

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY – A VISITING
APPROACH TO UNDERSTANDING INTERCONNECTIONS BETWEEN SUBSTANCE
USE, HEALING PATHWAYS, AND MINO-BIMAADIZIWIN: CONVERSATIONS WITH
ANISHINABEK

by

Alycia Benson

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Abstract

This knowledge sharing process is a complexity of interconnection. To summarize these relational findings into an abstract is virtually impossible. However, I will summarize that findings of this relational-based research allowed for me to continue walking a good path. We as Indigenous researchers and knowledge gatherers must ensure that Indigenous stories stay whole. We are knowledge gathers and should acknowledge that stories are vessels for teachings to be passed down. These stories ought to remain together to share the words and understandings most appropriately.

For me, it was a process consisting of more than just holding onto people's stories, but I also held onto their traumas and pain that they shared with me. This was an unintended outcome for myself that I had to cope with throughout this process. When storytellers would share these heavy burdens onto my shoulders, I would sit with these stories for weeks and months at a time, reflecting on their journey through life. These stories often connected to me on a personal level through familiar connections, community connections, or stories that my late brother, Ryan, could have shared himself. There was a lot of emotional work done on my end, as I needed to ensure I honoured these stories and people, but also protected myself and grounded myself throughout this process. I let the heaviness ground my feet, and those feet turned into roots that supported me throughout the remainder of this process, and arguably, for the rest of my life.

There is a common catalyst, which speaks to shared experiences around familial patterns of trauma(s), substance-based coping mechanisms and a cultural disconnect from community, culture, and sense of belonging. Trauma is multifaceted and multi-layered, and in no way does this analysis or discussion compound it into a singular understanding; I propose

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here that colonial interference on families created conditions of similarity, and thus, outcomes resulting in shared stories follow a similar pattern or series of events. The importance here lies in understanding how trauma is a catalyst for destruction. If trauma is not faced and addressed in a way that speaks to the depths and shadows that it lurks within, it will continue to reinforce high-risk coping behaviours as attempts to numb and mask pain through, often, polysubstance use.

Stories shared highlighted this concept of being born into pre-established patterns of addiction. These realities were considered ‘normal’ everyday situations, which perpetuated notions around not addressing traumas, but rather masking it through substance use protective strategies. The main takeaway here is that the cyclical nature of intergenerational trauma is limited in its understanding of how and why substances are used through the lens of masking and numbing pain through a multi-layered familial perspective.

These specific environments produce situations of normalization, which ultimately favour patterns of cyclical re-traumatization. The common theme spoke to the idea that coping mechanisms such as silence was used as a way to actively avoid responsibility, accountability or acknowledgement of child-related harms or the harms inflicted on themselves, as the parents, in their younger years. Silence throughout the stories reinforced emotional dysregulation and disengagement, which ultimately reinforced a positive association with coping through substance use.

However, despite the darkness and silence of trauma and collective pain, there is a brighter element of healing that consumed me throughout the process. Living in a good way benefits community and collective growth. When we are living a good life, Anishinaabek

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believes that our way forward is to live humbly, to lead with love and compassion, even in the face of racism and hatred, as Anishinabek can see good in all things when we come from a place of healing and understanding. However, it is important to note that living according to *Anishinaabek* customs and protocols truly means living according to these ways of life.

Mino-Bimaadiziwin is a substantial and complex way of life. It is an understanding that is unique to the person who is explaining it, and everyone can explain it differently. However, it is founded on living and walking a good life. Relational-based knowledge gathering is exactly what is described above. It is complex and sensitive, but relational knowledge gathering is fundamentally a process of healing, collectively and individually.

Healing is a connection. *Mino-Bimaadiziwin* is a subjective understanding of what is important to an individual and how they walk the path to healing, meaningfully feeding the spirit within. Healing is the Circle, and being actively involved in deciding what is important to you on your journey to (re)connecting. Relational understanding around healing is creating space and a place that welcomes many truths which originate from collective Indigenous experiences.

Dedication

Firstly, I must take a moment to reflect on the spiritual quest that this PhD dissertation truly was. I started from a place of anger and frustration. I found myself in crippled in grief and hatred. I emerged now from a place of acceptance. I acknowledge that I will forever be grieving the loss of my brother, Ryan. I will hold the weight of these stories, and the shared losses shared with me. However, I grounded myself in the culture and asked spirit to help walk this path to healing with me. As such, I wanted to acknowledge I did not walk alone, and I had support and help along the way.

Ryan Benson Sunrise June 20th, 1986; Sunset August 8th, 2023. I wholeheartedly dedicate this storytelling journey to my brother, Ryan. This knowledge gathering process started while he was still earth side. I ended this portion of my journey as a collaborative healing process for myself, and others. Ryan's spirit is strong and continuously makes appearances in funny and not so subtle ways. His ability to make us laugh, even in spirit form, is the definition of his character and resilience. Baamaapii Ryan.

I also want to dedicate this entire process to a shining star taken from our lives too young. DC you are missed. You are loved. You were taken far too young. Baamaapii DC.

I want to acknowledge all the spirit helpers I had along the way, to which I will keep personally tucked away in my memory. Chi-Miigwetch for the shared journey we all experienced together.

Acknowledgements

On this earth side, I want to first acknowledge every single person who has shaped my worldview since starting this journey. Without you, I would not be where I am today. I also want to acknowledge the support and wisdom shared with me by my Supervisor, Dr. Mushquash, as I battled moral and ethical dilemmas throughout the process.

I want to acknowledge the support of my family and friends, who helped carry me when I did not find my strength. My parents have provided me with unwavering support over the last ten years of my post-secondary career. While most of this research is focused on Anishinaabe's perspectives, I fully acknowledge and appreciate the wisdom and support provided by my dad, Brian, and my bonus dad, Ted. I want to acknowledge my niece Violet, Ryan's daughter, who helped me realize a part of him is still physically with us.

I want to acknowledge the love and support from my partner, Kurtis. His unwavering support helped me cross the finish line and kept my mind focused on what was important.

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Seeing From Two-Eyes & Relational Accountability

Boozhoo, Aanii
Alycia Benson nindiznijaaz
Nigig Nindoodem
Ma'iingan Nindoodem
Biigtigong N'indoon-jii
Thunder Bay Nindaa

I am an *Anishinaabe'Kwe* scholar of *Biigtigong Nishnaabeg* (the place where the river erodes) of the *Nigig nindoodem* & *Ma'iingan nindoodem* (otter clan & wolf clan), which is located off the shoreline of *Chi-Gamig* (Lake Superior). On my maternal grandmother's side, our relations are to *Biigtigong Nishnaabeg*; on my maternal Grandfather's side, we have ancestral relations to the James Bay Cree communities in northern Ontario. To fully position oneself within an Indigenous Research Paradigm, one must fully acknowledge oneself for all they are (Wilson, 2008). I also have paternal grandmother relations and connections to Europe. I am both *Anishinaabe'Kwe* and a settler. I live within a duality and diverse representation of identity. I am mindful of this, and to further decolonize the research process, I must be fully aware of all my relations beyond my Indigeneity. Being fully aware of who I am as a settler and *Anishinaabe'Kwe* has allowed me to walk in two worlds, see from two eyes, and share the knowledge I have learned with my family, who does not fully understand how settler colonialism influences everyday life.

My Bagijigan

Bagijigan, translated loosely into English, can be understood as the gift that every Nishnawbe person has within their spirit and is gifted upon creation. *Bagijigan* is something special that we have, our gift, that is meant to be shared with the world (Doerfler et al., 2013; Niigaanwewidam James Sinclair, 2013). To understand *my bagijigan*, I must acknowledge the contexts that shaped and created my lived reality. I hold considerable ground as a white-passing *Anishinaabe'Kwe*. My privilege also applies to the fact I am well-educated, financially secure, healthy, and able-bodied. My family was raised outside of the community, and the culture. My grandmother, a language holder, passed away many years ago. She knew who we were as Anisninaabek, she knew where we came from, and she also knew why she needed to 'protect' us from the pain of colonial interference. Shirley Carson, my *Gookomis*, tried to protect her family by concealing us from who we are. I was completely unaware of who I was until I was 15 years old. I first found interest in understanding history and culture in post-secondary schooling; my undergraduate courses comprised many Indigenous Learning electives. As I dove deeper into the history, the stories, and the culture, my sense of self shifted, and I began the process of awakening from a colonial coma.

I also struggled to find a place within the institution that spoke to my spirit. I struggled with belonging. I am a walking contradiction. Where do I fit in? Where do I have a place to speak about what brings me purpose? Where can I go that I feel my ideas and ways of knowing (and unknowing) are encouraged and welcomed? Sometimes, I think I am lost in limbo and questioning my issues of representation. As I furthered in my unlearning, I discovered I was not alone in feeling alone. Many Indigenous scholars felt lost (Absolon, 2022; Debassige, 2010; Wilson, 2008). While most of my journey has been through academia, it is still a journey. As Absolon (2022) explained, "...reading is re-searching. Re-searching in literature is knowledge

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building. Knowledge is truth learning" (p.80). I found comfort in the fact that my journey originated within the institution but has since evolved and created the process of unlearning the ways that taught me. This concept of visibility and recognition can be understood as "Indigenous scholars and writers are often not given the lectured, written and lived space required to best support [other] Indigenous students..." (Fraser & O'Neil, 2021, p. 1). Being invisible within academic domains is like staring into a calm lake and not seeing your reflection on the surface (Fraser & O'Neil, 2021). I started to understand the need to access spaces created by other Indigenous scholars. This process ultimately created a safer space for me to understand that we all have our *bagijigan* (gifts) from the Creator to do good work in a meaningful and unique way. Young Indigenous scholars should be able to look into the water and see a reflection of themselves within the extensive system of lakes, streams, and creeks. This water system reflects my journey, growth, and evolution as I emerge into the scholar I am meant to be. My journey goes beyond the limitations of the Westernized understanding of academia. It involves rediscovering my ancestral connection and memories to the Land that my relations call home. I honour my connection with the Land, which will be the centre point of my dissertation. My *bagijigan* is the ability to create a space that honours, recognizes, and creates spaces and places that acknowledge ways of knowing on the Land for those on healing pathways. The Land brings significant meaning to my life; the Land is where I feel connected to beings more significant than myself, and the Land is where I seek guidance and direction. The Land is where my journey continues. The Land gives me the strength to continue showing the world my *bagijigan*.

The Roadmap - My Spirit-Led Journey & Ryan's Story

I started this PhD from a place of anger, frustration, and a heavy heart. As I have openly shared, Ryan struggled for many years and battled an addiction to Heroin. Ryan's journey to substance use started over two decades ago, but significantly spiralled into his 30's. Ryan was strong, he had a contagious laugh, and he had a will to live. Ryan experienced barrier after barrier to achieving sobriety. He faced closed door after closed door. He was dismissed from numerous health care providers, repeatedly. He found himself on rock bottom with no social or medical supports to grasp onto. Ryan was no stranger to the justice system. He found himself incarcerated, again, in the summer of 2022, and it was not until this moment his spirit was (re)connected to his physical body through ceremony, and he was able to find healing.

While Ryan was serving his time in the institution, I was on auto-pilot completing my degree. My intentions when applying for the program again came from a place of anger and frustration with the systems at play. I also was re-connecting to my identity, learning about who I am as *Anishinaabe'kwe Biigtigong N'doonjii*, and walking the line between both worlds. I held a lot of emotion in my heart, and it was not love or happiness. I passed my required classes. I passed my comprehensive examination. I finished my internship. Throughout this time, I was learning more from an unconventional level. I was unlearning to relearn. I finished my proposal in the summer of 2023, and took a little break to reflect on it. As my defence date neared, so did the date where my family would mourn the death of my brother. I received the call on August 10th, 2 days after he had passed away, from his best friend. We had no police notification of his death. We found out through reading "RIP Benson" plastered across his social media. Ryan was murdered. I was in a really dark place. I did not see the purpose or reason behind continuing this journey in academia. I honestly saw no purpose in finishing this story.

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A few months later, I realized that the trauma of losing my brother consumed me in such a negative way, and I needed to find a purpose to pull me out of the depths of my depression. My brother found healing from his demons, and I realized he would not want me to walk this path. I came to the realization I was coping with substances in my own way, and I needed to feel numb. I needed to step away from the alcohol that numbed my heart and mind. The alcohol silenced the screaming in my mind. I realized that I needed to feel the pain fully and profoundly and stop denying the trauma that has significantly and forever impacted my life. I needed to heal parts of myself that I never broke. I realized that to truly embark on a healing journey, I needed to finish telling Ryan's story, and thus proposal 2.0 was developed in the winter of 2023.

During this time, I also received a teaching that significantly changed my perspective going forward. I could not lead from anger and hatred, but I must lead from a place of love and compassion. I had no place speaking with people on their healing journey when I did not put the work into healing my traumas from Ryan's death. I have not fully healed from his death, and truthfully, I do not know if I ever will, but healing is a lifelong process, and I have made active efforts to ensure I am approaching this storytelling process from a place of love and compassion. I want to honour my brother's life and story by creating a place and space for others to share their stories. This entire spirit-led healing process has brought me closer to my community, the teachings and understandings around loss, grief, and the importance of culture.

In the making meaning section (the discussion), there will be space and place for strategically selected people to share Ryan's story and journey from the Eastern Door (birth into the human vessel) and Western Door (returning to spirit). This is a foundational piece of the story about why I have started my PhD journey, and from an Indigenous relational level, this is a story that needs to be told and honoured by those closest to him.

Setting the Context: Literary Review & Historical Considerations

This section will cover the literature on substance use within an Indigenous context. The following literature provides the contextual basis of how history is interwoven in the past, present and future understandings of colonialism and pathways to healing. The literature review will also define substance use and addiction and how they can be understood within various use classifications. Furthermore, the section will be understood through related themes, such as the data related to acute toxicity, mortality, and other communal factors. The following sections will address mental illness and mental health, which have been separated to limit further stigmatization. Mental well-being/health is not synonymous with substance use but can co-occur (Chau et al., 2021). Following that section, it will create space to address gaps within the literature. Lastly, this section of this chapter will discuss the concept of *Anishinaabeg Kadamizwin* (Anishinaabeg ways of knowing, being and doing), *Mino-Bimaadiziwin* (the Good Life) and how that relates to *Pimachowin Aki* (the Land that gives life). There is a need to further explore, within an Indigenous research paradigm, how all three concepts of *mino-bimaadiziwin*, *pimachowin Aki*, and Land as healer work through a relational model of understanding in efforts to address healing pathways from substance use in a Good Way. Thus, the last part of my literature review will provide a breakdown of the use of language, as well as specific terms and meanings related to my dissertation.

Colonialism, Harms, & Traumas as Mechanisms of Assimilation and Erasure

Indigenous Peoples have come to Turtle Island to care for the earth and all human and non-human matters. Indigenous Peoples have walked Turtle Island for millennia. People and communities were fluidly moving as water moved in a creek. Land and ways of being on the

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Land are fundamentally sacred. The teachings shared created a deep connection with creation, spirit and the ancestors. Indigenous Peoples are connected to old knowledge/ancestral knowledge when connected with the Land. Pre-contact population rates were dramatically impacted with the arrival of settlers, and this impact influenced the estimated population decline of 90-95% (Nutton & Fast, 2015a), which indicates the introduction of foreign pathogens, disease and illness, and violent outbreaks. One notably planned outbreak was the intentional act of giving blankets infected with smallpox and measles to many communities (Nesdole et al., 2014; Nutton & Fast, 2015b), and another factor to consider was the large outbreaks of tuberculosis (Hick, 2019; Reading, 2018).

The arrival of settlers introduced new ways of knowing, being and doing that pushed back against Indigenous worldviews. The introduction of settlers prioritized Western European values, knowledge, resources, and practices. In the 1700s and 1800s, Indigenous Peoples experienced devastating Land loss, which was sanctioned through governmental policies and procedures (Brown et al., 2012; Cardinal & Pepler, 2021; Nesdole et al., 2014; Nguyen et al., 2020a; Nutton & Fast, 2015b). The purpose of land dispossession was to limit control and access to extractive industry resource-rich areas, which were on the traditional lands of Indigenous Peoples and communities.

Historical relevance is always a starting point in any discussions around colonialism and mechanisms of erasure. There needs to be a paradigm shift in understanding how historical trauma and the intersections of settler-colonialism have influenced Indigenous-specific substance use rates. It is important to understand that communities have pushed back against repeated attempts at cultural erasure. These attempts and techniques are evident through the histories of stolen Land, continuous attempts at disconnection to Land, and indoctrination

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through residential school systems (Cardinal & Pepler, 2021; Jacklin & Warry, 2012; Nutton & Fast, 2015b, 2015b; Reading, 2018; Ross, 2014).

Over 150 years, over 150,000 First Nations, Inuit and Metis Nation families experienced governmentally sanctioned initiatives aimed at 'removing the Indian from the child' through targeted approaches of cultural erasure (National Centre for Truth and Reconciliation, 2015). The first Indian Residential School opened in 1831 and ran until the closure of the last Canadian school in 1996 (National Centre for Truth and Reconciliation, 2015).

The Indian Act is a Canadian Federal law that was passed in 1876, which sanctioned the Government to seize control of Indigenous Peoples by seizing their lands, autonomy, and calculated attempts of erasure. Through the execution of the Indian Act, this oppressive legislation revoked Indigenous women's status if they married a "non-Indian" man (hence the introduction of Bill C-31). The Indian Act sanctioned Residential Schooling, created reserve lands, and created the 'pass system' that limited Indigenous People from leaving the reserve (Indian Act, 1985). The Indian Act (1985) also prohibited Indigenous Peoples from talking in their language, which we now know as a key cultural connection to nationhood, self and Spirit. Other considerations around the oppressive policy aimed at Indigenous Erasure promoted the cultural disconnect by banning Indigenous People's inherent right to practice ceremony, dance and sing (Indian Act, 1985).

