to talk to the Creator. It's something spiritual and sacred in itself.

Two important discussions can be brought out of this finding: the importance of language in spirituality, but also the wider implications of the loss of culture and spirituality that was suggested to be felt among Indigenous communities.

Another element that might be missing was discussed by Participant 8, who spoke about learning from Elders in their community. Participant 8 stated regret that they did not listen to their Elders' stories. They felt if they had, this would have prevented them from using substances. About their new realization, they said that "I wouldn't think I was above traditions and beliefs. I realize now you gotta believe in something traditional." They expressed regret about not listening to their Elders,

I wish I would have just listened to the Elders. Their stories. I don't think I would have got into trouble myself...Most of them are dying off. I don't remember everything they told me. Now I'm gonna teach the younger generation.

This participant stated feeling that they were missing the opportunity to have listened and learned from their Elders however, appears to seek reconciliation through guiding the younger generations in their community.

While spirituality and language were the most discussed elements that were missing from treatment, participants also mentioned taking part in Alcoholics Anonymous/Narcotics Anonymous. Interestingly, Participant 2 mentioned they missed taking part in the 12-step program (i.e. Alcoholics Anonymous or Narcotics Anonymous) and wished these philosophies were incorporated into their treatment. When asked about their recovery plan, Participant 2

shared that “one thing I really miss is 12 steps. I would like to learn more about that.” This was consistent with other participant interviews acknowledging AA/NA as being helpful, such as P3, P7, and P9. It was not explored what elements from AA/NA was missing for participants, as they are actively engaged in a spiritual-based recovery setting. Many participants shared concerns regarding COVID-19 as a barrier to engaging with their community. Since 12 steps or AA/NA is a group-based treatment, the response that missing AA/NA could perhaps be a result of feeling disconnected from their community and thus, spiritual practices. The COVID-19 pandemic response as a barrier will be discussed further detail in Emergent Findings.

### **Emergent Findings**

Some emergent findings which came out of the analysis but were not directly tied to the research question are worth mentioning. Although these findings are not direct responses to the research question, the themes below give insights into the experience of using traditional Indigenous spirituality in substance use treatment and recovery. These emergent findings are: (1) the experience of practicing spiritual-based recovery plans during the COVID-19 pandemic, (2) housing insecurity as a barrier to practicing spirituality, and (3) the experience of practicing spirituality while living on-reserve compared to living off-reserve.

### ***COVID19 and Spirituality***

The most discussed emergent finding uncovered in the analysis was the impact of the COVID-19 pandemic response on participants’ spiritual practices. Six of the interviewed participants discussed how COVID-19 posed as a barrier to practicing their spirituality through mandatory lockdowns, which affected many cultural and spiritual practices and ceremonies.

Participant 1 mentioned that COVID-19 has prevented them from getting their “Indian name”. Although their spirituality is part of their recovery plan, participant 1 was not practicing as much as they would like to:

I always say I’m going to. It’s part of my recovery plan. I just don’t do it as much as I should. Right now it’s really hard to go out as much. The only thing I do right now is smudge.

This concern about being exposed to COVID-19 as well as the pandemic response prevented this person from fully committing to their recovery plan. Participant 2 also shared an additional layer of concern as their mother was also worried about exposure to COVID-19 as shared through the following quote, “she’s worried about me when this COVID thing started. She was really stressing that I have to get my spirit name, or my Indian name... and I’m like, *Mom it’s COVID*”. For this participant, they indicated that COVID-19 lockdowns impeded their ability to attend ceremonies. By impeding this participant’s ability to attend ceremonies, it also disrupted their recovery plan.

Similar barriers were felt by Participant 2 as they were not able to attend their church due to COVID-19 restrictions at treatment. This person stated they “would probably still go to church, just with COVID, I can’t leave treatment.” Participant 2 did share they were still able to attend Sweat Lodges within Dilico, but the circles were smaller. Another participant shared that they were not able to attend healing circles in-person due to physical distancing restrictions. Participant 4 discussed the barrier to practice their spirituality as well as connecting with their community, stating ,

I liked [healing circle] in-person because we all smudged. It's a little bit... I don't enjoy it as much as when it was face-to-face because it feels like you can connect more on a deeper level rather than talking on a computer and we could smudge.