In 1920, the Indian Act passed a law that made attendance for all status children between the ages of 7 and 15 mandatory, and they resided in many of the institutions, as seen in Figure 1 (National Centre for Truth and Reconciliation, 2015). These institutions were not schools but total institutions that stripped away the sense of belonging, community and identity. These 'schools' were never schools but hallways of despair, sadness, pain and emptiness. The

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Residential Schooling system has been the single most catastrophic series of attempted Indigenous erasure (Nutton & Fast, 2015b; Pegoraro, 2015). Children were intentionally targeted to sever generational ties, confirming that the inability to share Indigenous knowledge and ways of being negatively impacted future generations of culture, identity and sense of belonging (Cardinal & Pepler, 2021, 2021; Kirmayer et al., 2014; Nutton & Fast, 2015b; Pegoraro, 2015; Reading, 2018). During the Residential School era, there have been numerous reported cases of physical, mental, spiritual, emotional and sexual abuse (Wilk et al., 2017).

Another systematically targeted approach to sever generational ties to culture, identity and nationhood is the past and current child welfare system. Since the first arrival of settlers, Indigenous nations have felt the violent separation of children from their mothers (Waubanascum & Sarche, 2024). The very first separation is the removal of the Indigenous Person from the Land (our first mother) (Waubanascum & Sarche, 2024), to other calculated attempts of Indigenous genocide. Another systematically targeted approach to severe generational ties to culture, identity and nationhood is the past and current child welfare system. This colonial legacy stemmed from the 60's Scoop, where over 24,000 Indigenous children were stolen from their families and placed in non-Indigenous homes to assimilate into Western culture (Spencer & Sinclair, 2024; Quinn et al., 2022). This forced process of 'out-adoption' of Indigenous children was a clear tactic of Indigenous erasure sanctioned by colonial legislation and policy. From the disconnection of Indigenous youth from their culture, a distinct policy emerged reinforcing eurocentric theories and perspectives of 'appropriate' parenting practices, which systematically targeted Indigenous ways of being, knowing and doing as 'problematic' (Choate et al., 2021; & Douglas, 2022). The 60's Scoop's "child-saving rhetoric" (Spencer & Sinclair, 2025, p. 185) was operationalized through child welfare jurisdictions and newly

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appointed social workers (Spender & Sinclair., 2025). The idea of saving Indigenous children reinforced whiteness. In contrast, it promoted the idea of the nuclear family as the only appropriate way to raise children, which contradicts Indigenous familiar/communal structures (Spender & Sinclair., 2025). Indigenous children were stripped of their identity, language, and culture through this act of erasure.

While the 60's Scoop happened many years ago, the ongoing impacts of this are still felt today. The issue for current day Child Welfare Systems continues to locate the issue within the Indigenous Child; essentially, being Indigenous is understood to be 'the problem' (Tuck, 2009). According to the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect Report (2019), it highlighted that in 45,918 children reportedly experienced neglect and/or mistreatment within the child welfare system (Fallon et al., 2019). Given the comparison of Indigenous youth to non-Indigenous youth, it is stated that Indigenous children aged 0-15 are 3.6 times more likely to experience maltreatment-related investigations (Fallon et al., 2019). Reasonings behind these values included child/youth-related functioning concerns, caregiver risk factors (i.e., substance use, psychological impairments, implications of social determinants of health, experiences of intimate partner violence or history of their own child welfare experiences), and various housing conditions (i.e., structural challenges, space limitations and overcrowding, and impacts of poverty) (Ceseroni et al., 2019; Fallon et al., 2019).

The outdated system was broken, and acts of erasure continued. In 2020, Bill C-92 was passed, which marked a turning point for Indigenous child welfare and returned autonomy to community and nationhood (Fallon et al., 2019). Bill C-92 returned agency to Indigenous populations by returning jurisdiction back to the community as a governing body for overseeing Indigenous-specific child welfare services (Fallon et al., 2019). While these are steps in the

right direction, since 2019, the statistics have not changed for the better, and more support is needed to provide resources and agency back to the communities in a good way (Fallon et al., 2019).

The medicalization of Indigenous bodies was another mechanism sanctioned by the Government of Canada during the Residential School Era as a form of control over Indigenous people and their autonomy (Pegoraro, 2015). Pegoraro (2015) described that the atrocities experienced alongside the residential school processes included the forced sterilization of children and older women without medical consent; he cited a passage from Kevin Annett's novel explaining that:

Legislation permitting the sterilization of any residential school inmate was passed in BC in 1933 and Alberta in 1928. The Sexual Sterilization Act of BC allowed a school Principal to permit the sterilization of any native person under his charge. As their legal guardian, the Principal could thus have any native child sterilized. Frequently, these sterilizations occurred to whole groups of native children when they reached puberty in institutions like the Provincial Training School in Red Deer, Alberta, and the Ponoka Mental Hospital (p.164). Sterilization was sanctioned under Eugenic Laws, which targeted marginalized and vulnerable populations for non-consenting sterilization procedures (Pegoraro, 2015). For a statistical comparison, in Alberta, during the same timeframe, Indigenous Peoples represented 2.5% of the total province population and represented 25% of all forced sterilization procedures (Pegoraro, 2015).

The importance of expanding specifically on the medicalization of Indigenous People's bodies and the traumas endured through mechanisms of erasure are entirely tied into the purpose of this dissertation. Indigenous Peoples have experienced time and time again vile and non-consenting attempts at cultural genocide and erasure. To move forward in a good way and

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in a way (re)claiming identity, history and self, Indigenous Peoples are telling their stories to heal in a Good Way. Acknowledging history is the first step in creating safer spaces that give space to the realities behind history, which influence modern-day health outcomes and the apprehension of Western systems and processes.

Indigenous scholars understand the importance of returning to where the circle was broken, back to when the hurt began. Our histories are our stories. We must understand how history, wellbeing and health are interconnected and shape experiences, especially around substance use. As Burnet and colleagues (2020) wrote, one must:

Acknowledge how historical and ongoing practices of settler colonialism affect relationships between providers and people seeking care. While the inclusion and expression of Indigenous concepts of health and wellbeing are essential components to addressing health inequalities, this must be done alongside systemic change and a broader decolonization process that returns stolen Land and resources and supports Indigenous sovereignty and self-determination (p.8).

Cardinal (2021) also highlighted that "the United Nations Declaration on the Rights of Indigenous Peoples acknowledged that Indigenous peoples around the world have been oppressed, marginalized, and exploited because of historical and ongoing harms of colonization" (p.2). These attempts at Indigenous-specific erasure have (re)produced systems of disadvantage across Indigenous communities and nations (Jacklin & Warry, 2012; Nguyen et al., 2020a). Communities experience varying structures of difference that continuously (re)create systems and mechanisms of erasure, ultimately reinforcing disproportionate health outcomes and disparities (Jacklin & Warry, 2012), inequitable and discriminatory resource

distribution, political community-based sovereignty, socially-based exclusion, and exclusionary universal and standardized healthcare platforms (Burnett et al., 2020; Nguyen et al., 2020a).

Understanding Trauma & Intergenerational Trauma

Trauma is the "outward manifestation of the inner experience..." of a specific event (Carruth & Burke, 2006, p. 3). Trauma influences the nervous system and invokes a flight, flight or freeze response to the environment (Bolton et al., 2013). Trauma is also understood as a wound, and how someone interacts with their trauma is individualized and impacts how they interact with the world around them (Carruth and Burke, 2006). The authors explained how "...trauma impacts people's sense of who they are as unique individuals and their sense of soul-one's connection to something greater than themselves" (Carruth & Burke, 2006, p. 2). The residential school experience has been documented to negatively influence people from participating in activities they once placed a great deal of meaning onto, such as family, interests and hobbies, communal connection, and spirituality (Carruth & Burke, 2006). Individuals who have experienced trauma and are unable to process their experiences "...tend to engage in a defensive strategy of disconnection that protects them from further threat..." (Carruth & Burke, 2006, p.2). Trauma can transfer down the familial lines. Indigenous-specific trauma can be transmitted across generations, and it is important to understand that there are numerous factors, personal and societal, that influence how someone can cope with their specific traumatic experience(s). Trauma re-enactment is defined by Miller (2002) as a pattern of coping with the trauma of colonialism with substances. This pattern causes "survivors of childhood trauma to engage in self-harmful behaviours," including seeking out and staying in traumatic bonding relationships (Miller, 2002). The adults who survived residential schools and have since started their own families have seen a rift materialize between their own children

and their childhood trauma, which promoted the internalization of inferiority, shame, powerlessness, loss of structure, and loss of traditional familial roles within communities (Tait, 2004; & Miller, 2002). Braveheart (2003) also argued that the experiences of residential school have negatively influenced the ability to utilize protective factors against the development of coping-based substance use behaviours and decreased parental capacity to provide adequate emotional and physical support for developing children.

Intergenerational trauma is understood as the transference between individually (or communally) experienced traumas to subsequent generations. Intergenerational harm is a vessel that hosts the events within the relational unit, and the implications of these various traumas are transferred and experienced throughout the familial line. Kirymayer and colleagues (2014) explained:

"...historical trauma serves as a way to think about transgenerational effects. The theory is that the traumatic events endured by communities negatively impact on individual lives in ways that result in future problems for their descendants. This means of such transgenerational transmission are varied... This overdetermined transmission of risk is conjectured to accumulate across generations such that the second and third generations will also suffer from mental health problems that can be attributed to colonial violence inflicted on their ancestors" (p. 307).

A teaching that has been shared with me reinforces the notion of generational impact. An occurrence experienced today will have a rippling impact on the next seven generations after. Absolon (2022) shared similar views, and she explained, "Indigenous knowledge occupies itself with the past, present and future. The past guides our present, and in our present, we must consider the generations to come" (p.55). The importance here lies in understanding that trauma

is fundamentally interconnected through blood memory and familiar transgenerational experiences.

Trauma & The Canadian Justice System

Understanding the State of the Canadian Criminal Justice System for Indigenous Peoples must be observed through a lens of colonial interference. According to the Canadian Department of Justice, they highlighted that Indigenous Peoples are overrepresented in the criminal justice system (hereon referred to as CJS) as both victims and/or survivors and accused and/or convicted people (2024). From 2016 to 2017, it was recorded that "Indigenous adults accounted for 30% of the provincial and territorial custody admissions, 27% of federal custody admissions, and 27% of the federal in-custody population, while representing 4.1% of the Canadian adult population" (Government of Canada, 2024; & Malakieh, 2018). Indigenous youth are also experiencing significant overrepresentation in the CJS, whereas they account for 50% of custody admissions while representing only 8% of the total Canadian youth population (Government of Canada, 2024).

There is also a stereotypical rhetoric around homelessness as victim-blaming narratives, which perpetuate homeless "... as delinquents with a propensity for crime and violence" (Patrick, 2014, p.34). This narrative reinforces that the 'problem' is within the individual and does not account for external structures and forces contributing to homelessness (Patrick, 2014). Research findings by Miller and colleagues (2004) found that homeless youth who suffered from sexual and/or physical abuse were more frequently involved in criminality. This consideration above could lead to understanding the disproportionate rates of Indigenous Peoples within the CJS, due in part to the colonial influence of intergenerational trauma,

attempted legislative and political attacks of erasure, and ongoing attempts of strategic erasure, which all stem from colonialism (Patrick, 2014).

There is a clear connection between colonial forces that influence the outcomes of Indigenous experiences in the CJS. There is undoubtedly an association between homelessness and the CJS. However, another way to explore this phenomenon is to look at correctional institutions as a temporary form of housing (Patrick, 2014). The literature around this linkage has been evident in explaining the increased risk of incarceration for Indigenous Peoples and the recidivism rates related to those who are experiencing homelessness (Brown et al., 2008; A Homeless Hub Report, Walsh et al., 2011; Metraux et al., 2007). Once involved in the CJS, while experiencing other profound hardships, such as homelessness, it creates further barriers to overcoming reintegration into society due in part to economic limitations imposed by having a criminal record (Brown et al., 2008).

In addition to youth overrepresentation, Indigenous women experience higher rates compared to non-Indigenous women (Cesoroni et al., 2019; Patrick, 2014; Welsh et al., 2011; McGuire & Murdoch, 2022). Indigenous women are often convicted with more severe sentences and granted fewer opportunities for parole, which, as the literature suggests, may negatively influence post-release experiences of recidivism due to limited culturally accessible services and programs (Walsh et al. 2011; Lambertus, 2007; Currie and Focus Consultants, 2004). As a fast-growing population, this is problematic for many reasons, highlighting the overrepresentation of Indigenous women inmates in Canada (McGuire & Murdoch, 2022). The percentage of federally sentenced Indigenous women increased by 74% between 2009-2019, with Indigenous women representing 42% of all federally incarcerated women across Canada (McGuire & Murdoch, 2022). In other words, Indigenous women's rates of incarceration are

two times that of Indigenous men and three times that of non-Indigenous women (Baigent, 2020; Statistics Canada, 2016).

Additional considerations have since been included in the discussion, which highlighted that Indigenous women offenders are not only experiencing higher rates of incarceration, but they are also victims of imposed colonialist policy, racism and discrimination, sexism, various forms of intergenerational trauma(s) (McGuire & Murdoch, 2022; & McKay, 2018).

Incarcerated Indigenous women also experience higher rates of suicidality, which accounted for 46% of all self-harm-related incidents and 39% of all suicide attempts between 2017 and 2018 (McGuire & Murdoch, 2022). In addition to the overrepresentation in the CJS, the sheer number of missing and murdered Indigenous women has reached unprecedented numbers (Palmater, 2016). Indigenous women are 3x more likely to be murdered, sexually assaulted, or experience intimate partner violence (Baigent, 2020; Native Women's Association of Canada, 2015). Women are more likely to experience being counter-charged when reaching out for police assistance, which contributes to the re-victimization of Indigenous trauma(s) (Department of Justice, 2017).

The disproportionate incarceration rates of Indigenous people are not because of their inclination towards criminality but rather it is because of the influence of colonialism, discrimination, and social inequity that continues to impact Indigenous Peoples (Cesaroni et al., 2019; Bracken, 2008). The interaction between these compounding factors translates into “lower educational attainment, lower incomes, higher unemployment, higher rates of suicide and substance abuse, and higher rates of incarceration” (Office of the Correctional Investigator, 2013, as cited in Cesaroni et al., 2019, p. 114). The normalized racial bias that influences the judicial process in Canada creates and further perpetuates systems of disadvantage for

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Indigenous Peoples (Velazquez et al., 2024). The systems of disadvantage create a phenomenon where Indigenous Peoples are more often targeted by police, which creates more interactions within the CJS (McGlade, 2010). Indigenous Peoples, as seen in the Thunder Bay Crave Documentary, highlighted how they feel victimized, attacked, and unsafe at the hands of the Police Force, which created further situations of colonial power imbalances and mistrust (MacMahon & Lucas, 2023). However, these are more than just statistics and quotes. These are stories. These are realities.

Indigenous Injustices

The experiences within the CJS by Indigenous Peoples are vastly different than those of non-Indigenous peoples. Indigenous Peoples are constantly facing the reality that Whiteness and colonialism is deeply embedded in today's society. Colonialism and acts of erasure continue to impact how Indigenous Peoples' lives are undervalued and disregarded as 'less than' compared to non-Indigenous peoples.

Colten Boushie

Colten Boushie was a 22-year-old Indigenous man from Red Pheasant First Nation (McDerby, 2021; APTN News, 2018). The RCMP investigation concluded that Mr. Gerald Stanley fatally shot Mr. Boushie in 2016 (McDerby, 2021; APTN News, 2018). The controversy with this case sparked public outrage among Indigenous and non-Indigenous Peoples when Stanley was tried by an all-white jury and was acquitted of all charges (APTN News, 2018; CBC News, n.d). This was after Stanley's defence dismissed every potential Indigenous juror based on 'peremptory challenges' (Willsie, 2021). This caused public outrage as this was blatantly a tactic of Indigenous erasure perpetuated by discrimination, systemic racism, and judicial mistrust (McDerby, 2021).

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The media coverage of this tragedy highlighted that Boushie was shot in the back of his head, his murderer walked free (CBC News, n.d.; McDerby, 2021) and how whiteness plays a contributing factor in the devaluing of Indigenous Peoples' lives. Essentially, the way the justice system handled the death notification was insensitive and unjust. The RCMP attended the Boushie family residence with guns drawn (Willsie, 2021; Civilian Review and Complaints Commission for the RCMP, 2021). Remarks and gestures made that were racially biased and discriminatory about Colten's mother's sobriety, smelling her breath, and looking inside her microwave to confirm her statement's accuracy about warming her son's dinner (Civilian Review and Complaints Commission for the RCMP, 2021). The report also found that the RCMP issued a poorly timed release of partial information, portraying Colten Boushie as a deserving thief as opposed to victim (McDerby, 2021).

Jon Styres

Jon Stryes was 19-years-old, a First Nations man from Ohsweken, he was fatally shot in 2016 (APTN News, 2023). A 12-person jury found Peter Khill not guilty (APTN News, 2023). The jury found Khill acted in self-defence as he shot the victim at point-blank range twice in the shoulder and chest (APTN News, 2023). The Indigenous community outcry highlighted that defending Khill's truck was worth killing Stryes over, and that again emphasized the stark reality behind how colonialism and whiteness-rhetoric continue to devalue and dehumanize Indigenous Peoples. However, the Crown prosecutors appealed the acquittal, and the case was retried in the Superior Court, where Khill was found guilty of manslaughter (APTN News, 2023).