When asked if COVID-19 has had any other noticeable effects on their spirituality, this participant said, "it's really pushed [my spirituality] away to an extent. Because we can't all get together to practice that kind of stuff. It makes it more difficult to smudge all together." This last quote speaks to the importance of connections that other participants shared as being integral in recovery. Overall, COVID-19 posed barriers to attending in-person ceremonies, which in turn affected an important aspect of practicing Indigenous spirituality.

In addition to attending ceremonies in-person, other participants shared challenges with following their recovery plan due to COVID-19 restrictions. Participant 6 discussed the difficulty with engaging in their recovery plan due to the COVID-19 pandemic response. They reported not practicing spirituality because "I mostly just stay home. I'm scared of COVID." Participant 6 also reported they normally would smudge with their family, but their son moved out,

He's the one who had all the sweetgrass and sage all the time. But he moved out now and I don't do that anymore. I don't know where to get it in Thunder Bay. I used to get it from my uncle before. When I lived on the rez.

Participant 5 shared a similar story, feeling the layered barriers of COVID-19 as well as not being able to access their reserve:

I can't go back to my reserve and all the reserves I know are so far away from here. There is a healing circle I used to go to before COVID. Now that COVID happened, everything shut down. There's really no Pow Wows going on or anything. And anything to do with my culture is back home and I'm not allowed back home right now.

Similarly, Participant 9 shared,

COVID has impacted me. I am at Dilico post right now so we're having the full moon ceremony next weekend and I can't go. Ceremonies can... I can't be around individuals. That's taking a big toll on my recovery. Not being able to attend these very important, sacred things that are a part of my being. I can't just say that I'm being fearful and turning everything over and not turn this over to the Creator too. The whole COVID thing. I get upset sometimes. But if I trust Him the way I should, everything will be okay...It's hard. Ill tell you right now that's not how I was last night. I was pissed off. Crying. I just want to see my kids. I can't see my kids right now because of COVID... It's detrimental to my recovery.

These quotes demonstrate the importance of connections and ceremonies in recovery and the impact of COVID on these connections. Not being able to see their children or attend ceremonies that are deeply revered has impacted this person's recovery in a "detrimental" way.

### ***Unstable Housing as a Barrier to Spirituality***

Another important theme that emerged from the analysis was the effects of unstable housing on recovery. Participants 5, 6 and 8 discussed struggles with their housing and remarked that this had been a barrier to their sobriety as well as their connection to their Indigenous spirituality. For instance, Participant 6, who discussed two instances of attempted recovery, mentioned in one of those situations, they had to leave treatment as they were dealing with safety issues at home. This participant did not want to discuss these issues of safety, but stated it took priority over their treatment goals at Dilico. This experience was demonstrated by the following quote, "I took myself [out of treatment] because I had family situations where I didn't think I was safe so I took myself out. Something was happening at home. There was drinking going on."

Although this person identifies that attending Dilico was helpful, they also acknowledged precarious living arrangement they needed to attend to. While it was not divulged what had happened, this person disclosed this situation as a barrier to completing treatment. Furthermore, this person shares current struggles they are experiencing with their sobriety upon their return home. They equate their alcohol use with their housing instability as they are in the process of a Landlord and Tenant Hearing for possible eviction.

Participant 5 discussed a period of relapse in their journey. This participant shared that after they were evicted from where they were living, they relapsed almost immediately. When asked about other shelters, they stated “there is [shelters available], but it’s just building me up to fail. I don’t know if it’s a self-fulfilling prophecy of failure, but my mind isn’t set right now.” Participant 5 disclosed in the interview that they believe spirituality will eventually be an integral part of their recovery plan, but at the time of the interview this person was experiencing homelessness and had other priorities to consider. Later in the interview, as mentioned earlier, this person stated “if I was 100% committed to my spirituality, there would be no relapse”. When asked what was preventing this person from being 100% committed, they stated homelessness as the only factor. When they were using spirituality in their recovery, they shared feeling as if they had a purpose and felt “complete and whole.” This feeling of wellness is discussed in their connection to the land, being able to hunt and fish, as well as being able to drum. “Listening to the drums, dancing, singing. I feel like I was healing. Healing my soul.” While this person disclosed being in a period of relapse, they also identify their journey as ongoing as they were sober for a year, “I was doing so good. I’m hitting rock bottom again. Eventually, I’ll be back and sober again. I can’t see myself living this life forever.” For this participant, they also discussed the simultaneous barriers they were experiencing living off-

reserve as well as living through the COVID-19 pandemic response, which will be discussed later.

Lastly, Participant 8 discussed their initial treatment attempt with Dilico. They stated “I liked it, but I was living on the streets, and I was hungry. I just wanted to get off. I was there for the wrong reasons. This time I actually want to go.” This experience is similar to that of Participants 5 and 6: experiencing instability in housing is a barrier to committing to spiritual-based recovery plans. Participant 8 is currently using spirituality in their recovery journey but would like to participate in Dilico’s treatment centre because of the Indigenous spiritual and culture components.

### *Off-reserve versus On-reserve*

The third emergent theme was the disparity between accessing cultural and spiritual-based ceremonies on-reserve versus off-reserve. This, for some, posed a barrier to incorporating their spirituality in their recovery plan as they were not able to access all the traditional ceremonies or medicines as when they were on-reserve.

Participant 6 mentioned that when living on-reserve, they were able to access medicines from family members, who harvested their own:

I used to smudge when I lived with my baby boy. He’s really into smudging. He’s the one who had sweetgrass and sage all the time. But he moved out... I don’t know where to get it here in Thunder Bay. I used to get it from my uncle when I lived on my rez.

While this quote was previously cited, I’ve chosen to use it twice as it encapsulates several important barriers: living off-reserve as well as the COVID-19 pandemic response. Participant 6 later stated they believed they could access medicines through the Friendship Centre, however this was not accessible for them due to location, health complications, as well as barriers with

COVID-19. This participant outlined the multiple obstacles they are facing to accessing traditional medicines.

Participant 8 disclosed in their interview that being in the city removed them from participating in activities like sweat lodges or ceremonies. Participant 8 stated,

When you're in the city, you're not here to smudge around. On the rez, there's nothing to do so you get more traditional. You're home, you're at work, you're quiet. You're not around beer stores. You become one with the land when you're back home. You're distracted in the city by the lights, cars, LCBOs, beer stores, everything like that.

This quote outlines the disconnect between leaving their reserve for the city and taking part in spiritual components. Another participant mentioned this disparity, as they felt they lost their language after leaving their reserve, and consequently, felt like an “outcast”. As mentioned previously in the Main Findings section, Participant 5 shared their thoughts about loss of language: “Not feeling like you're Native anymore. Makes you feel like an outcast. When others know how to speak it.” Moreover, this person acknowledged that their language was sacred and felt it was missing from treatment. This quote draws attention to the barriers of geographical location as they equate leaving their reserve with the loss of language, yet their traditional language is important in their recovery.

Alternatively, Participant 7 mentioned they left their reserve due to a loss of culture happening internally. Participant 7 stated they left their reserve in 2016 due to “ongoing family troubles, drug addiction, alcoholism, loss of the culture in the community.” Participant 7 stated,

When I left, they were constructing a sweat lodge. They had ribs on it last time I saw it.

They were doing Pow Wows again, but not like they used to be when I was

younger...It's really good. I'm glad they're doing all that stuff again. It makes me proud to be around cause all the community members can celebrate what they believe in again. This participant's quote speaks to the connections to their culture and spirituality. Feeling a sense of pride to see their community rebuilding a space to practice their spirituality and addressing the loss of culture.