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Cindy Gladue

Cindy Gladue was a 36-year-old Cree Metis woman. In 2011, she was murdered in an Edmonton Hotel while working as a sex worker (APTN News 2017). There is much debate and controversy over the death and court proceedings of her convicted murderer, Bradley Barton. Throughout this court case, there were substantial dangerous narratives thrown around emphasizing that Indigenous women are disposable, dehumanized and not worthy of providing consent to sexual activity (Makepeace, 2023). Gladue's body was not only dehumanized and devalued in a metaphorical sense, but it was also physically mutilated without familial consent to "memorialized a terrible, sexualized violence directed at an Indigenous woman" (Razack, 2016, p.289). In 2019, Bradley was acquitted of all charges; however, in 2021, the Supreme Court ordered a retrial, and he was found guilty of manslaughter (Ridgen, 2021; Makepeace, 2023).

As the true nature of this dissertation, it is only fitting to share that these are more than just statistics on a page. Indigenous women's faces are seen more often on the obituaries. Thirty-two years ago, my aunt, Geraldine Carson, a member of Biigtigong Nishnaabeg, was murdered by her partner at the time. There were over 6 calls for service from concerned neighbours, to which one report even read, "he is going to kill her." No police attended the residence until they responded with a call to the coroner's office. My aunt was murdered here in Thunder Bay. Systemic discrimination is rampant throughout the CJS, as highlighted vividly in the Thunder Bay Crave Documentary (MacMahon & Lucas, 2023) and the story shared in 7 Fallen Feathers (Talaga, 2017). Our family filed a suit against Thunder Bay Police, but it was deemed 'not police negligent'. These are not just numbers reflected in the journal articles. These are the stories of my aunt, my brother and all my relations.

Trauma, Spirituality, Healing & Wellness

Indigenous-specific trauma, in a contemporary understanding, has further evolved into physical, mental, spiritual, and psychological forms of abuse. Linklater (2014) discussed this notion of Indigenous trauma theory and its applicability to assist providers, clinicians, and practitioners to acknowledge and work together to create meaningful pathways to healing for Indigenous Peoples. Achieving and maintaining footing on meaningful pathways involves a wholistic approach that addresses various degrees of "spiritual injury, soul sickness, sound wounding, and ancestral hurt" (Duran, 2019, p.17). The literature around this notion of soul wounding has not been fully developed, and what was previously available has not been centred around an Indigenous perspective (Duran, 2019; Linklater, 2014). Soul wounding is directly related to the colonialist legacy, and through that, those structures continue to influence and support assimilatory mechanisms, which promote environments that encourage Indigenous erasure (Brave Heart et al., 2011; Chandler & Dunlop, 2018; Duran, 2019; Linklater, 2014; Ray et al., 2022). As a frequent theme throughout this document highlighted, the meaningful pathway forward must walk within two worlds. A culturally safe approach to healing and wellness is inclusive and acknowledges that healing soul sickness requires medicines and ways of knowing that originate from the worldview the wound is located within (Chandler & Dunlop, 2018; Duran, 2019). Duran (2019) mentioned that in order to understand the spirit within alcohol and drugs, he had to (re)learn the ways of his grandmothers to understand completely. When addressing a soul sickness, as Duran (2019) explained, one must follow appropriate protocols for healing spirits attached to addiction. This premise acknowledges that if addressing the spirit of addiction is required at the physical, emotional, mental, and spiritual levels, then healing too much happens at the physical, emotional, mental and spirit levels (Duran, 2019).

While we acknowledge the importance of healing occurring at various levels of spirit, healing also needs to balance the traumas felt on the personal, community, and national levels (Duran, 2019). Linklater (2014) shared similar beliefs; they mentioned that spiritual wellness is a foundational piece of wholistic health, and once the spirit is healed, you can address the physical, emotional and mental aspects of self. Indigenous perspectives on healing and wellness go beyond simply addressing surface-level issues. Healing from an Indigenous context transcends deeper into systemic and historical ailments that transgenerationally impacted people, communities and nations for generations (Linklater, 2014).

Other Faith-Based Treatment Models for Addictions

This section is written in a way that promotes and maintains the safety of an Indigenous academic working within a colonialist system. There needs to be a boundary between Indigenous ways of knowing, being and doing and Western Eurocentric belief systems around faith-based models for addiction. This is intentionally done to acknowledge the colonialist mechanisms of erasure that have been embedded within Western belief systems that promoted Indigenous erasure and death.

Spirituality has and continues to play a large role for people contemplating and actively involved in the recovery process from various substances; these recovery models are based on the premise of connection to something greater than oneself (Galanter et al., 2021; Grim & Grim, 2019). Faith-based programming has demonstrated the successfulness of the initiatives (Grim & Grim, 2019). It highlighted that these programs encourage positive behaviour by creating support systems, ultimately influencing an individual's sense of belonging to something greater than themselves (Grim & Grim, 2019). A typical example of a faith-based program is Alcoholics Anonymous and Narcotics Anonymous (Galanter et al., 2021). Galanter

and colleagues (2021) emphasized the need for programming to be created and targeted to individuals' worldviews and cultures, therefore allowing the individual to make more profound meaning and purpose to that meaning.

This document has now identified and situated contextual histories within the narrative of Indigenous ways of knowing, recognized the many settler colonialist attacks and identified the various cultural wounds that assimilatory mechanisms of erasure have inflicted. It has addressed how spiritual, physical, mental, and social well-being are vital for creating and maintaining a harmonious balance for living a good life. This section will address the typology of substance use classifications and the interfaces with Indigenous-specific substance use.

Defining Substance Use

The American Society of Addiction Medicine (ASAM) explained that an "addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviours that become compulsive and often continue despite harmful consequences" (2019, p. 2). Similarly, the Public Health Agency of Canada defined substance use as an understanding based on a spectrum (2023). The Substance Use Spectrum creates an understanding of situational experiences, as a person may move up and down the spectrum throughout life (Health Canada, 2022).

Non-use means that an individual does not use or consume substances (Health Canada, 2022). Beneficial use is defined as an individual utilizing substances within a positive interaction, such as taking prescribed medication or ceremonial use of tobacco (i.e., smudging or pipe ceremonies) (Health Canada, 2022). Lower-risk use is defined as having minimal impact on an individual, family or social group, whereas they are engaging in lower-risk

consumption of substances (i.e., alcohol or cannabis use) (Health Canada, 2022). Higher-risk use is defined as substance use that is harmful and has negative impacts on the individual, family and social group (i.e., use of illicit substances, binge drinking, polysubstance use, or increasing frequency and/or quantity of use) (Health Canada, 2022). The final stage is defined as an addiction, where an individual develops a treatable condition impacting the brain, causing compulsive and continuous substance use despite the negative impact on themselves, family and social group (i.e., unable to stop engaging in substance use despite wanting to get healthier) (Health Canada, 2022).

Health Canada (2023) also described that there are potentially other related side effects associated with substance use, such as tolerance, dependence and withdrawal. Prescription drugs can assist in treating and managing conditions; however, improper use of specific substances can lead to undesirable consequences (Health Canada, 2023). For example, stimulants are often prescribed to treat conditions such as attention deficit-hyperactivity disorder (ADHD); benzodiazepines are often prescribed to assist with mood disorders such as anxiety and sleep-related conditions; and opioids are often prescribed to treat and manage specific kinds of pain (Health Canada, 2023). The various types of substances will be discussed in much more detail in the subsequent paragraphs. Improper frequency and quantity of prescribed medication consumption can lead to increased serious health effects, such as the materialization of addiction-related conditions, overdose and death (Health Canada, 2023).

Frequency & Quantity of Use

As the frequency and quantity of use increase, the ability to tolerate specific substances also increases, and individuals tend to require higher dosages to achieve the same effects (Health Canada, 2023). Health Canada (2023) explained that tolerance is individualized and

based on specific factors like age, sex, weight, health condition, quantity and frequency of use, polysubstance use (i.e., polysubstance use is the combination of two or more substances such as alcohol use, prescription drug use, non-prescription illicit drug use, or over the counter drug use). Dependence on substances is a natural process whereby an individual's body naturally interacts with substances over an extended timeframe, allowing the body to become accustomed to the effect (Health Canada, 2023). If the tolerance increases and the frequency and quantity remain the same, individuals will withdraw from the substance their bodies built a dependency on (Health Canada, 2023). Individuals may experience "nervousness, irritability, agitation, chills, sweating, diarrhea, nausea, stomach pain, insomnia, body aches, and widespread or increased pain" (Health Canada, 2023, paragraph 9).

Classification of Substances

There are numerous types of substances, including alcohol, prescription drugs, non-prescription over-the-counter drugs, and illicit drugs. Drug classifications are based on their interactions, labelled as stimulants, depressants, hallucinogens, and inhalants (Addiction Centre, 2023; Centre for Addiction and Mental Health, 2013). The following section will explain the commonly used prescription, non-prescription, and illicit drug classifications.

Depressants

Definition: Depressants are frequently referred to as 'downers,' generating feelings of relaxation and sleepiness (Addiction Centre, 2023; *Canadian Drug Summary: Sedatives*, 2022; Centre for Addiction and Mental Health, 2013).

Street Names: Some of the common street names are listed as "Barbs, benzos, downers, Georgia home boy, GBH, Liquid X, nerve pills, Phennies, R2, Reds, Roofies, Rophies, Tranks, and Yellows" (Department of Justice, 2020, p.1)

Purpose: The common prescription use for depressants is to treat mood-related conditions, insomnia or other sleep-related concerns (*Canadian Drug Summary: Sedatives*, 2022).

Non-prescribed quantity and higher frequency use of these substances are often used outside of the recommended dose due in part to the sense of euphoria that is achieved with higher quantities, which makes this classification of substances extremely addictive and extremely dangerous for acute toxicity (Addiction Centre, 2023; Centre for Addiction and Mental Health, 2013)

Appearance: Prescription opioids can be dispensed in various ways, such as syrups, capsules, tablets, solutions or suppositories (Addiction Centre, 2023; Department of Justice, 2020)

Mode of Use: Ingestible, injectable, or powder (Addiction Centre, 2023; Department of Justice, 2020).

Examples: Common examples of depressants are alcohol, opioids, and barbiturates (Addiction Centre, 2023). Other examples of depressants include opioids, which are a family of pain relief medications. Opioids can be found in codeine, oxycodone, morphine, methadone, hydromorphone, and fentanyl (Addiction Centre, 2023). Alcohol is a legal substance in Canada; alcohol impacts one's sense of rational thinking, decision-making skills, and respiratory and cardiovascular systems (Addiction Centre, 2023). Alcohol is derived from fermentation or distilling (Addiction Centre, 2023).

Stimulants

Definition: Amphetamines are classified as stimulants or 'uppers' (Centre for Addiction and Mental Health, 2013). Illicit amphetamine products vary in degrees of purity (Centre for Addiction and Mental Health, 2013). Other types of amphetamines are listed as methamphetamine or dextroamphetamine (Centre for Addiction and Mental Health, 2013).

Purpose: Stimulants work in a way that speeds up the nervous system (Centre for Addiction and Mental Health, 2013). The main purpose of this substance is to increase energy, alertness, or concentration (Centre for Addiction and Mental Health, 2013).

Street Names for Various Stimulants: Addies, Bennies, Uppers, Happy Pill, Wonder Drug, Crank, Blow, Coke, Speed, Roids, or Pineapple (Centre for Addiction and Mental Health, 2013).

Appearance: These chemicals may be white, grey or pink, with the consistency of powder, crystals or chunky (Centre for Addiction and Mental Health, 2013).

Mode of use: Amphetamines are injected intravenously, inhaled through vapour, sniffed, or taken as a tablet/pill (Centre for Addiction and Mental Health, 2013).

Examples: Other similar stimulants are cocaine, ecstasy, or Adderall (Addiction Centre, 2023; Centre for Addiction and Mental Health, 2013). Cocaine, also referred to as crack, crack cocaine, rock, snow, or blow, is a white crystalline powder (Centre for Addiction and Mental Health, 2013). Cocaine can also come in a hydrochloride form, which can be injected or snorted (Centre for Addiction and Mental Health, 2013). Polysubstance use is common within cocaine and is primarily used alongside alcohol and cannabis (Centre for Addiction and Mental Health, 2013).

Hallucinogens

Definition: Hallucinogens are commonly classified as psychedelic drugs, and various hallucinogens are accessible (Centre for Addiction and Mental Health, 2013).

Purpose: At higher doses, they alter the sense of reality, resulting in distorted sensory, visual and auditory hallucinations (Addiction Centre, 2023; Centre for Addiction and Mental Health, 2013).

Various Street Names: Liquid E, Mushrooms, Kat, Acid, Yellow Sunshine, Shrooms, Angel Dust, Purple Rain, Bath Salts, etc. (Centre for Addiction and Mental Health, 2013).

Appearance: They come in various forms, such as tablets or powders (MDMA); LSD is commonly found on blotted paper, and Psilocybin comes in the form of dried Mushrooms (Department of Justice, 2022b).

Mode of use: Common forms of use include inhaling powders or ingesting tablets, liquids, or mushrooms (Centre for Addiction and Mental Health, 2013).

Examples: Common types of hallucinogens are lysergic acid diethylamide (LSD), mescaline, phencyclidine (PCP), marijuana, ecstasy, ketamine, or salvia (Centre for Addiction and Mental Health, 2013). Some are derived from mushrooms, cacti, and other plant-based species (Centre for Addiction and Mental Health, 2013).

Inhalants

Definition: Chemical gases and/or vapours that alter one's sense of mind when inhaled are defined as inhalants (CAMH, nd). Inhalants are widely available as commercial or residential products and can be purchased at many sites and stores (CAMH, nd).

Purpose: Solvents are used as a way to produce a sense of 'high'; they are 'sniffed'/inhaled directly from the container, 'huffed' from a soaked rag held over the face, or 'bagged' by putting one's mouth and nose in a bag and breathed in (Centre for Addiction and Mental Health, 2013). Inhalants enter the body and are absorbed through the lungs; after they have absorbed the substance, they enter the blood system and eventually travel to the brain (Centre for Addiction and Mental Health, 2013).

Appearance: Inhalants often resemble aerosol products, such as cans, containers, or bottles of various gases and/or liquids (CAMH, nd).

Street Names: Inhalant substances are commonly referred to on the street as sniff (solvents), gas, glue, whippets (nitrous oxide), poppers, or snappers (Centre for Addiction and Mental Health, 2013).

Mode of Use: Chemical vapours and gasses inhaled into the lungs produce a sensation of being 'high' (Centre for Addiction and Mental Health, 2013). Various forms of inhalants are easily accessible through everyday home cleaning agents that were not designed for human consumption (Centre for Addiction and Mental Health, 2013).

Examples: Solvents used as inhalant substances include "benzene, toluene, xylene, acetone, naphtha and hexane. Products such as gasoline, cleaning fluids, paint thinners, hobby glue, correction fluid and felt-tip markers contain different types of solvents" (Centre for Addiction and Mental Health, 2013). Aerosol cans are another common inhalant; some include solvents, but not all (Centre for Addiction and Mental Health, 2013). Examples of aerosol inhalants include hair spray, gasoline, home-based cleaning agents, paint thinners, or glue (Centre for Addiction and Mental Health, 2013).

Mental Health Care & Mental Wellbeing for Indigenous Peoples and Communities

Mental Health, as described by the Canadian Mental Health Association, is a state of wellness and well-being (CMHA, 2020). The Public Health Agency of Canada released a report titled "The Human Face of Mental Health and Mental Illness in Canada" (2006), and it understands mental illness as a state of mind that is "...characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning" (2006, p.2). From a more traditional lens, "wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of Spirit, emotion, mind and body. Central to wellness belief in one's connection to language, land, being of Creation, and ancestry,

supported by a caring family environment” (Dumont, 2014, no page). Mental well-being refers to how the mind operates in a relational model. The Thunderbird Partnership explained, "mental well-being is the conscious and intelligent drive to know and activate one's being and becoming. Having a reason for being gives meaning to life" (Thunderbird Partnership, 2020, p. 4; & Dumont, 2014). Physical is understood as “the body [that] is the most outer part of our being and is composed of the most immediate behavioural aspects of our being. Physical well-being is that way of behaving and doing that actualizes the intention and desire of the Spirit in the world (Thunderbird Partnership, 2020, p. 4; Dumont, 2014). Spiritual is explored as how “Spirit causes us to live, gives us vitality, mobility, purpose and the desire to achieve the highest quality of living in the world...Spirit is central to the primary vision of life and worldview and thereby facilitates hope” (Thunderbird Partnership, 2020, p. 4; Dumont, 2014). Lastly, emotion is understood through an Indigenous philosophy, whereby “...Indigenous worldview, being rooted in family, community and within Creation as extended family is the foundation of Belonging and relationships. At this heart level of one's being, emotional and relational well-being is nurtured by one's belonging with interdependent relationships ... in relation to creation” (Thunderbird Partnership, 2020, p. 4; Dumont, 2014).

When understanding wellness and well-being, one must understand the intersections between Hope, Belonging, Meaning, and Purpose (Thunderbird Partnership Foundation, 2015). It is important to understand that mental wellness and well-being are contextually different for Indigenous Peoples, and this difference is deeply embedded in the Spirit-centred way of life.