### **Discussion and Implications**

The purpose of this study was to examine the perceived effects of using traditional Indigenous spirituality in substance use recovery for treatment-seeking Indigenous adults in Northwestern Ontario. The findings from this study indicate that spirituality is integral to recovery, connections was the most important part of spirituality, spirituality prevents relapse, and participants additionally shared missing elements in their recovery journey. The findings also share some themes with the existing literature, while also suggesting some potentially original findings regarding the experience of the COVID-19 pandemic response on spirituality and addictions recovery. The discussion will outline the parallels between the literature and this study, discuss the distinct experience of the COVID-19 pandemic response, as well as the implications of this research.

First, perhaps the largest overlap between the literature and this study are the positive effects of using spirituality as means of healing from substance use. All nine participants identified their spirituality as being helpful to their recovery.

Second, my analysis showed that the most important part of spirituality was connections. Similarly, many other researchers identify the important relationship between recovery and connections to community (Hazel & Mohatt, 2001; Kelley et al, 2018, Kulis and Tsethlikai, 2016; Mamakwa et al, 2017; Morgan, 2009). According to the participants, the most important

connection in their recovery was a connection to the “unexplained” or “higher power”. This differs from the literature as connection with the self and community was shown to be the most important aspect of culture and spirituality (Fleming & Ledogar, 2008; Kelley et al, 2018; Mamakwa et al, 2017). It is not clear from the literature review if the distinction between participants’ most valued connections were studied to determine what contributed to one practice being more beneficial than another. This may be an opportunity for further research. It is important to mention that many of the participants did identify their community as an important connection, and were reconnecting with their community. This aligns with Kelley’s (2018) study which found that community participation had increased 365% with a culturally tailored program. Another important comparison is the outlier study by Moghaddam and Momper (2011), which suggests that culture can be used as means for social exclusion. This was felt by two participants, who mentioned that not speaking their traditional language made them feel like outsiders. These participants did connect with their spirituality and felt that it was important in their recovery however, losing their language was a part of their culture which they felt disconnected from. Participant 5 stated feeling like an “outcast”. This is particularly relevant when looking at researchers’ call for culturally tailored programming. Culturally tailored programming would have to consider the many different languages spoken throughout Indigenous communities. The discussion around culturally tailored programmed will be discussed in further detail in the next theme.

Third, researchers point out the importance of recognizing individualized cultural and spiritual practices of Indigenous communities. As such, one standardized treatment would not fit all populations. The need for culturally tailored programming is suggested in Table 1, as participants recognized a range and diversity of responses in regards to maintaining connections

and practicing their culture and spirituality. Implications for culturally tailored programming would allow services to best meet needs and prioritize important spiritual practices which communities identify as most helpful. These responses from Table 1 outlined the individualization of spiritual connectivity that participants experienced. This theme materialized from this study as the research was conducted in Thunder Bay, however many participants identified relocating from different reserves. Participants identified Dilico and another treatment centre in Northwestern Ontario as being the closest Indigenous-focused treatment centres available in Northwestern Ontario. Researchers have called for culturally tailored programming that are specific to community needs (DeVerteuil & Wilson, 2010; Dickerson et al, 2016; Dorman et al, 2018) and relocation may be another reason to support this theme. For example, Participant 5 shares their experience of leaving their reserve to attend school and as a result, felt they lost much of their cultural and spiritual practices as a result. Relocation may suggest programs could be attentive to participants community of origin, as well as individualized needs when displacing from their reserve to urban-based treatment centres. Additionally, The First Nation Mental Wellness Continuum identified this individual community need, stating there is a lack of access to culturally based programming (2015). As the Indigenous folks interviewed in this study identified Dilico and one other treatment centre as the only access to treatment, it can be deduced that there are little culturally tailored program options in Northwestern Ontario. Furthermore, participants also disclosed they previously sought treatment in Southern Ontario where they were not successful in accessing an Indigenous spiritual-based treatment centre. This further exemplifies the need that few culturally tailored treatment options are available.

From the literature review, one of the themes in research was effectiveness of using traditional Indigenous spirituality alone as a healing method, or combined with Western-based

approaches. For example, some studies reported successful integration of Indigenous and Western treatment centres with higher retention rates (Dickerson et al, 2016; Rowan et al, 2014; Stewart et al, 2017). Participant 9 reflected on the benefits that Western treatment modalities may have: less homelessness, less addiction, less poverty. However, as mentioned in the findings, two participants stated they were not taking part in any cultural or spiritual activities prior to involvement with Dilico and because of involvement with Dilico, are now finding a sense of identity in their recovery.

Some important findings arose in my study which may contribute to the current literature. The first is that six of the nine participants mentioned spirituality was missing for them in previous attempts at recovery. This underlines the importance of Indigenous spirituality in recovery. Alternatively, three participants reported they were missing AA/NA from their recovery plan, which is a Christian-based treatment model. This suggests that perhaps elements of both Indigenous and Western based models may offer different perspectives and outcomes for clients. Using both modalities may allow Indigenous clients to be flexible in their treatment, using elements of both Indigenous and non-Indigenous methods of recovery.

The fifth theme connected to the literature shows that some of the participants acknowledged that housing security posed a barrier to practicing their spirituality in their recovery plans. Housing instability was caused by homelessness, eviction, or lack of safety in their home. In one instance, an individual experiencing homelessness attended a treatment centre in order to be housed for the duration of their treatment. This acted as a barrier as this individual was attending treatment due to lack of housing rather than recovery from substance use, thus this person stated “I was there for the wrong reasons. This time I actually wanted to go”. Another participant who identified struggling with housing stability was in the process of eviction and

stated their recovery plan was suffering because of the stress this was causing them. Similarly, the third participant who identified previous housing instability as a barrier stated immediate relapse upon eviction from their transitional housing. This person reported feeling a sense of “self-fulfilling prophecy” in terms of chronic homelessness and addiction. These narratives are consistent with the principles of Housing First, which emphasise the importance of providing independent and secure housing prior to moving forward in other aspects of life, such as mental health and addictions treatment, education, and employment (Woodhall-Melnik & Dunn, 2016).

Another important barrier that participants identified was the COVID-19 pandemic response on substance use recovery. Participants acknowledged this as a barrier to practicing their spirituality, and thus taking part in their recovery plans. This was significantly important for participants who wanted to attend face-to-face ceremonies with their community but were not able to due to public health initiatives. Not attending community spiritual ceremonies is a significant barrier as researchers identified that connection to community is a salient component to recovery (Kelley et al, 2018; Kulis & Tsethlikai, 2016; Moghaddam & Momper, 2011). In consideration of the previous research done around community, not attending ceremonies in person would likely have harmful impacts on recovery. Participant 9 described the pandemic as being “detrimental” to their healing as they were not able to attend sweat lodges or see their family while attending Dilico due to the pandemic response.

### **Implications for Dilico Anishinabek Family Care**

This research was done in collaboration with Dilico Anishinabek Family Care Research Advisory Committee, and there are important implications to consider as to what this research might suggest about the Addictions Treatment program. The most important reflection from this research is that all of participants identified their recovery plan using traditional Indigenous

spirituality as beneficial and important to their healing. A majority of the participants also identified their Indigenous culture and spirituality were missing in previous attempts at recovery. These participants, however, stated that they found their spirituality through engagement with Dilico. Eight of the nine participants also identified that taking part in spiritual practices helped them stay sober and prevented relapse. Evidently, the work that Dilico is doing aligns with their vision to promote healing and the well-being of Anishinabek people, which honours values, cultures and traditions. One participant contemplates the work they have been doing with Dilico stating, “I know Dilico is where I should be to finish my healing journey” (P9).

Possible considerations for service delivery with Dilico is suggested in the theme, “missing from treatment” from the findings. Three of the nine participants identified they were missing their traditional language, which was acknowledged as a deeply sacred and spiritual practice. For these participants, they felt that learning (or re-learning in some cases), their language would have positive effects on their recovery plan. Participant 5, for example, reported that losing their language made them feel “less native”, or like an outcast. Relearning the Anishinaabemowin language would make this person feel more connected to their culture and their community. Participant 9 also shared that being able to speak to Creator in their traditional language is something “spiritual and sacred” for this person.