This section will discuss mental health care from a biomedical clinical perspective, including a more organizational approach to understanding and applying mental health

treatment. The second section will explore what mental well-being/wellness means to Indigenous peoples and how it can be applied and utilized through a substance use lens. Before approaching biomedical models of treatment, it is always necessary to understand how systems of colonialism influence modern-day health care and be able to reference the contextual understandings of wellness and well-being, as noted above. It is commonly discussed that settler-colonialism, which can be defined as the conscious and active efforts of Indigenous erasure stemming from ownership and control of land (Greaves, 2018; Rotz, 2017), has created opportunities for intergenerational trauma within Northern Ontario communities; settler-colonialism is primarily responsible for mental health and well-being issues across Turtle Island (Kassam, 2022).

Active consideration of how historical context influenced and continues to influence the healing pathways for people with mental health and well-being concerns was discussed in much more depth above, and it is important to note the interface here. Settler colonialism has and continues to profoundly impact ways of being, doing and knowing (Matheson et al., 2022) and perpetuate intentional acts of Indigenous erasure (Ray et al., 2022). Many communities in the northern context are handling negative mental health concerns, like substantial psychosocial issues, such as suicidality, substance use and addiction, depression, experiences of intergenerational trauma, and situations that are abusive, neglectful, and violent (Chachamovich et al., 2015; Kassam, 2022; Kirmayer et al., 2008).

Understanding Accessibility Around Biomedical Mental Health Care

Accessibility to mental health care in Northern Indigenous communities is precarious at best (Kassam, 2022; Moeller, 2022). The large landscape of Northern Canada (and specifically Ontario) creates barriers to accessing care. The landscape does not pose an issue, but the

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availability of trained clinicians and providers willing to travel or reside in remote communities is limited (Kassam, 2022). When clients seek out service providers, they often face closed doors; facilities and clinics are experiencing operational and staffing concerns, limited or unsafe infrastructure constraints, and financial limitations that impact operational sustainability (Kassam, 2022). Financial insufficiencies are also experienced in the lack of funding for mental health and addiction services in Northern communities (Kassam, 2022). Northern residents are often forced to seek services and care outside their communities and relocate to urban centers (Kassam, 2022). There have been documented cases where clinicians have stepped outside their scope of practice, providing reactive rather than preventative medicine (Cardinal & Pepler, 2021; Kassam, 2022; Marsh et al., 2015; Nguyen et al., 2020). Some northern nurses have reactive roles by the nature of their isolated posting, such as providing diagnostic imaging or acute care (Nguyen et al., 2020).

Patients are presenting with more severe and latent stage diseases, increased rates of chronic and infectious disease, increased rates of sexually transmitted infections, below average life expectancies, below average education levels, below average socio-economic status, and higher rates of poverty (de Leeuw et al., 2009). Patients experiencing these closed doors and limited services are susceptible to the development of new traumas emerging from the interactions within the healthcare sector, which has not been developed nor adapted for Indigenous Northern realities.

Coercive and involuntary approaches for substance use treatment experienced by broader Canadian society, especially for Indigenous Peoples, have emerged as another critical discussion point (Chau et al., 2021; Cooley et al., 2023; Kisely et al., 2024; Pilarions et al., 2020). In Canada and New Zealand, involuntary substance use-related treatment approaches are

under increasing investigation (Kisely et al., 2024). The rapidly evolving situation around the opioid and substance use crisis has garnered attention around treating substance use and mental health across the board (Pilarinos et al., 2019). However, the controversy here lies in the distinction between life-saving intervention or infringement on ethical considerations and autonomy of self (Kisely et al., 2024). It has been noted that sociodemographic factors, “such as non-white ethnicity, male gender, single marital status, unemployment and receiving welfare benefits appear to increase the risk of coercive approaches...” (Kisely et al., 2024). In British Columbia, the Mental Health Act (1996) is a piece of legislation that allows for voluntary and involuntary psychiatric holds for people experiencing mental health concerns (Kolar et al., 2023). British Columbia has been criticized by “people with lived experience, their families, clinicians and advocates for issues concerning consent, decision-making authority, and coercive treatment practices” (Kolar et al., 2023, p.1077). The concerning and problematic aspect here is that the biomedical model flags those with mental health and substance use concerns as problematic for non-confirmation to societal standards; thus, intervention (either voluntary or involuntary) seeks to treat the individual as opposed to the structural and social factors that influence their ailment (Chau et al., 2021; Kolar et al., 2023; Kisely et al., 2024). When emphasizing the individual as problematic, it shifts the focus away from the external influences, such as the social determinant of health (and beyond) that significantly influence well-being and healing (Bryant et al., 2019; Kisley et al., 2024; Kolar et al., 2023; and Chau et al., 2021). Therefore, without situationally understanding the historical and contemporary context, the biomedical model fails to understand how coercive and involuntary treatment perpetuates systemic barriers that undermine preventative approaches (Shier et al., 2011; Kolar et al., 2023) to healing and wellness from a wholistic lens.

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Chau and colleagues (2021) acknowledged that normative values and morals support societal standards. The authors recognized the need for a system change, thus respecting that not everyone has the goal of rehabilitating into a set of standards that do not reflect their worldviews (Chau et al., 2021). Some participants explained that their perceptions of drug use were not interpreted as problematic; instead, a society's label of problematic was assigned to their behaviours because their actions were deemed inappropriate according to mainstream norms and values (Chau et al., 2021). This is particularly true when exploring common perceptions of drug use patterns and causes within mainstream society. There needs to be a shift to understanding trauma and settler colonialism's influence on substance use and how they are all influenced by the roots of colonialism. As seen within this study, a constant and conscious effort is placed on individual-level approaches to care; however, this reality does not reflect this statement if a patient stands outside of the parameters of societal expectations. Study findings expressed that participants highlighted a need for restructuring social structures, systems of care, and the environment of care to be more adaptable and fluid (Chau et al., 2021).

Restructuring the way the system operates could create avenues for less coercion-based treatment programs that would limit forceful and authoritative tactics to persuade and force patients into treatment against their will (Chau et al., 2021). This leads to the idea that Indigenous Peoples embark on their self-directed healing journey. Individuals need to be in a space where they are seeking help, support, and guidance or healing. For Indigenous Peoples, healing and well-being are journeys that are sought after and lifelong pursuits. This piece acknowledges that one must be ready to heal, and if healing is forced prior to the foundation being set, the pathway will not be clear and ready to journey on.

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Olding and colleagues (2018) found similarities in their study, whereas the voices from lived experience tend to be missing in the discussions centred around policy development and implementation. Research conducted ‘on’ people who use drugs rather than research ‘with’ people who use drugs becomes a question of ethical responsibility, ultimately limiting the data collection process by not meeting the specific needs and concerns of that particular community (Olding et al., 2018). Participants noted a need to use less academic language and ask simple questions (Olding et al., 2018). Additionally, participants mentioned the need to limit questions that could be interpreted as discriminatory, thus being able to promote more engagement in responses by limiting terminology like “substance use disorder” (Olding et al., 2018). Participants explained that questions with examples would assist in providing more in-depth responses (Olding et al., 2018). Participants frequently noted a need for a person-first approach that asks questions beyond their ‘substance’ or ‘addiction’ (Olding et al., 2018).

In sum, where providers and services are available, funding is often a deciding factor behind open or closed doors. These budgets are not funded to support mental health and substance use programming, which results in unsustainable program initiatives (Kassam, 2022; Sutherland et al., 2022; Walsh et al., 2018). Mental health funding, while precarious, is still funded through the support of additional external funders. In contrast, Indigenous healing models are underfunded and invalidated through claims that ‘culture’ is not a legitimate avenue for accessing funds allocated for healing mental health programming (Jacklin & Warry, 2012). Jacklin and Hughes (2012) explained how “mental health programming is another area that has required community-based solutions. Completely devoid of a mental health strategy, FNIH does not provide funding for mental health programming...” (p.383). Fortin and colleagues (2015) echo these findings. They explain the need to incorporate and validate a cultural-based program

developed from a cultural model to address substance use and alcoholism in northern Canada (Fortin et al., 2015). The literature has highlighted the need to understand how healing pathways look different and depend on the individual on that specific journey. Healing pathways need to acknowledge the person on the journey and focus on the person as a whole, aside from their addiction. Healing pathways can walk a biomedical model, an Indigenous model, or both, but all must be acknowledged, respected, and funded equally. The following section will explore mental health and well-being research through a gendered-based analysis.

Substance Use Within Northern Ontario Indigenous Communities

Traumas, as discussed above, have manifested into current-day mental health disparities, and subsequently, Indigenous communities have seen an increase in substance use (Morton Ninomiya et al., 2022). Indigenous communities have voiced an urgent and pressing need to address the substance use crisis and the intersecting colonial harms that interact within and around mental health and substance use, thus ensuring pathways forward towards healing are meaningful and culturally grounded (Danto & Walsh, 2017; Dell et al., 2011; Downey, 2021; Duran, 2019; Mamakwa et al., 2017; Marsh et al., 2016; Nickel, Enns, Freier, et al., 2022; Nickel, Enns, Sanguins, et al., 2022; Redvers, 2020; Simpson, 2014; Victor et al., 2019; Walsh et al., 2018). Understanding is acknowledging and being aware of how Indigenous communities have recognized the need to explore and give space to the causes of the causes and roots of colonialism as they relate to substance use for Indigenous Peoples and communities. Therefore, to understand the causes of the causes, the focus must first be placed on understanding the reality of how substance use is experienced within various communities. While some communities experience vast hardships and severe substance use crises, it is important to acknowledge that not all communities are in a state of dire emergency. It is important not to

generalize all Indigenous communities as one but to understand the distinctness and uniqueness of all.

Communities in Northwestern Ontario have indicated, frequently and often, the severity and urgency of addressing not only substance use but also the multitude of intersecting colonial harms and how it interacts within the health sector (Danto & Walsh, 2017; Dell et al., 2011; Downey, 2021; Duran, 2019; Mamakwa et al., 2017; Marsh et al., 2016; Nickel, Enns, Freier, et al., 2022; Nickel, Enns, Sanguins, et al., 2022; Redvers, 2020; Simpson, 2014; Victor et al., 2019; Walsh et al., 2018). Many Indigenous communities have issued states of emergency due to the current and worsening drug epidemic among their people (Dorman et al., 2018; Kanate et al., 2015; Kiepek et al., 2012; Mamakwa et al., 2017; Nickel, Enns, Sanguins, et al., 2022). Numerous Indigenous communities have voiced their concerns across various multimedia platforms. Fort William First Nation, which is located beside Thunder Bay, Ontario, declared a state of emergency due to the ongoing crisis related to the mental health and substance use epidemic (Clutchey, 2024). Netmizaaggamig Nishnaabeg (Pic Mobert First Nation), which is located 3 hours from Thunder Bay, declared a state of emergency in November 2024, citing that community members are "feeling scared, abandoned, and unsure - even in their own homes" (Law, 2024, p.1). This call for help is based on growing concerns around what leadership is describing as "a crisis in violence, organized crime, addiction and mental health" (Law, 2024, p.1). In northern Manitoba, 11 Indigenous communities declared substance-related states of emergency in 2023 (Cram, 2023). Furthermore, in March 2023, The Yukon First Nation communities released a press release articulating a need to address increased opioid rates, fatalities and other substance-related emergencies (Joannou, 2023). In British Columbia, the communities are calling for more culturally-based healing alternatives to address their area's

climbing substance use concerns. The opioid crisis is a reality that many Northern Ontario communities experience. Opioid use, as explained above, can derive from perspective abuse or street sources (Addiction Centre, 2023). Prescription opioids increased by 850% within Ontario between 1991 and 2007 (Dhalla et al., 2009; Kanate et al., 2015; Kiepek et al., 2012).

Furthermore, the urgency of this call to action is supported by the data and additional report findings, which highlighted that Indigenous Peoples are five times more likely to experience a substance-related fatal overdose (Interagency Coalition on AIDS and Development, 2019).

Indigenous youth aged 14 and 30 who use intravenous drugs are thirteen times more likely to overdose from compounding factors, including fatal overdoses, than non-Indigenous youth populations (Interagency Coalition on AIDS and Development, 2019).

A 2019 study found that northern communities are seeing youth involved in a higher frequency of substance use (Russel et al., 2019). The authors noted that of the accessible substances within their communities, 66% of youth preferred opioids, 65% cocaine, 52% crack cocaine, 28% benzothiazines, 24% methamphetamine, and 22% amphetamines (Russell et al., 2019). There were 102 youth involved in this study from the northern region, and of that sample size, 35% of them reported having an overdose (Russel et al., 2019). The issue here is the comparison between the availability and accessibility of medical resources and physicians in the North.

An additional study highlighted the regional catchment area of Sioux Lookout, which serves a regional population of approximately 25,000 people from neighbouring communities (Marquina-Márquez et al., 2016). Of that 25,000, 9,000 were reportedly addicted to OxyContin (Marquina-Márquez et al., 2016). In Eabametoong (Fort Hope First Nation), as much as 80% of

the adult population has experienced concerns with Oxycontin use (Marquina-Márquez et al., 2016).

Sioux Lookout First Nations Health Authority published a Mental Health and Substance Use Health Status Report (MWSU) for their catchment area in 2023 (Nguyen et al., 2024). It utilized Indigenous research methods to highlight the story behind those impacted directly by mental health and substance use (Nguyen et al., 2024). This report explained how storywork is a critical piece in understanding the hardships experienced by communities. Service administration logs from 2015-2020 indicated that 354,935 nursing station visits occurred, averaging 10.4 daily appointments per 1000 population (Nguyen et al., 2024). The fourth most common call for service identified Mental health and substance use concerns; among those accessing these services, 35% were evaluated for their substance use; 14% were evaluated for anxiety-related conditions; 12.3% were evaluated for suicidality; 9.7% were evaluated for psychiatric-related conditions and 6.8% related to mood disorders (Nguyen et al., 2024). Of those individuals who had accessed the nursing station for mental health and substance use support, 65.5% were between the ages of 20-44, while 16.7% were aged 15-19 (Nguyen et al., 2024). IntelliHealth Data pulled for the SLFNHA MWSU report indicated that between 2011 and 2021, "ambulatory visit rates for mental health increased by 168%... from 9.8 visits per 1000 in 2011 to 26.3 visits per 1,000 population in 2021... Substance use ambulatory visits increased by 302.0%, from 18.2 visits per 1,000 population in 2011 to 73.2 visits per 1,000 population in 2021" (Nguyen et al., 2024, p.32). Institutes of Clinical Evaluative Sciences (ICES) Data was pulled from 2011-2021 for the MWSU Report. It indicated that Emergency Room visits related to mental health and substance use per 1,000 population were considerably higher for men, averaging 248.9 visits per 1,000 in 2021, compared to 117.8 in 2011 (Nguyen et

al., 2024). According to the ICES data, female admissions to the ED averaged 239.6 visits per 1,000, compared to 93.4 in 2011 (Nguyen et al., 2024). More concerning, the Office of the Chief Coroner for Ontario Data that was pulled for the MWSU Report indicated that, on average, the unnatural death rate for the SLFNHA communities was 1.6 per 1,000 population, which is 3.2 times greater than the provincial average (Nguyen et al., 2024). The Office of the Chief Coroner for Ontario Data also indicated that between 2011 and 2021, among those 404 people who had passed from unnatural causes, 20.5% were between 20-29 years old, and 19.1% were 30-39 years old (Nguyen et al., 2024).

Between 2013 and 2019, communities witnessed unprecedented levels of opioid use, which was further amplified by difficulties experienced by the COVID-19 pandemic (The Chiefs of Ontario (COO) & The Ontario Drug Policy Research Network (ODPRN, 2021). Since COVID-19, opioid-related deaths have increased by 132% within Indigenous communities in Ontario (COO & ODPRN, 2021). Of this 132%, 87 percent of those deaths are related to fentanyl traces found within opioid samples (The Chiefs of Ontario & The Ontario Drug Policy Research Network, 2021). Further to this point, 83% of Indigenous communities have noted that substance use is listed as a primary area of concern within their communities (FNIGC, 2012; Toombs et al., 2021)

A news release dated February 1st, 2024, published by the National Indigenous Times, titled "Canadian First Nations Leaders Urge 'Immediate and Dedicated Response' to Drug Deaths" (Torre, 2024), highlighted the severity and toxicity of substances on the street. In British Columbia, two advocacy groups shared that more than 14,000 British Columbians have died due to drug poisoning since the state of emergency was declared in 2015 (Torre, 2024). In 2023, there were 2511 fatal overdoses, which breaks down to approximately seven deaths every

day, and the First Nations Leadership Council and Our Children Our Way Society confirmed the overrepresentation of Indigenous Peoples within these statistics (Torre, 2024). Mary Teegee, The chair of Our Children Our Way Society, explained, "[these toxic drugs] are devastating our families and communities. This crisis has become a catastrophe and is only getting worse" (Torre, 2024, paragraph 6). The advocacy groups noted that constant stigma and bias often drive the response to the need, as opposed to empathy and compassion (Torre, 2024). The two advocacy groups noted that the issue of substance use within the communities must be understood reflexively through a lens of historical colonialism and trauma (Torre, 2024). Healing Indigenous communities, explained by Our Children Our Way, explained how "Culture is healing' [and] calls for government, Indigenous leadership, service providers and youth to come together to develop a comprehensive plan to make those changes" (Torre, 2024, paragraph 15). Priorities around healing and wellness need to be understood and foundationally cultural. BC Assembly of First Nations Regional Chief Terry Teegee highlighted that "we need to be supported in our priorities of healing and wellness, and we need to build an understanding of the solutions that are grounded in culture as healing" (Torre, 2024, paragraph 16).