### **Recommendations for Social Work Practice and Research**

This study provides important insight on the outcomes of traditional Indigenous spirituality in addictions treatment. This insight allows social workers and treatment centers to enhance their knowledge, thus being better equipped to develop the necessary skills which will benefit those we work with. Understanding the importance of this research helps bring awareness to missing elements of treatment for Indigenous clients, and encourages policy changes which

would allow for more funding and research to continue this work. Another implication for policy is the importance of having safe, stable housing, which was addressed in the emergent themes as a large barrier to treatment. This is especially true for Indigenous clients as they disproportionately experience homelessness in Canada when compared to non-Indigenous individuals<sup>4</sup> (Thistle & Smylie, 2020). As many other researchers have identified, there is a need for specific and tailored research to community needs when it comes to understanding culture and spirituality in addictions treatment (Dorman et al, 2018; Fiedeldey et al, 2017; Marsh et al, 2015; Rowan et al, 2014). This research begins to bridge that gap by focusing exclusively on Thunder Bay, however there is opportunity to focus more intentionally on specific Indigenous communities. This is particularly relevant as many participants left their reserves, or had travelled outside of Thunder Bay to attend culturally-specific treatment centres. This would allow services to more appropriately service those they are supporting.

### **Limitations**

Perhaps the largest limitation to consider with this study was the COVID-19 pandemic and pandemic response. Because of lockdowns occurring throughout Ontario, the interviews needed to be conducted over the phone, rather than in-person. This was challenging both from an advertisement and recruitment perspective, but also when conducting the interviews. Interviews were intended to be done face-to-face to be consistent with the interviewing methods. Conducting interviews over-the-phone eliminated non-verbal which communication the participant and interviewer would have used to interact. Additionally, there were several participants who registered to participate, and then were absent. This was likely due to the outcome of COVID and possible accessibility to technology.

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<sup>4</sup> Researchers believe the numbers of Indigenous people experiencing homelessness is also underrepresented as Canada's current National Housing Strategy does not include Indigenous-specific policies (Thistle & Smylie, 2020).

Additionally, this was challenging from a IRM and PAR standpoint. As both methodologies rely on relationship-building and foundations of trust, this was challenging when conducting virtual interviews. I imagine quality of responses may have been more profound had in-person interviews happened. Furthermore, the possible digital inequality of some participants contends with power sharing principles of PAR. Being able to meet participants where they were would have eliminated some power imbalance in the digital world.

### **Conclusion**

This research began as an extension of my professional and academic career two years ago. It continues to manifest as I develop my skills as a Social Worker in the field of mental health and addictions in supportive housing. Working in this field, I see that Indigenous clients are disproportionately represented in substance use as well as instable housing. Therefore, I will inevitably continue to work alongside (with??) this population. As I conclude this study, I often reflect on my daily practices with clients and how I may better meet the needs of Indigenous people I work with. Now, in my own practice, I am more mindful of incorporating culture into client treatment plans and ensuring they are referred to appropriate services that can properly provide this. Additionally, working in a system which favours Western modalities of treatment in recovery has stressed the importance of promoting systems change through relationship building and connections between academia and research organizations and Indigenous communities.

I want to close with a reflection on Participant 9's comment regarding today's society and the absence of connections. This quote beautifully wraps up the importance of the community level work of Dilico, as well as the individual level work of the nine participants who graciously took their time to support this research: "When we connect and are connected with other human

beings. When we're with the great spirit. That's when we're going to do the most healing...If we all lived land based and back to our roots...wow! We'd be unstoppable".

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## Appendix

### Appendix A



#### Interview Guide

Thank you for meeting with me. I would like to ask you some questions about your experiences with Indigenous spirituality and what role this has played in helping you heal from substance use.