Communities, as noted above, articulated that the current system does not operate in the same function as Indigenous ways of being, doing and knowing. Indigenous Peoples require different ways of approaching substance use crisis, and healing is foundationally understood through a land-based approach to wellness. The following section will further address how living well on the Land can create pathways for healing and living a Good Life.

Setting the Context: Gidakiiminaan & Mino-Bimaadiziwin – Living Well on the Land

Anishinaabe people have cared for and maintained an ongoing relationship with the Land since Creation. There is a connection established through the spirit of all living things.

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This connection holds the Land, Creation, and Creator closely together. *Gidakiiminaan* for Anishinaabe people means “our earth” (Stark, 2021, p. 8). Leroy Little Bear (1998) explained:

To us, Land, as part of Creation, is animate. It has spirit. Place is for the inter-relational network of all Creation. When we talk of Blackfoot territory, Cree territory or Ojibwe territory, we really talk about where the inter-relational network occurs. Humans do not own Land. We incorporate Land into this constant flux, into this inter-relational network that is always happening. Land is the place where the renewal processes occur... Land cannot be owned. One can occupy the Land for purposes of the inter-relational network. The closest we come to say is, ‘This is the territory where my people live,’ with regard to observing and being part of the constant flux. The inter-relational network that is forever occurring (p. 8).

The Land is where people seek guidance, heal, and mourn. The Land also provides food, shelter, and water. The Land takes care of all living things; in return, we must acknowledge and remember that the Land is not ours. We are the caretakers of her body. We protect her and guard her Spirit. For the Nishnawbe, we exist from Creation, in constant connection with Land, and intending to live in balance with all of Creation, which is the premise of *mino-bimaadiziwin* (Debassige, 2010; Nightingale & Richmond, 2022; Stark, 2021). The term *mino-bimaadiziwin* loosely translates into the Good Life, which implies living well and contributing to a personal and subjective understanding of what constitutes one’s version of living a good life. *Minw-* is translated loosely to good or well (Stark, 2021). *Bim-* means space or time, meaning being or life, *-aad-* translates to being or life, *-izi* signifies a state or condition of being (Stark, 2021). To live according to the philosophy of *mino-bimaadiziwin* involves creating and sustaining relationships based on reciprocity and responsibility to all living beings, such as humans,

non-humans, Spirit and the generations to come (Nightingale & Richmond, 2022; Stark, 2021). Communal and individual ties are strengthened through these essential protocols that nurture relationships between physical, mental, emotional, and spiritual well-being (Nightingale & Richmond, 2022).

Nightingale and Richmond (2022) stated that “geographies of Indigenous health emerged out of the understanding that fostering wellness involves restoring and sustaining individual and community connections to the land” (p.1). The growing body of literature that acknowledges Land as a critical component of Indigenous health has been highlighted within other studies, like that of Dell, Seguin, Hopkins, Tempier, Mehl-Madrona, Dell, Duncan and Mosier (2011), Brown, McPherson, Peterson, Newman, and Cranmer (2012), Simpson (2014), Danto, Walsh, Styres (2018), and Sommerfeld (2020), Ferguson and Weaselboy (2020), Redvers (2020), and Nightingale and Richmond (2022). Indigenous health and well-being cannot be separated from colonialism. This is not to singularly define all understandings of wellness and well-being within the context of colonialism but rather acknowledge the implications the legacy of colonialism has left in modern contexts. To address this contention, conversations and action must start around what it means to ‘decolonize’ health for Indigenous Peoples, nations, and communities. Decolonizing health systems will allow communities, nations, and peoples to (re)claim the capacity to make important healthcare choices, autonomy over choice, and the ability to (re)gain and (re)claim sovereignty over medical decisions (Jacklin & Warry, 2012). Various forms of legislation and policy development have been created in a way that displaces people and communities from their traditional Lands (Nightingale & Richmond, 2022). Displacement hindered the ability of communities and people

to teach, practice and learn Anishinaabek ways of being, doing and knowing through this active and intentional act of Land dispossession (Nightingale & Richmond, 2022).

Despite the insistent waves of colonialism and persistent structures of oppression and assimilation, Indigenous Peoples are (re)claiming identities through deeply rooted connections to the Land (Nightingale & Richmond, 2022). Land repossession shifted the narrative from survival and adaptation strategies in a ‘new world’ to revitalizing the sovereign right to self-determination of Indigenous Peoples and Land (Nightingale & Richmond, 2022; Simpson, 2014). Right to self-determination within our nations and communities looks like “a resurgence of Indigenous political cultures, governances and nation-building requires generations of Indigenous peoples to grow up intimately and strongly connected to our homelands, immersed in our languages and spirituality, and embodying our traditions of agency, leadership, decision-making diplomacy” (Simpson, 2014, p. I). When people have access to Land, they also have access and connection to food systems, traditional medicines and environmental resources that create and support systems of healing and wellness (Nightingale & Richmond, 2022). Connection to the Lands from which one shares ancestral ties provides even further spiritual connectivity and spiritual consciousness to that area. This spiritual connection on ancestral Lands brings together relatedness between all Creation (Nightingale & Richmond, 2022). The Land becomes the intentional act of decolonization (Ahmed et al., 2022; Redvers, 2020; Wildcat, 2022; Wildcat et al., 2014). Acts of decolonization involve systems of knowledge that centre around traditional cultural practices that promote the sustenance of intergenerational relations and communal practices (Ahmed et al., 2022). The following section will create connections between the Land, healing from substance use, and how it relates to well-being through an Indigenous perspective.

Healing from Substance Use on the Land

Settler-colonialism monopolizes education systems through Westernized values, morals, and belief systems. Indigenous ways of knowing, being and doing on the Land were disconnected and undermined through the indoctrination of Eurocentrism, which was strategized through violent tactics of assimilation and erasure (Wildcat et al., 2014; Simpson, 2014). Therefore, understanding that “if colonization is fundamentally about dispossessing Indigenous Peoples from Land, decolonization must involve forms of education that reconnect Indigenous Peoples to Land and the social relations, knowledge and languages that arise from the Land” (Wildcat et al., 2014 p.1). The Land provides the starting, middle and end points for health journeys. As Spirits, we are born into our human vessels through the Eastern door. We live a Good Life on the Land with all our relations and pass onto the Spirit world to become one with our ancestors again through the Western door. The Land is a constant. The Land can survive and live without humans, but we cannot survive without the Land. The health of our Land and our bodies relates to environmental health.

Environmental health is a determinant of Indigenous People’s health (Cunsolo et al., 2022; Kan et al., 2013). A strong advocacy and push for Land-based programming has been made in the past few years. Indigenous Peoples are (re)claiming healing practices rooted in Land-based understandings of healing in spiritual, mental, emotional, and physical ways. One such study recently explored the connections between the Omushkego Cree communities and beaver hunting (Ahmed et al., 2022). The waterways traditionally (and still do) serve as a hub for transportation and hold substantial historical importance for the community (Ahmed et al., 2022).

The revitalization and resurgence of Anishinaabe *Gikenadaasowin* are created from ways of being, doing and knowing on the Land. which promotes creating spaces and places for

the awakening from the colonialist coma (Adelson, 2000). There is a reconnection to mental health promotion and intervention approaches rooted within the Land, culture, and knowledge and guided by spirit (Kirmayer et al., 2003; Walsh et al., 2018). The Land becomes the foundation of healing pathways. The following section will provide a baseline of what work has been done around Land-based healing initiatives for people living with substance use concerns.

The Land is our Healer

In any capacity, Land often becomes the source of healing for many Indigenous Peoples. To promote healing journeys meaningfully, the (re)connection to ways of knowing, being, and doing is essential in facilitating healing pathways. Journeys to mental wellness and well-being are facilitated through various pathways, whether it be western-focused therapy or biomedical approaches or through a holistically framed health and well-being lens (Redvers et al., 2020; Stewart, 2008; Lavalley & Poole, 2009; Kirmayer et al., 2011; and Wexler et al., 2009).

There is a subsequent conversation about connections and relationships when culture is included in conversations around healing pathways. Relational well-being is critical in all discussions around communal cohesion and the ability to function within those social fabrics. Indigenous Peoples have their roles. Mothers and fathers are supported by aunties who play mothering roles, uncles who help teach skills and protect family units, and grandparents who teach life lessons and protocols while ensuring knowledge is passed down. The social ties within communities are severed, such that parents are unable to parent, aunts and uncles are not fulfilling their roles, and grandparents cannot teach and pass down wisdom. These protective factors are needed to re-learn, re-store, and sustain traditional roles within family dynamics. Healing journeys are not singular and siloed events. Through settler colonialism, the family connection was severed. When the connections are rebuilt, those roles and responsibilities as a

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community are restructured to promote healing beyond the person; we heal as a family and as community.

To address gaps in the current social systems, substantial work needs to be done from a communal and individual setting to understand how Land becomes that source of healing. The Land, as Redvers (2020) mentioned, is “...a central dimension of wellness [and is] embedded in Indigenous knowledge and is a necessary foundation for culturally responsive mental health care in Indigenous communities” (p.92). We are relationally connected to the Land through pathways of healing and well-being (Redvers, 2020). Land-based practices include harvesting, gathering, education, ceremony, counselling or recreation (Redvers, 2020). These practices reflect Indigenous Kadamizwin and ways of being, doing and knowing (Redvers, 2020).

Research has confirmed that Land-based practices have increased the wellness and resiliency of Indigenous Peoples by elevating self-esteem, personal relations, and cultural awareness and acceptance (Redvers, 2020). In Redvers’ (2020) work, the author found that Land-based initiatives were viewed as both a process of returning home to the Land and the intricacies of these initiatives' design, delivery and implementation. Knowledge Holders explained that the term “Land-based” was understood as “...a lived connection built over generations, shared through the oral tradition, and understood only through direct practices or experiences” (Redvers, 2020, p. 95). Six main themes were pulled from the study that highlighted a need for flexible programming, community-based and driven initiatives, intergenerational collaboration and connection, knowledge holder and spirit-led, land quality and relations to the Land, and levels of safety all contributed to successful land-based practices (Redvers, 2020). When programs are successful, they see participants with improved health-related conditions and improved social conditions related to increased self-esteem,

physical health, fitness, interpersonal skills and relations, new educational-related goals, improved wellness and well-being, and positive behavioural changes connected with cultural immersion and increased desire for engagement in environmental stewardship (Redvers, 2020). Essentially, one Land-based program can offer support and services across multidisciplinary dimensions. Redvers stated that “a single program is able to address a range of related mental, physical, social, educational, and environmental concerns. For example, programs can offer culturally relevant addictions support, family counselling, rehabilitation of offenders, physical fitness, environmental stewardship and life skills training” (Redvers, 2020, p. 101). Challenges to Land-based programming are the operational cost and funding.

Danto and colleagues (2021) approached their research with a two-eyed-seeing methodology encompassing Western data analysis and Indigenous storytelling data collection methods. They found that Land-based programming and activities attempt to address and heal disconnections from language, spirituality, and Elders (Danto et al., 2020, p2135). Challenges around Land-based programming include funding, operational costs, liability, age gaps between Elders and youth, and the need for collaboration between Indigenous healers and clinical professionals (Danto et al., 2020). A third theme emerged around the need to transfer knowledge about how Land-based programs operate and provide more detailed instructions on the ‘how,’ which requires further collaboration for additional training and demonstration opportunities (Danto et al., 2020). Danto and colleagues explained the process of ‘training the trainers’, which involves Elders facilitating healing sessions with the youth that will learn and keep these teachings, stories, and ways of being on the Land alive for future generations.

Victor and colleagues (2019) adopted a two-eyed-seeing approach to facilitate interviews with participants to understand how (re)connection and healing from substance use

operate together. While this study is not precisely Land-based, it involves many aspects of Land-based programming and activities. The results found that it starts with relationships, and those relations connect people to ways of knowing through various actions such as food and drinks, which brought forth memories of happier times and ultimately renewed ties and relations (Victor et al., 2019). The authors explained how these situations and shared experiences would “bring Spirit home” (Victor et al., 2019, p. 48). Bringing Spirit home involves the support, acceptance and recovery from substance use through culturally based programming and activities, which restores the connection to kin and relations (Victor et al., 2019). The study shared the importance of food for Indigenous Peoples. Food creates connections and spaces that welcome and foster relationships (Victor et al., 2019). Sharing food is an important part of Blackfoot culture and a show of respect and communal values (Victor et al., 2019). Sharing food in a communal setting allows knowledge and ways of knowing to be transmitted (Victor et al., 2019). The authors explained the need for Elders to share their knowledge around meaning and guidance, as it is hard to fully understand stories, lessons, and teachings without an Elder’s wisdom to guide (Victor et al., 2019). Program barriers and limitations were noted as limited capacity, limited funding access, and liability around transportation and risk mitigation (Victor et al., 2019).

Green (2010) acknowledged that culture is a key social and biomedical science element. Culture is understood through social relations, which create shared understandings and ways of being, doing and knowing (Green, 2010). Understanding is contextual, and cultural understandings are experienced and learned through social messaging, such as through language, normative values and morals, and spirituality, which all influence treatment outcomes (Green, 2010). Green recognized that traditional ceremonial practices are essential to healing

pathways (2010). An example highlighted a Coastal Salish community in Southern British Columbia, where the community has reduced and retained a 50% alcohol abstinence rate after (re)introduction to cultural ways of being, doing and knowing (Jilek, 1994). Cultural healing pathways are recognized as therapeutic practices and often involve the application of sacred ceremonial actions, language, and items (Green, 2010; Jilek, 1994).

A few studies explored the ceremonial impact on healing and well-being through the lens of treatment and counselling intervention (Bombay et al., 2014; Brave Heart, 1998; Duran, 2006; Marsh et al., 2018; Robbins & Dewar, 2011). Marsh and colleagues (2018) noted that Indigenous People coping with intergenerational trauma and a subsequent substance use disorder could find support and healing through the application and participation in sweat lodge ceremonies. The sweat lodge ceremonies were facilitated by Elder Julie and Frank Ozawagosh from Atikameksheng Anishnawbek (Whitefish Lake) (Marsh et al., 2016, 2018). Teachings were shared during the sweat, and those involved were invited and encouraged to share their truth and stories (Marsh et al., 2016, 2018). The preparation process involves the collection of rocks, the wood used for the sacred fire, and the cleaning of the lodge, all of which is a ritualistic part of the process weeks before the ceremony (Marsh et al., 2016, 2018). Once inside the sweat lodge, you pour water on the glowing red rocks to create steam (Marsh et al., 2016, 2018). The sweat lodge symbolizes the return to the womb of Mother Earth (Marsh et al., 2016, 2018). Elder Julie and Frank Ozawagosh explained that “the darkness in the lodge brings forth and symbolizes the darkness of the Spirit, our ignorance, and indicates the healing and cleansing needed so that the light can come in” (Marsh et al., 2018, p. 8).

Findings from this study highlight that the inclusion of traditional healing practices, that of the sweat lodge, promoted spiritual, emotional, and physical healing for the participants

(Marsh et al., 2016, 2018). Participants noted an increased connection to the Creator, the Elders facilitating the ceremonies, and the spirit helpers who assisted in the process (Marsh et al., 2016, 2018). The participants mentioned that these healing ceremonies helped them understand and see the reasons for their actions and behaviours and how that isolated them from their family, friends, and relations (Marsh et al., 2016, 2018). Trauma was a topic discussed throughout the sweats, and through those conversations, trauma was determined to be the main reason behind the need to self-medicate by engaging in substance use (Marsh et al., 2016, 2018). Participants noted that their trauma caused them to feel stuck and unable to move beyond their experiences and past (Marsh et al., 2016, 2018). The sweat lodge allowed them to acknowledge and validate their traumas in a way that moved beyond them and healed their trauma wounds (Marsh et al., 2016, 2018).

Walsh, Danto and Sommerfeld (2018) explored how Land-based healing can be used as a form of intervention for Indigenous Peoples and communities dealing with substance use issues. The study consisted of three interviews with community members in a Cree community (Walsh et al., 2018). Findings emphasized a stronger sense of cultural and communal identity, which speaks to the push for cultural continuity (Walsh et al., 2018). The authors speculated that “if a sense of connection to the Land is a central feature of well-being, then it may need to be a central feature of mental health interventions” (Walsh et al., 2018, p. 208). Recent literature does suggest a positive connection and positive mental health outcome between Indigenous Peoples and Land-based healing programs (Kirmayer et al., 2000; Walsh et al., 2018, 2022; Wildcat et al., 2014). Six main themes were identified from this study, which spoke about the transfer of knowledge, collaboration and teamwork; relationships and bonds with others involved in the study; capacity to be involved in decision-making; inclusion of Elders in

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the program; and lastly, the combination of traditional ways of knowing, being and doing in relation with Land-based camps (Walsh et al., 2018, p. 213). Program challenges were noted as accessing funding for program development, financial support for program sustainability, transportation barriers, and access issues related to food and other resources (Walsh et al., 2018). Oftentimes, these programs are not considered for provincial and governmental mental health (Walsh et al., 2018).

Reed and Diver (2023) explored relational-based research through a first-person narrative in understanding pathways to healing. Reed is from Karuk, a Southern Oregon community called Klamath Basin (Reed & Diver, 2023). The report found that healing pathways, for Reed, begin with a family-based model of understanding, and through this model, the family dynamic can facilitate healing and respond to colonial pressures that disconnect a person from family (Reed & Diver, 2023). Reconnection is seen through living by communal culture, being on the Land, and relational governance (Reed & Diver, 2023). Similarly, another recent study highlighted the connection between strength and resilience in relationships, positive people in their lives, and cultural connectivity (Morton Ninomiya et al., 2022). These findings are consistent with research around cultural centrality, communal kinship and support through informal (relational based) and the transition to formal (programs and services) that assist in healing from substance use (Morton Ninomiya et al., 2022).

It is important to note that mental health care in a cultural model for Indigenous Peoples can look different depending on the needs identified and the approaches that speak to that person. Healing pathways operate in multiple dimensions, and neither biomedical nor Indigenous wholistic pathways are better than the other. Each offers unique perspectives and approaches to health and healing in a way that speaks to the patient accessing particular

services. The following section will discuss the specific gaps in the literature within this dissertation.

Addressing the Gaps in the Literature

There is a need for further research that speaks to the creation, design and implementation of Land-based healing initiatives (Fiedeldey-Van Dijk et al., 2017; Hall et al., 2015; Redvers, 2020; Ritchie et al., 2014), with a need to advocate for more personal stories in the research process, that are viewed and interpreted through an Indigenous pedagogy (Hall et al., 2015; Walsh et al., 2018). The need also speaks to the gap in the research that highlights Indigenous Peoples doing Indigenous-centered research from an Indigenous research paradigm.

As such, this dissertation research is situated within the principles of *Mino-Bimaadiziwin* and its relationship to *pimachowin-aki*. *Pimachowin* can be loosely translated to the Land that gives life (World Heritage Fund, 2016). *Aki* is translated into the Land (Ojibwe's People's Dictionary, 2021). There is an opportunity to explore *Pimachowin Aki* (the Land that gives life) as it relates to journeys to *mino-bimaadiziwin* (the good life) for those dealing with substance use. The Land that provides life is directly connected to understanding how to live a Good Life according to the ways of knowing, being, and doing as Anishinaabeg.

While funding for Land-based programming has been cited as challenging according to the literature, there is a progressive movement toward reconciliation and healing in a good way. In 2023, the Government of Canada announced mental health support for Indigenous Peoples and Communities. Projects approved varied from supportive programming for youth, projects supporting urban Indigenous Peoples and communities, projects supporting Indigenous health care and frontline workers, and projects supporting Indigenous Women (Public Health Agency of Canada, 2023). In February 2024, Nishnawbe Aski Nation received \$2.6 million from the

Ontario government to support healing and wellness initiatives for mental health and substance use (Government of Ontario, 2024). Various other programs and funding calls for proposals are actively changing to reflect the need for Indigenous-led initiatives that promote Land-based healing through (re)connection to identity, culture, and Spirit.

Storying as a Knowledge Gathering Approach - Listening to Our Stories

Visiting is an Indigenous-research method used throughout my knowledge-gathering approach. Visiting is relational-based research, and it is precisely how it sounds: you are visiting and listening well. Visiting originates from a storying foundation. Before I explain what visiting is and how it will be operationalized, I must first contextualize the foundation of storying. When we visit, we share our stories. We are all storytellers. We are story.

Language and words are the foundation of storying. It is important to understand that "stories are alive. Stories have a life of their own. That's how they work... stories come alive when you tell them" (Petoskey, 1992, p. 9). The ability to engage in storytelling has deeply rooted and profound connections to traditional ways of knowing and ceremonial and cultural practices (Corntassel et al., 2009). The deep relationship between storytelling and culture is "connected to our homelands and is crucial to the cultural and political resurgence of Indigenous nations" (Corntassel et al., 2009, p. 149). Storying promotes (re)connection to traditional knowledge, assists in healing Spirit, builds and maintains relations, and creates new common meanings and understandings (Archibald, 2008). Story work is intensive, and when engaged in this way, one must be prepared to be patient and listen well, including different senses (hearing, seeing, and feeling) (Archibald, 2008). Archibald (2008) recounted seven principles of respect, reciprocity, responsibility, holism, reverence, interrelatedness, and synergy that collectively create avenues to understanding the spirit within stories through a wholistic

approach to meaning-making. To listen well also includes rehearing stories that have been told previously, as meanings can shift and transform based on where one is on their journey (Archibald, 2008). Storying in this dissertation is profoundly personal and culturally significant. The storying process is aligned with heart, blood memory (Baikie, 2020) and dream storying (Shawanda, 2020). This means that stories take shape in various forms through listening to the storytellers and their experiences, such as memories, dreams, visions, teachings, or blood memories.

Visiting Way as Knowledge Gathering

Storytelling and visiting are deeply interconnected. This is why I have chosen to explain how storying was related to my principled approach. Visiting is a widely used approach within communities. People engage in the process of visiting all the time. I engaged in the knowledge-gathering process of visiting with most of my relations. I visited often with my cousin Tiffany, who shared many stories and ways of knowing about our communities. We are neighbouring nations, spaced out by only a 40-minute drive: *Netmizaaggamig Nishnaabeg* (hers) and *Biigtigong Nishnaabeg* (mine). We had many conversations around *mino-bimaadiziwin* and healing journeys, as many of our relations need guidance and reassurance to walk this pathway. I visited with my Uncle Clyde Cooke (my late grandmother Shirley Carson's brother), who taught me about our family and history. I visited with my closest friend, Carrie Sutherland, and we often have deep and meaningful conversations about philosophy, ways of knowing, ceremonies, and relations. I visited with my Aunt Rhonda, who taught me how to listen. Much of what these visits have in common is that they happened within the safety and comfort of our homes. Our home is our safe place. Our home is where we can tell stories and listen attentively. We are at peace in our homes on our Lands.

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Visiting as a knowledge-gathering approach marks a time when "as Indigenous People, we are no longer required to leave ourselves, our communities, and our cultural context out of our research and teaching practices" (Gaudet, 2019, p. 51). It is important to understand the interconnection between visiting as both a knowledge-gathering method and a way of being for Land-based people and communities (Gaudet, 2019). These visiting sessions stemming from an ontological and epistemological understanding guide how Indigenous Peoples interact with others, treat others, and learn from others and the Land (Gaudet, 2019). Home, whether it be a physical place or the Land that raised you, is a sacred environment, and everyone has a responsibility and role to play in ensuring a positive environment for family or visitors. Elder Jimmy O'Chiese described how everything is connected to our home, and our homes provide us with the knowledge that ought to be passed down (Gaudet, 2019). With the knowledge of communal teachings, guidance, protection of traditional ways, and connection, everything is connected through energy (Gaudet, 2019).

In sum, a visiting approach aligns differently with Western research methods. A visiting approach is a knowledge-gathering and transmission way of engaging in storytelling. A story is shared precisely how it is intended to be heard. Spirit helpers guide the story, which will unfold as intended. Stories can be heard many times throughout one's life; each time one hears them, they may hold new meaning and understanding. These stories are as fluid as the water moving in a stream. These stories have a purpose, and it is up to the listener to decode those meanings with guidance from our Elders and Knowledge Keepers.

Knowledge Gathering Purpose & Visiting Conversation Questions

There was a strong emphasis on creating a safe space and place within my research paradigm that protected and honoured *Anishinaabeg Kadamizwin* (Anishinaabek ways of being,

doing and knowing). I intentionally and purposely changed the narrative from Indigenous Peoples to *Anishinaabek* within my writing to create an intentional and strategic shift in identity reclamation. In Northwestern Ontario, specifically, the lens from which I viewed and interpreted the world is through an *Anishinaabe'kwe* perspective. As such, I will refer to all of my relations in our traditional language.

The pushback to reclaim *Anishinaabek* ways of understanding highlights that Western research approaches do not fit appropriately in the context of the larger picture; they are two contrasting puzzle pieces (Mbah, 2023). *Anishinaabek* approaches to being, knowing, and doing ultimately create safer spaces and places for relational knowledge translation models (Mbah, 2023). Relationality is accepting that there are many truths that originate from the relationship with the Land (Tynan, 2021). Relationality also speaks to agency (Tynan, 2021). Tuck and McKenzie explained that "relational validity is based on pragmatic understandings of the relationality of life" (2015, p. 636). Relational validity also prioritizes humans' interconnection to other nonhuman matters and the Land in small and significant ways (Tuck & McKenzie, 2015). As *Anishinaabek* knowledge and stories are understood, there is an absolute need for people and communities to maintain control over what they understand agency is and how this information is used (Tynan, 2021; Watts, 2013).

To do research in a Good Way, on a personal level, truly means to continue walking the path of (re)connecting to culture. Since starting my Ph.D. journey, I acknowledged that if I were to utilize Indigenous research methods, I would need to humble myself and acknowledge where I am on my spiritual journey. I am forever a learner, as is anyone on a humble Spirit-led journey. I have immersed myself in the teachings, jumping at any opportunity to learn and grow as an *Anishinaabe'kwe*. My journey to knowing is a foundational part of my dissertation

methodology; as such, I must understand how to follow a Spirit-led journey. Oftentimes, throughout this process, I found myself in internal conflict. I struggled to find footing between the institution that trained me and the Spirit that found me. The further along the journey of knowledge gathering I ventured, the closer I felt to being home.

I visited with 15 storytellers, which consisted of Elders, Knowledge Keepers, people with lived experience related to substance use, and two individuals who told the story of their child who had since passed away. Every single visit and story shared throughout this process reinforced the notion of relationality and Spirit-led journeys. Most visits and storytelling sessions occurred next to *Gi Chi Gamiing* (Lake Superior) and *Nanaboozhoo* (the sleeping giant). The water brought forth strength and power for people to reflect on their stories and speak with courage and bravery about their journeys, which I respected and honoured immensely.

Storytelling and Visiting with Knowledge Keepers and Elders

The collective knowledge and stories shared by Knowledge Keepers and/or Elders within the scope of substance use is a direct connection to ancestral knowledge. Utilizing a Spirit-led methodology, I propose that these stories are enough to share collective knowledge about healing from substance use in a good way. These stories will be kept whole, and relatable teachings that I have learned along my life journey will be applied to the concepts shared in a way to ground Anishinaabek knowledge through Spirit-led teachings and ways of being, doing and knowing.

The stories the Knowledge Keeper shared will also be explored through an Anishinaabek-thematic analysis. This process considers where I am on my Spirit-led journey and how specific trends and/or themes that may arise are understood differently through

Anishinaabek lenses than through Western lenses. To further explain this concept, for example, if a story was shared around drumming and its importance to culture, one may see engaging in drumming as an important theme to (re)connecting; however, from an Anishinaabek lens, drumming is a sacred connection to creation and the heartbeat of all Anishinaabek peoples on Turtle Island. The first thing we hear is the drumbeat of our mothers. The teachings explain sacred understandings of how the drum was born, the relationship between the drum, and the battles between nations that created the first drum. The drum could be linked to (re)connecting to our literal mothers/families or something bigger as (re)connecting to self, culture, community, and Spirit.

Storytelling and Visiting with Anishinaabek in Northern Ontario

The visiting and storytelling process is of profound importance to the Anishinaabek. I write Northern Ontario to acknowledge Indigenous Peoples, specifically Anishinaabek, from across the entire region. As discussed above, Thunder Bay attracts people from rural and remote regions to meet the specific needs identified. Thunder Bay may be a focal point for 'scope' and 'geographical' jurisdiction; however, I want to articulate that many Indigenous Peoples currently residing in Thunder Bay are from other communities across Turtle Island that identify differently than Anishinaabe.

Storying, especially in the context of this relational and collective healing journey, creates a safe space to hear and listen well to the story. Throughout the storying process, I connected with individuals on various stages of their journey, and the commonality is that Northern Ontario, the Traditional Lands of the Anishinaabek, was the centre of strength.

Storytelling is a reciprocal process, and being that I am Anishinaabekwe Biigtigong Indonjii, I

know Ryan's spirit was beside me every step along this path. We are forever connected to these Lands.

Cultural Protocols

I ensured that cultural protocols were followed throughout the knowledge-gathering approach. In 2021, I began this process in a good way through a pipe ceremony with Elder Gilbert Smith, and he asked Spirit to be with me as I walked this pathway and did it in a way that brought healing to those around me. Ceremony is a way to ask Spirit to guide the work being done in a respectful and good way, according to the teachings of *Anishinaabek*, and through this guidance offered through ceremony and Spirit, it continues to heal and promote walking the good path. Additional ceremonial protocols were followed throughout this knowledge-gathering approach. Smudging and opening with good intentions. Offering tobacco to welcome Spirit into the conversation and guide us in a good way. The reciprocal offering of an honorarium. Bringing the knowledge home to the storytellers and providing an opportunity to feast, provide thanks, and allow Spirit to return home to the storytellers. Ceremony was embedded throughout this journey's beginning, middle and end.

Recruitment & Ethical Considerations

Recruitment varied throughout the process, as suggested in the proposal. Recruitment strategies for Elders and Knowledge Keepers were heavily based on pre-established connections I had with people in the Circle and their recommendations on whom I should reach out to. There was also a community connection to this, as some of the Elders are grandmothers of Biigtigong and neighbouring nations.

When recruiting storytellers for the lived experience category, I initially gained a lot of interest from word of mouth. Connections within the Circle spread, and other people contacted

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me via phone, the Facebook Page, and in person. I have meaningful connections with people and organizations, which created safe spaces for the storytellers to share openly.

The Facebook page generated additional connections with storytellers across Northern Ontario, prompting a Research Ethics Board (REB) amendment to expand the scope of recruitment beyond *Anishinaabek* from *Biigtigong*. The resubmission to the REB was partly due to a complex issue I experienced while visiting. Firstly, the colonial nature of 'boundaries and jurisdiction' contradicted the *Anishinaabek* nature of this research project. The traditional lands of *Biigtigong* have no distinct pencil marks on the map outlining where my community membership has to start and stop. *Biigtigong* is unceded Land. We have signed no treaties. No lines in the sand bind us. We understand that, as woodland people, we interact with other communities along the coastline and in other woodland regions. Communities interacted without boundaries defined on a map and oftentimes married into other communities across the region. If I were to only speak to 100% *Biigtigong* membership, I would exclude many stories, even those of my late brother, as he holds paternal-sided membership with *Netmizaaggamig Nishnaabeg* and maternal-sided membership with *Biigtigong Nishnaabeg*. My aunts are from Long Lac #58, cousins in *Pawgwasheeng*, cousins in *Bingwi Neyaashi Anishinaabek*, and many, many, many others across Turtle Island. Understanding the concept of All My Relations and the associated teachings prompted me to re-shift my thinking and remove another colonial bias I had before starting this journey.

An additional revision to the REB included the moral and ethical dilemma experienced when visiting with an individual who was actively using and only wanted to share knowledge to receive the honorarium. This prompted further discussion and consultation with Dr. Mushquash and additional debriefing on how this series of events impacted my healing journey and moral

compass. There was a need to debrief and process the event more deeply. The issue revolved around ethical considerations of an honorarium and assumptions about its use. If the individual was actively using, indicated the desire to participate based on the honorarium, and articulated that as a means to secure their next high, it created a situation of unease for me. Given the highly unstable nature of the street supply and the potential for the toxicity to be fatal upon use, it became a situation of morality and ethical consideration. I opted to amend the REB to state that if a situation like the above were to occur again, I would opt to bring the individual a pre-purchased meal after the session or perhaps purchase something of practical use (i.e., hats, mittens, food, personal care items, etc).

Another important consideration to note, as indicated in the consent forms, is the inherent right *Anishinaabek* have to (re)claim space, place and story. Every storyteller had an inherent right to associate their story with their name if they chose to, and for this knowledge-gathering project, many wanted this distinction made. I originally proposed including full transcripts as part of my transparency of the research process. However, I have since removed the full transcripts to safeguard stories that are not meant to be shared beyond the interaction. Some stories have no place in modern academic settings or published in an online archive.

Streams of Connection & Relationality

Initially, there was to be one group of storytellers from *Biigtigong* to share their truths about substance use and healing. However, as the knowledge-gathering process evolved, it became evident that the sample size needed to be opened up more to reflect the level of interest on a larger scale. In hindsight, I wanted to ensure community knowledge was a focal point in

my dissertation; however, upon further reflection, I realized that I excluded half of my brother's relatives, as he was from *Biigtigong Nishnaabeg* and *Netmizaaggamig Nishbaabeg*.

As the storytellers shared their truths, a recruitment pattern emerged from a level of connection and relationality. *Biigtigong* members shared stories. Stories were shared by people who had a connection (indirectly or directly) to *Biigtigong*, and stories were shared by a larger community. While I could not connect with every interested storyteller due to numerous factors that influence daily life, it was clear that this work was important and people wanted to share their stories. *Anishinaabek* storytellers from British Columbia, Manitoba, Northern Ontario, and Southern Ontario reached out in various capacities to share their stories about healing from substance use. Further discussion on this trend can be found in the Making Meaning section below.

Consent & Participation

Free and informed consent was obtained through written or verbalized methods, as I understand that there is fear and apprehension about written documents and research implications. Information and consent sheets were given to each interested storyteller, which disclosed the research purpose, intent, and outcomes and how to connect if questions/issues/concerns arise. Again, as this is extremely important, the consent form gave storytellers the option to remain named, anonymous, or not cited. Many opted to associate their names with their stories. Storytellers were given copies of their transcripts to review, redact or change anything that needed to be adjusted. Storytellers were given the ability to remove their consent at any time, up until the point of publication.