1. In order to conduct this interview, I would first like to ask some general questions to ensure you are eligible for this interview.
  - a. Are you 18 years of age or older?
  - b. Do you have a history of substance use in which you have used spirituality to heal from?
2. Can you tell me what spirituality means to you? Indigenous spirituality?
3. Can you tell me how Indigenous spirituality has impacted your relationship with substances?
4. Has spirituality had an impact on your healing journey?
5. If yes, what aspects of spirituality helped you the most?
6. Is there any aspects of spirituality that wasn't helpful?
7. Is there anything else you would like to share with me about your journey?

**Appendix B**

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Research Ethics Board  
t: (807) 343-8283  
research@lakeheadu.ca

August 14, 2020

**Principal Investigator:** Ravi Gokani  
**Student Investigator:** Breanna Sweers  
Health and Behavioural Sciences/School of Social Work  
Lakehead University

Dear Dr. Gokani and Breanna:

**Re: Romeo File No: 1467918**  
**Granting Agency: N/A**  
**Agency Reference #: N/A**

On behalf of the Research Ethics Board, I am pleased to grant ethical approval to your research project titled, "Spirituality and Substance Use: Indigenous Healing in Northwestern Ontario".

Ethics approval is valid until August 14, 2021. Please submit a Request for Renewal to the Office of Research Services via the Romeo Research Portal by July 14, 2021 if your research involving human participants will continue for longer than one year. A Final Report must be submitted promptly upon completion of the project. Access the Romeo Research Portal by logging into myInfo at:

<https://erpwp.lakeheadu.ca/>

During the course of the study, any modifications to the protocol or forms must not be initiated without prior written approval from the REB. You must promptly notify the REB of any adverse events that may occur.

Best wishes for a successful research project.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristin Burnett".

Dr. Kristin Burnett  
Chair, Research Ethics Board

/sw

## Appendix C

  
**Dilico**  
Anishinabek Family Care

Distributed via Email

May 22, 2020

Lakehead University  
Research Ethics Board  
955 Oliver Road  
Thunder Bay, ON P7B 5E1

Dear Board Members:

**RE: MSW THESIS RESEARCH PROJECT | INDIGENOUS SPIRITUALITY & ADDICTIONS TREATMENT**

The above-mentioned project has been reviewed by the Dilico Anishinabek Family Care Research Advisory Committee. The proposed project of Breanna Sweers, Social Work Student at Lakehead University aligns with Dilico's vision to promote healing and the well-being of the Anishinabek people; using an integrated holistic approach in a way that honours values, culture and traditions.

We support this project and wish Ms. Sweers a successful collaboration with our organization.

Sincerely,



John Dixon,  
Integrated Services Director  
807-623-8511 | [johndixon@dilico.com](mailto:johndixon@dilico.com)  
*per* Dilico Anishinabek Family Care  
Research Advisory Committee

CC: Darcia Borg, Executive Director, Dilico Anishinabek Family Care  
Don Humphries, Board President, Dilico Anishinabek Family Care

200 Anemki Place, Fort William First Nation, ON P7J 1L6 | Phone: 807.623.8511 | Toll-free: 1.855.623.8511 | Fax: 807.626.7999 | [www.dilico.com](http://www.dilico.com)

## Appendix D



### *Letter of Information & Consent for Potential Participants*

Dear Potential Participant:

Thank you for your interest in this research study. My name is Breanna Sweers. Myself and my supervisor, Ravi Gokani, have organized this research study looking at the effects of Indigenous spirituality and substance use. I have invited you to take part in this research study to better understand how traditional Indigenous spirituality plays a role in the healing journey from substance and alcohol use.

Taking part in this study is voluntary. Before you decide whether or not you would like to take part in this study, please read this letter carefully to understand what is involved. After you have read the letter, please ask any questions you may have.

#### **PURPOSE**

The purpose of this research is to understand how services can better meet the needs of Indigenous service users who use traditional spirituality as a way of coping or healing from substance and alcohol use.