Nishnawbe Kadamizwin & Making Sense of the Stories

Honouring the spirit-guided nature of this knowledge-gathering process was no easy feat. Making sense of shared stories and teachings was not a quick and straightforward process. To fully understand (and I say fully loosely, as the meanings of these stories will shift according to where people are at on their journey to understanding), you must come from a place of relational accountability and respect. I am accountable for all these stories and must respect them in a way that does not discredit or break down the sacredness of what was shared with me. I proposed to include all of the stories, in their entirety, as part one of my Anishinaabek-specific analysis and reflect on my teachings in relation to these Spirit-guided stories. The second prong utilized an Anishinaabek-thematic analysis through the lens of someone who walks two worlds and sees from two eyes.

Upon reflection on this, to truly respect these stories in their entirety, I will not include the full stories within the dissertation process, as significant portions of these stories hold very personal details about their life and journeys. I want to ensure each story is respected in a way that is safeguarded, and their words are respected and honoured in the way they intend to share them. To ensure these words are not taken out of context or misappropriated, I have opted to discuss the teachings and purpose from a larger perspective and understanding instead of individualized. This reflective process of ensuring stories and their truths are respected in a good way directly relates to non-Indigenous peoples utilizing Indigenous knowledge and stories in a way that is neither culturally safe nor appropriate, intentionally or unintentionally. History has proven this pattern of misinterpretation time and time again; thus, it is pivotal for Anishinaabek researchers to do 'research' with *Anishinabek* (Mihesuah, 1998; Ten Fingers, 2005; Baskin, 2005; and Settee, 2007).

The knowledge gathering occurred during July, August, and September of 2024. The analysis of findings co-occurred throughout the fall months of 2024, and the final sharing circle took place on November 3rd, 2024, with 20 participants (including myself and my mother). All participants who shared their stories expressed the importance of collectively coming together to learn from each other and make more connections to healing in a good way supported by the culture. The following sections will discuss the findings related to the collective knowledge shared throughout the three approaches listed above.

Anishinaabek Thematic Analysis

This portion of the analysis is interpreted through a two-eyed-seeing lens of understanding as someone who walks in both worlds, *Anishinaabe'Kwe* and Settler. I will focus my analysis through an *Anishinaabe'kwe* lens, but I cannot ignore or discredit that I may view things through a subjective lens that reflects my lived experience in both worlds. The collective shared stories throughout this knowledge-gathering process highlighted many similar and collective truths around *Anishinaabek*, healing, and substance use. Numerous interconnected themes and subthemes emerge through the narratives below, and the following sections will break down the numerous themes into more manageable sections based on the commonalities shared amongst the stories.

Understanding Trauma Through an Anishinaabek Lens – Trauma as a Form of Colonial Violence

Nibi'Binaysiik nindizhinikaaz. Gwiingowaage nindoodem. Ojibway Kwe nindow. Eabametoong and Lac La Croix nindoonjii. Loosely translated to English means "Hello, my name is Nibi'Binaysiik. I belong to the wolverine clan. I am an Ojibway Woman. I am from Eabametoong and Lac La Croix First Nation" (Meghan J, 2024). Meghan J is an *Anishinaabe'kwe* currently residing on the traditional lands of *Anemki Wequedong* (Thunder

Bay), with maternal ties to *Gakikiwangong Anishinaabe* Nation (Formally known as Lac La Croix First Nation) and paternal ties to *Eabametoong* (formally known as Fort Hope First Nation). While Meghan does not claim membership to *Gakikiwangong* due to the mistreatment of her mother, she does acknowledge the traumatic part in her story that the community plays. Meghan shared her experience as someone who has healed from her addictions and now finds purpose in providing cultural support to other people on their own healing journey. Meghan (2024) shared:

I was born into intergenerational trauma cycles. There were addictions in my home. There was a lot of partying. I was around partying very young, I have a memory that I recall that, I actually, it comes to mind every once in a while, but I remember being about six, maybe seven. And being in a vehicle full of adults that were drinking beers in the car, and I was on somebody's lap. And they were smoking like right in front of my face. I remember just being disgusted and being like, where are we going? And we ended up back at our house.

Meghan's story triggered an additional memory, where she was directed to hide, for a reason unknown at that exact moment, in her closet, and she shared that:

I heard all this screaming, all this yelling, and I was still in this closet; nobody came back to check on me. So, it was like - that's one of my first memories of being around addictions and addictive behaviors. Where I started to notice that adults acted really strange [while under the influence]. So, growing up, these aren't things you understand because you're so young and small (Meghan J, 2024).

Meghan's memory, if further evaluated, can highlight when children are born into a pattern of normalized substance use and related behaviours, these actions do not seem unusual, out of the

blue or problematic but relatively normal in their perspective, as Meghan alluded to, situations like these are complex to understand fully at a young age.

Similarly, Serena L is a 2Spirited *Anishinew* with familial ties to Marten Falls First Nation and *Waskaganish* First Nation but was raised in Southern Ontario, Niagara Region. They also explained this notion around the normalcy of addiction in their familial home. They came to understand and unpack the trauma experiences later in life that promoted this ideology around normalizing behaviours when raised in a family of addiction. Serena shared that, "I was born to two addicted parents and growing up in a household suffering from addiction, we didn't know that's what it was - like we didn't call it an addiction, it was our reality" (2024). While being raised in an environment of normalized addiction, Serena explained that some of the typical realities faced highlighted that they and their younger brother would often wake up in the middle of the night to an empty home with their parents gone for extended periods. Other times where other basic needs were left lacking, highlighting that "sometimes we would struggle to have food in the house, or we would struggle to have nutritious food in the house" (Serena L, 2024). Serena did emphasize that their mom, while struggling with her own addictions, was still present and doing the best to shield the children from those harsh realities, however, as they got older, it did become more apparent. Serena (2024) stated, "I remember vowing at one point that I was never going to end up like them, and eventually I would develop my own addiction. And the first time that I put a substance into my body, it was alcohol, and I was 13 years old, and I was trying to soothe a lot of pain." This statement is important to consider in the context of how pain is experienced through a colonial lens of understanding intersecting traumas.

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An *Anishinaabe'kwe* Elder shared her perspectives from a place of experience and from a place as a healer. She was raised by two alcoholics, who were raised by their parents, who were also alcoholics. She shared there is a lineage of addiction to alcohol that coursed through her blood. She has three sons and three grandchildren, all three of whom battled with their own addictions throughout their lives, including the grandchildren, as they were detoxing from substances after birth. Her youngest son has found his healing pathway and has been walking on it for over five years. Her middle son is still actively battling his addiction and facing hard realities around homelessness and financial stress. Her eldest son, as she has stated, "... he's been on and off sober for the last year and a half, let's say, and he has been, you know, desperately looking for assistance, and he's not finding what he's looking for" (*Anishinaabe'kwe* Elder 1, 2024). This portion of the *Anishinaabe'kwe* Elders story signifies that a pattern of addiction was felt throughout their family on numerous interconnecting levels. While she herself did not battle with an addiction, she had to process and heal from her own emotional and spiritual wounds that impacted her ability to parent in a good way, and once she had come to terms with her own behaviours, she was able to cope in a more positive way that promoted healing across those interactions amongst her children.

Anishinaabe'kwe Elder 2 (2024) shared a similar philosophy around positive ways to heal from traumatic intergenerational patterns. She shared that her father attended residential school, and despite the intention behind these total institutions, he left residential school with the ability to find love in his heart, which was never taken away from him or his future family. She acknowledged that so many Residential School Survivors experienced much worse, "...many of them don't know how to love; instead they're beaten, all that abuse happened. So, of course, that's going to be passed on... that intergenerational trauma is passed on and on and

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on. Hence our people you see on the streets..." (*Anishinaabe'kwe* Elder 2, 2024). One of the hardest traumas to cope with is lack of love, and "if you don't know how to love someone, how are you going to love your children and your grandchildren?" (*Anishinaabe'kwe* Elder 2, 2024). As this Elder explained, love was a key factor in her family's ability to walk the good life, be raised in the culture and practice traditional ways of being, which helped maintain their ability to help others through ceremony and Spirit.

Wabannimki Anoquatkwe Mukwa Doodem Anniki Waju Niindooki. Robin B's *Anishinaabe* name means White Thundercloud Woman of the Bear Clan of Thunder Mountain Fort William First Nation. Robin added to this conversation by addressing historical considerations to heal our people, communities and nations in the present day. She highlighted that it goes beyond just the generation of her parents but also includes the generation of her grandparents, and she shared that:

It goes back to residential schools. When our families got out of residential schools, they couldn't get mad directly at the priests, and maybe they're in the middle of nowhere, on their reserve, they can't get mad directly at the government. So, what did they do? They tried to like we do today. You try and drown your sorrows. You think you're going to feel better after you drink or do the drugs, but we now know that's not what happens, and it really is to cover up something else that's going on that is a lot deeper than what we see. So, you know, they didn't learn how to learn much at residential school, and they come back, and now they're angry at their parents for sending them to residential school, not realizing parents probably put up a fight. But still, they're coming back from - my grandmother comes back from residential school. Becomes an unhealthy person. She doesn't know how to parent. Yeah, so my dad ends up in the welfare system, right?

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Same thing. Now he's stuck in that system. [My grandmother] ends up incarcerated, after she's convicted, she goes to jail, she comes out. She played the pill game where, you know, oh, she takes so many pills. She OD'd, and went to the hospital. They pump her stomach, she'd come back, and then she'd make my dad feel like shit, like, "Oh, you're my baby." And she'd try the same thing. She'd go drinking, drugging, and until one day she took too many. And my aunties always say that 'Oops, she just took one too many this time', it was like that. I didn't know this growing up, but it was something she did often, and just took one too many. I don't know why or what it was, but I am grateful my dad was not like that. And again, I put that on my mom, I think she just said, 'I'm not tolerating that. Breaking the cycle.' I'm proud of my dad (Robin B, 2024).

The stories above come from different families, communities, and nations. They all emphasize a collective understanding of shared pain. However, they also highlight that love is a gift from the Creator strong enough to heal the pain of trauma, and love is the way to call our people home.

Trauma & Sexual Assaults

As a knowledge gatherer who has been entrusted with these stories to share, I wanted to create a very clear trigger warning for this trauma-based section. Indigenous storytellers have the inherent right to share their truths. The storytellers who have opted to share the details of their sexual assault(s) are brave, courageous, and trailblazers. Finding grounding in a story of pain, trauma, and hurt takes a lot of work. I acknowledge that sharing these stories with names associated may pose as problematic to some, but the storytellers have claimed their histories, and in order to address their trauma(s), they have to put faces and names to their trauma(s).

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Trauma was often shared by the storytellers in the form of sexual assault. While not every storyteller shared this reality, it was a significant contributing factor leading to their substance use. The following story that was shared highlights how her experiences with sexual assault triggered her childhood addiction, but also how she was able to pinpoint why her traumas were not validated in a way she needed at the time:

"My addiction started when I was 13, kind of inadvertently, but also intentionally. So, what I mean by that is when I was 13, my sexual abuse came out, or at least I spoke about some of it. I identified a neighbour, a full-grown male. He was our neighbour's brother. And my parents would leave us with him because he would babysit us for free. AKA, he would assault us. So, we were often next door. And all these things were happening to us. And I was silenced by him by using my parents. So, he would tell me things that like my dad would beat us because he used to. And then he said that my mom would hate us...But it wasn't till I was 13. And I was in grade eight. And I never forgot this, but I was in. We were being taught like sex ed; they were doing all that funny stuff where they were making us put condoms on things. And we all just thought it was funny. But then it was weird. This instructor all she said was 'good touching, bad touching.' And it was like these, this flood of memories just came over my mind it was like, the way they describe it in movies where memories just flashed by you really quickly and you just kind of hit this brick wall of like realization like holy fuck, something awful happened to me. And I remember I left school, I went home and confronted my parents, and they broke out in this really big fight. And my dad disappeared for like two weeks. So, my parents weren't able to help me with my stuff. They wouldn't even listen to my story. They refuse to assist me in any type of way other

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than go to counseling. And that was super frustrating to me because it was like I just wanted my parents to understand what happened to me, who did it, and how many times it happened. And I think I understand why my parents didn't really want to, you know, address it. It was because they had their own shit that they were never allowed to deal with. And it was also as a parent myself now, Oh, I understand that they must have felt this extreme amount of guilt, like, all this awful stuff that had happened to them. You know, they moved to the city to prevent that stuff from happening to us. That's why they left the Rez. They left their Rez to avoid the abuse and the addictions, and then it followed them here because that's what trauma does. It follows you everywhere you go" (Meghan J, 2024).

Meghan shared how being raised in a house of silence around her sexual assault led her to feelings of neglect and isolation, which fed into her growing need to numb her memories through her spiralling active addiction. Meghan's ability to identify her triggers that specifically led to the development of her addiction was a pivotal movement in her healing journey.

Similarly, Serena recounted her own story about sexual assault that occurred to them over the course of their youth. They shared that:

"I was sexually abused for a period of about seven years, from about 7 till I was 14 ish, and I didn't talk about it to anyone. I just knew that it was wrong, and I was fearful, and I didn't know how else to cope. But when I saw my family members in pain or under stress, I saw how they coped. So, I knew what that substance would do for me before I even put it into my body, or I suspected, you know, I would watch them take a drink and then a sigh of relief. And so, the first time that I drank, I planned to get drunk. I didn't

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plan on just having a couple of drinks. It wasn't for enjoyment. It wasn't to fit in" (Serena, 2024).

Serena's story highlights how their traumatic experiences with sexual assault reinforced this notion of secrecy and silence, but coping through ways that bring temporary comfort to the pain of these memories. They explained how coping with substances created a false sense of comfort. Serena shared that "immediately when I put that substance into my body, it was like a warm hug. It soothed my pain. I blacked out. Everything just seemed to go away for a while..." (Serena L, 2024). The warmth of that hug provided through a temporary high needed to be addressed by looking at their trauma(s) head-on.

Katy B also shared her story around her traumatic experiences with sexual assault and molestation growing up in a northern Ontario community, and how this has led her to develop long-lasting trust issues with family and her ability to trust men in any type of relationship. Katy explained that trauma follows you, as Meghan J has also alluded to, and in order to move past and heal these wounds, they must be addressed where the hurt occurred. Cameron W shared how his story around trauma, while similar to the other collective of stories shared, still holds its own uniqueness to the experience. Cameron W (2024) shared that:

"There was abuse, abuse not so much from her. [My mother] knows, she admits it, she knows that she wasn't at her best. She was struggling... She'd be yelling a lot and a lot of psychological abuse, emotional abuse. Not physical from her, but other men in my family are abusive. Growing up, a lot of sexual abuse, my cousin's older, older cousins, family friends and that cause there was always big parties every weekend."

Cameron's story highlights another common theme shared amongst the stories; whereas yes, the storytellers do often acknowledge the abuse inflicted in their youth years was undeniably

problematic and traumatizing, they also acknowledged that their parents (for the most part) did their best with the situations they had been raised in. Some biological parents were the abusers, and this statement does not reflect those realities, but rather that the storytellers validated those attempts to provide the best outcomes for their children that they could, with the resources and abilities that they had during those times.

Kayla B is a Metis Woman currently living in Thunder Bay and shared her story about actively struggling with substance use. She brought up a similar theme shared above around familial traumas and how they trickle down into the next generations, whether it be consciously or unconsciously. Kayla shared that she experienced sexual trauma growing up and into her adolescent years and how it impacted her self-esteem from childhood memories. She shared that:

"I know that there was a lot of sexual abuse in our family, and so, I mean, I'm probably going off-topic, but we used to get washed with ivory soap, and it would sting. My mom would always tell me that it's because you're dirty or you're smelly or whatever, and that's because she was washed that way by her mom. So, my grandma's partners used to abuse the daughters, and then us girls, sort of got the downfall of that, especially when it came to like personal care. And so, to this day, I consider myself like dirty, gross, smelly, and I have this self consciousness that I that I stink all the time, and so I over wash with soaps and perfumes and stuff like that. And that's not healthy, right for your pH balance and stuff (Kayla B, 2024).

The stories above truly capture how easily and often trauma(s) are made to seem not so traumatic through continued normalization. However, as the storytellers continue to grapple with their histories and stories, they recognize the need to share their realities to further educate

other people, remove the blinders on 'normalization' and label it for what it is: trauma. These stories shared above are hard truths and real experiences of childhood traumas. These storytellers have the strength to share openly their names associated with their experiences; this is a way to (re)gain control of the narrative and change the direction of healing for themselves. These storytellers have the strongest degree of courage and compassion. I say compassion as they share their hardships in hopes their stories resonate with others and they, too, can find healing in addressing their darkest traumas and secrets.

Understanding Pathways towards Substance Use: Non-Prescription Based Onset

The normalization of substance use within a familial structure led to the child-specific development of these addiction-developing behaviours. Cameron W shared his story openly, and he recalled that around the age of 6, he had his first drink. He stated, "We got drunk, me and my older cousins. They would always go steal beer, and whiskey, always whiskey, and give me a drink. They always thought it was funny. I remember the first time I got drunk, my cousins, two of my older cousins, brought me a cup of whiskey. A fancy little glass. They got me to chug the whole thing, and I was the skinny little kid." (Cameron W, 2024). The memories shared by Cameron illustrate the normalized nature not just of his family but also that of his extended family, and over the course of the next two years, his dependence on poly-substance use materialized due to non-prescription substance use. He shared that around the age of 6-8 years old, he started having a lot of behavioural issues, whereas he stated that:

I was acting up. I started having temper tantrums. Lose it, bad. So, my mom gave me little orange pills. First, it started with half a pill. 'Here, just take this, my boy. It will help you fall asleep.' I was just so hyper, rambunctious, and at night I wouldn't sleep. So, she would give me these little orange pills, they were Clonazepam. There were

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valiums and [inaudible]. I remember reading the bottles when I was a kid. I started with half of one, sometimes two (Cameron W, 2024).