#### **WHAT INFORMATION WILL BE COLLECTED?**

I will be asking you questions about how you have used Indigenous spirituality as a way of healing from substance and alcohol use. The interview questions will include the following:

1. *In order to conduct this interview, I would first like to ask some general questions to ensure you are eligible for this interview.*
  - a. *Are you 18 years of age or older?*
  - b. *Do you have a history of substance use in which you have used spirituality to heal from?*
2. *Can you tell me what spirituality means to you? Indigenous spirituality?*
3. *Can you tell me how Indigenous spirituality has impacted your relationship with substances?*
4. *Has spirituality had an impact on your healing journey?*
5. *If yes, what aspects of spirituality helped you the most?*
6. *Is there any aspects of spirituality that wasn't helpful?*
7. *Is there anything else you would like to share with me about your journey?*



After reading these interview questions, you are free to withdraw from this study up until October 2020 at which point the transcripts will be destroyed and made anonymous.

#### **WHAT IS REQUESTED OF ME AS A PARTICIPANT?**

You can expect this interview to take approximately 90 minutes. I will ask you the questions from the interview guide, however the interview may move away from the noted questions. You are not obligated or required to answer any questions you do not wish to and may discuss as much or as little as you like. Please take breaks as needed.

#### **WHAT ARE MY RIGHTS AS A PARTICIPANT?**

As a participant, you:

- do not have to participate,
- can stop (withdraw) the interview at any time
- will have the right to request that the information you have shared up until the time you withdrew from the interview be removed from the data
- if you withdraw and do not request that the information you have share should be removed, the information up until the time of withdrawal from the study will be included in the research
- are not required to answer any questions you do not feel comfortable with

#### **WHAT ARE THE RISKS AND BENEFITS?**

This research study may discuss some painful or emotional moments for you regarding a history with substances. You do not have to answer any questions that you are not comfortable with. You may withdraw from the study at any point if this becomes too difficult to talk about. The researcher will have available resources if you feel you need additional support.

As a thank you for taking part in this study, you will receive \$10 for participation. This will be received upon completion of the interview, in a sealed envelope.

#### **HOW WILL MY CONFIDENTIALITY BE MAINTAINED?**

This interview will be completely confidential, meaning only the researcher will be able to identify your answers. To avoid sharing any personal information that could reveal your identity, interviews will not include information about your name, facility that you have received services from, and the city. The will not have any names attached, thus nobody but the interviewer will be able to identify who completed it. The audio recordings will be destroyed once transcribed.

**WHAT WILL MY DATA BE USED FOR:**

Your data will be used to answer the following question: What are the perceived effects of using traditional spirituality as substance use treatment for Indigenous clients in Northwestern Ontario?

Only the researcher will have access to the data. This information will not be used for financial gain.

The information collected from your interview will be used to inform a research paper. Furthermore, this information may also be used to improve programming regarding Indigenous spirituality and substance use.

The results will be summarized to [Dijico](#) in a final report. There will be no identifying information in this report.

**WHERE WILL MY DATA BE STORED?**

Data will be stored in a locked cabinet in Dr. [Gokani's](#) office, the supervisor of the researcher. The transcripts will be kept separate from the consent forms.

**HOW CAN I RECEIVE A COPY OF THE RESEARCH RESULTS?**

If you would like a copy of your interview once completed, you may leave your email with the interviewer upon completion. A [one page](#) summary will be emailed to you if you wish.

**WHAT IF I WANT TO WITHDRAW FROM THE STUDY?**

To withdraw from this study, you may notify the researcher by email, by phone, or in person. If you wish to have your data withdrawn, you may email the researcher directly requesting to do so.

**RESEARCHER CONTACT INFORMATION:**

Breanna Sweers, MSW

[bcswears@lakeheadu.ca](mailto:bcswears@lakeheadu.ca)

Ravi [Gokani](#), Prof. Social Work, Supervisor

[rgokani@lakeheadu.ca](mailto:rgokani@lakeheadu.ca)

**RESEARCH ETHICS BOARD REVIEW AND APPROVAL:**



This research study has been reviewed and approved by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone outside of the research team, please contact Sue Wright at the Research Ethics Board at [807-343-8283](tel:807-343-8283) or [research@lakeheadu.ca](mailto:research@lakeheadu.ca).