Cameron shared that while he believed that his mother's intentions were to help him, to calm him down and let his mind rest, these actions invertedly led to the onset of his lifelong addiction. The little orange pills have become a memory that is associated with his progression into criminal activity at a young age. Cameron (2024) continued his story by sharing that:

By 10, I was taking [pills] regularly. I was stealing them out of [my mom's] bottles. I started hiding bottles. Another one I remember taking was Bupropion, that was Wellbutrin. I was stealing those from her bedside. I was really heavily addicted to benzos. She still is. Back then, they didn't have the awareness; they didn't know that it was bad to give people - benzos long-term. So, she is still on benzodiazepines, she always will be. And she can't go without them. Her nerves are completely dependent on them. I ended up the same way; by the time I was 13-14, I started getting addicted to them. That's when I started with the gang life.”

The early development of dependency on pills for Cameron marked a lifelong battle with substance use. This highlights the complicated interconnections between peer pressures, familial normalization of substance use, and a sense of belonging within the community of criminality that led to the continued use of substances within Cameron's story.

Kayla B (2024) shared that her journey to substances started later in life. She remembered that while working at Metro, during her lunch break, she was approached by a coworker, and he offered to let her try cocaine. Following this interaction, a few years later, she had her first son at 21 years old. She shared that "...the father of my child, he used to come home in the work truck. And there was one night he kept on going out there, and I put my son

to sleep, and I went out to his work truck, and he was smoking something off tin foil, and it ended up being cocaine. And I got into that with him..." (Kayla B, 2024). Kayla shared that while she actively struggles with her cocaine addiction, it is nothing compared to when she tried smoking cocaine. She shared that one night, at a party, she first tried smoking cocaine, and stated, "... the minute I exhaled the smoke, it was like reality set in. I saw the sun coming up..." (Kayla B, 2024), essentially stating "that was enough to scare me never to [smoke] it again. It is cocaine on steroids" (Kayla B, 2024). She fully acknowledged the power these substances hold over people, and especially how smoking cocaine could fully control her life, and shared, "I'm just scared that I'm gonna want more of it, right? Because I've seen the people around me graduate from snorting a couple lines. Playing a game of dice, having a couple drinks, to now your whole life is gone...having to lose people in my life. They're still there, right, but they're gone to me, right? It's not even the same person anymore. So, I think it changes you" (Kayla B, 2024). Addiction has the ability to control, dictate or end her life fully, and this is something Kayla B fully acknowledged in her story.

Prescription-Based Onset

Prescription-based development of substance use speaks to a lesser percentage of stories shared by the storytellers. However, Meghan did share her initial experiences, which she believes rippled into her pattern of substance use, which originated at the point of clinical prescriptions. Meghan's (2024) shared that:

So, I ended up in therapy, or at least tried, they tried to put me in therapy, and I was seeing doctors, and at 13 years old, they put me on Lorazepam, and I remember like as an adult now, and now having a psych degree, that is psychotic. I don't know; I can see why they probably thought that was the best, but that probably started my addictions.

You know, like I look retrospectively at my life. And I'm like, I probably got addicted to Lorazepam and don't even realize it. But at the same time around 13 is when I found alcohol and cannabis. I was more attuned to alcohol. I liked how it made me feel where it was like this numbing effect where you just forgot, and everything about life, you know, kind of just went away.

Meghan (2024) does reflectively look at the situation and acknowledges there is more than one compounding element that may have led to her youthful dependency on substances, but it does play a critical contributing factor to the concept discussed above, highlighting the numbing factor substances play with living with traumas.

Toxicity of the Street Supply & Overdoses

The toxicity of the street supply was an ongoing theme shared throughout the stories. There is an increasing uneasiness around unsafe street supplies and the uncertainty of what other substances are being mixed together. There is this constant fear of, but also acceptance, of uncertain death. Coupled with this constant state of fear, the sound of urgency echoes through all the streets of Thunder Bay. I met with a *Kanien'kéha* Sacred Knowledge Holder, who shared where he resides, "...on the hour, you hear ambulances and fire trucks. That is not because my area is burning down. Well, it is, but it's not the houses that are burning down; it's not the buildings that are burning down; it is the people. The people are burning down" (2024). The reality of this substance use crisis has shape-shifted and evolved, just as traumas do. Regionally, it is estimated that we hand over a million harm-reduction hypodermic kits a year, however, "with the prevalence of fentanyl, it's moved from hypodermics to pipes. People are smoking it because they're too afraid to inject it" (*Kanien'kéha* Sacred Knowledge Holder, 2024). This evolving state of fear is also paralleled with the acceptance of possible death. One storyteller

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shared that "whenever I use, I feel like I'm willing to die, which is scary, right? Like you know that you're taking a chance every time you use, and that could be your last time using, and yet I'm still using, right?" (Kayla B, 2024).

One storyteller shared his experiences around what he gathered as a potential attempted murder or a miscalculated attempt to gain further customers down by the river. Whereas he shared that:

One day down by the river, I've been overdosing every other week and fucking just barely surviving every time... I was down by a river the day before I went to RAAM, and some guy came down there, and he gave me three and a half grams of purple rocky shit. I looked at it, thinking this looks like there is a fucking warning out on this. I remember trying some, though, because I was so dope sick; it was so fucking weird. It was gross. It made me feel weird, my head felt funny. So, I stopped smoking it. I waited till the morning; I took it to the Health Unit because I swear this guy brought this stuff down there to kill me. If I smoked any more, it would have killed me. I turned it in, all that dope, I could have sold it, but it would have killed people. Nobody knows this guy, no one knows him, still to this day. He was pushing for me to sell it, it was worth a lot of money, and he just gave it to me. I wouldn't sell it because there is something wrong with this shit. Yeah, I turned it in, and it was tested; it was the same poisonous shit; it was that oxidized lead, but it looks like down (Cameron W, 2024).

The scenario described above is illustrative of a life-and-death decision that Cameron and many others have made around consuming this unknown substance and potentially fatally overdosing, or turning it in to protect others and alert the substance use community. Similarly, Kayla B (2024) shared another story about her own experiences with tainted street supplies and the

calculated risks associated with consuming these substances. She shared that one evening, she and her friend were using a lot of cocaine, and she believes that it was cut with animal tranquilizers called Xylazine, which is commonly referred to as XY (Kayla B, 2024). She remembered that "...I got cold, and I've never been cold, usually, like, [cocaine] ups your heart rate; I was freezing cold and shivering, and I had a pounding headache, and I had to go into the bath, and it was, yeah, it's scary. You never know what you're gonna bump into. But I don't know how. I don't know any other way to like - I guess to me, it's like taking a bottle of fuck at all, right? And then you stop worrying" (Kayla B, 2024).

Serena L (2024) also shared a similar experience as described above, whereas they understood their addiction in a paradox of sorts. They shared that "I had no regard for my own life...I was conflicted, you know, I didn't really want to die, but I also didn't really want to live how I was living. And it got to the point where when I would use [crack]... I would light up, and I would be crying as I'm inhaling this substance and because I didn't want to be getting high anymore, but I didn't know any other way to cope" (Serena L, 2024). This speaks to the trend of continued use with unstable street supply, despite increased risk of death, due to the inability to cope with living a life of traumatic memory and collective pain.

Sense of Belonging & Connection – Understanding the Cyclical Nature of Addiction Through a Lens of Belonging

Finding a sense of belonging was often shared throughout the stories. However, the meaning of belonging and connection varied based on where one was at on one's journey to healing and living a Good Life. There were a few trends shared throughout these visits, and they highlighted a need to discuss further and acknowledge there is a sense of belonging, connection and collective community within the population that is still actively using substances. There is a sense of belonging, connection, and collective community for those

involved with gangs. There is a sense of belonging, connection, and community present for those walking the path to healing and reclaiming cultural identity, which was frequently referred to as the circle, or being invited into the circle.

Sense of Belonging in the Substance Use Community

A very significant and profound theme emerged from this knowledge-gathering process. It emphasized the pivotal understanding around meeting people where they are at and validating that everyone has unique experiences that shaped their understanding of community, sense of belonging, and purpose. This step is pivotal in taking forward strides together towards a de-stigmatized approach for people who use substances, which provides the human factor back into the discussion around a very heavily scrutinized topic.

Anishinaabe Storyteller 1 shared that there is a sense of belonging and community within his network as someone who is still actively using crack cocaine. They shared that "people are more calm when they're high. When you have some, and people are around you, people are socializing. It's a social network" (*Anishinaabe* Storyteller 1, 2024). However, they did acknowledge that this sense of community and collectivism is temporary and shifting; they shared that the associated risks with a substance-dependent group of people are higher: "When you don't have any, and people are around you, it's dangerous. They will rob you. People can be very desperate when using, and when people are coming off an OD, they're different from the narcan. People also normalize ODing and down, and often just laugh about it after they come back" (*Anishinaabe* Storyteller 1, 2024). The idea shared here speaks to the notion that there is a sense of belonging within the substance use community, as they share similar characteristics and interests while actively using. However, there is an increased risk associated with this cohort. As *Anishinaabe* Storyteller 1 explained, the increased risk is associated with a lack of

substances, the onset of withdrawals, and the irrational thought process around needing to find a means to support the next high. There is a constantly shifting and volatile social community for those actively using that is dependent on the availability of supply and the ability to keep the feeling of withdrawal suppressed.

Similarly, this concept was paralleled with the notion of meeting people where they are on their unique journey through life. One storyteller shared that she is still actively struggling with a cocaine addiction, but she also knows there is a need to create a platform for addressing healing on a non-linear path, the importance of transparency and that recovery journeys are fluid. She shared, "I mean, I'm happy that I'm here today at the park, meeting with you, and that I'm [currently] sober, right? So, like meeting here and doing this kind of stuff, and being with my kids, right? (Kayla B, 2024). Kayla acknowledged that her path is not to be understood through an abstinence-based model of understanding. Instead, it is a multi-layered approach to seeing the overlapping connections between feeling purpose, connection, and belonging in various communities she interacts with.

Situationally Dependent Understandings of 'Safer' Spaces for Those Still Actively Using

Further adding to this sense of community, Storytellers (Robin B, Serena L, Kayla B, and *Anishinaabe* Storyteller 1) shared another perspective that is very important yet controversial to highlight. It speaks to this idea around accessing situationally dependent understandings of 'safer' spaces, while actively using. I use the term 'safer' loosely and within the context of specific situations in a non-generalized statement, as it is important to acknowledge the vulnerabilities associated with, particularly Indigenous women actively using, in Northern Ontario and the increased risks associated with that. This theme from the storytellers highlighted that the substance-use community also provides a 'safer' way to live that meets the specific substance-use needs within that particular moment for those individuals.

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Essentially, it means, "It's almost like drugs are a part of being safe, too. Like she has a house to go to [with her pimp/boyfriend], a roof over her head, getting fed [by her pimp/boyfriend], but drugs have to be in there for her to live there. She has to be doing his drugs and doing his deeds for her to live there" (Robin B, 2024). While there is a section below entirely devoted to addressing Indigenous-specific safe spaces and harm reduction, I believe this section is best suited here in the community of substance use section, as it does speak to those dynamics associated with a particular group of people.

Robin B (2024) also highlighted that while a sense of 'community' may be involved, there is not always a positive association between the two. Still, it is simply understood as a group of people sharing similar experiences in similar situations. This understanding helps further clarify the connection between young women being released from Thunder Bay's correctional institution and led right back into the hands of dealers waiting for them at city hall and the notion behind "debts" and "payback." Women arrive at city hall, and "...they get a free hit [from the dealers waiting for the cabs to drop them off], right? Now, you'll keep coming back, and you owe them. Nobody's giving out free drugs just to watch you get high. There's always a payback. There always has to be a payback somehow" (Robin B, 2024). This leads to the conversation around situationally dependent understandings of 'safer' spaces that provide basic needs in exchange for sexual exploitation, whereas "women here are being trafficked like that. Their boyfriend is, you know, is like, 'You're Living with me. I pay the rent, you owe me now'. And they're making them work off their debts, in a sense. And that's the same thing" (Robin B, 2024). Tannis K (2024) also spoke to this ongoing issue around human trafficking in Thunder Bay, and she shared that "it's called hunting grounds. That's what the fuck we are, the reserves", and the reality of these situations are plastered all around social media, highlighting

that "...every day, our women, our men, all leaving, going, gone, just disappeared. And I know where they are, not physically, but I know where they are and what they're doing and what they're being made to do" (Tannis K, 2024).

Again, it is essential to reiterate that while there is a collective experience shared, there is no positive association being made between community and manipulative tactics involved in prostitution and human trafficking. Further to this discussion around 'safer' spaces, while likely this paragraph belongs in the Making Meaning section of this Dissertation, I find it pivotal to include here to provide closure and justification to this theme, thus ensuring it is not misinterpreted or misunderstood. Acknowledging and making space to address that many who do not consider these 'safer' spaces, is in fact, essential. The reality is that they are targeted and trafficked due to identified vulnerabilities. Human trafficking and the non-consenting nature of it, in no way, shape or form, is being classified as 'safer' spaces for those actively using.

Sense of belonging in the criminal community

The idea behind finding a sense of purpose and connection is something that acts like the glue that holds things together. Cameron shared how his life was shaped by his involvement in gangs at a young age. There was this sense of purpose and belonging felt between the youth and membership, which created a sense of community and security for youth with behavioural and substance use tendencies. Katy B (2024) also highlighted that her friend group influenced her negatively, but it was the norm for her at the time, and following that path led her down a dangerous direction. Cameron shared immensely about his history with the criminal justice system and lifelong involvement with gangs. He shared that around the same time that his addiction intensified, he also found himself more involved with gang life, he stated that:

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I was hanging around a gang called DC Central. It was one of the first youth gangs in Winnipeg. DC Central was mainly a bunch of us. A lot of Metis. There was white guys and [inaudible], and mostly Indigenous. And we were all just from broken homes ... it was strange when I think about it because we had money and stuff. We lived in a nice home, still in the hood, but I had all the opportunities and chances [my family] used to send me to summer camp. Take me fishing all the time. I just made the choice to hang on to gangs. Because I was scared, like I said, always scared when I was a kid (Cameron W, 2024).

Sense of belonging within the gang lifestyle allowed Cameron to create a false sense of protection from his mental health realities and anxieties, thus further influencing his addiction to manifest in a downward spiral despite his family trying to pull him back through active involvement in various outings and Land-based activities. There were various stories shared about criminality and gang life, but one of which stood out significantly when he shared one specific memory:

So, around my early teens, I started hanging around gang members. A lot of them were a couple of years older, and there was a - when I was 16, there was a murder. Some of the other guys were involved... it was my cousin. They actually shot over across the bridge in the North Side. They went and shot a young guy with a shotgun. So, that kind of fucked things up in the game, because a bunch of them got locked up... A lot of us were selling dope for [a Winnipeg-based gang] too... So, we'd sell dope, and deliver it basically. We just drive around delivering. They'd give us money. Yeah, so that's when I started around that time. I would never do the coke and shit, but opioids, that's when I

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started taking T3s, perks. We'd just pop them. We'd eat them. I would black out"
(Cameron W, 2024).

This story is significant for Cameron, as it speaks to the connection to belonging with gangs, but the disconnection gangs created when his cousin was murdered in a gang-related interaction. It also speaks to the development from a sense of belonging, moving and shifting beyond simply a youth gang to interactions with a number of more established criminal organizations. Cameron's dependencies also worsened with opioid use the further he was involved in organized crime. Around the age of 18, Cameron was charged as an adult with armed robbery. He recalled that his need for more alcohol and more drugs drove him to violence. Cameron W (2024) shared that:

I went and got so drunk and high on pills, zopiclone, I remember, a sleeping pill, barbiturates, and a bunch of Xanax and T3s and vodka. I ended up going up to the food fair, down Portage, St. James. I got charged with armed robbery because I went in, and I didn't - I remember bits and pieces - I remember I wanted more booze. I wanted more drugs... I went down to Food Fair, and tried to hold them up. I caught the guys counting money in the back room. I got them both in the corner. I had two big butcher knives and big steak knives. I turned my back. I'm glad I did, well, not the stabbing part, I turned my back to them and started shoving the money in my pockets. They jumped on me, and they beat the shit out of me. They pinned my head to the table and fucking punched the shit out of me. But in that process, one of them ended up with a knife through his forearm, and I didn't mean to, I actually felt so fucking bad. I don't like seeing blood. I don't like hurting people. I don't like violence at all. It was such a violent ... I ended up

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locked up, I got out a few months, I think nine months I did that time, that was my first adult charge, but I had a youth record."

Cameron's active reflection on his youth and adulthood is evident in the story he shares above. He recognized that while his active addiction fueled his actions to chase the supply, his actions also intentionally hurt other people severely. Cameron shared his story with remorse for his actions and how they impacted other people, but during the time, it was evident that the chase for the next hit outweighed rational decision-making and caused irrational actions that he regrets terribly. The institution has shaped Cameron's youth and adulthood years. He shared that "I spent my 20s, up until my mid 30s, I was in and out of provincial jails. My whole life. I was never out. The longest I think I stayed in was for two years at a time. I've been incarcerated 35 times in my life, well more than that now, because I have a federal record now too" (Cameron W, 2024). While Cameron's story is only one, but it is essential to make note of due in part to the high rates of Indigenous Peoples within the criminal justice system and the sense of belonging it creates within these systems that are cyclical in perpetuating series of events that led back to a normalized path of criminality and institutionalization. *Kanien'kéha* Sacred Knowledge Holder (2024) shared that it is also foundational to understand the connection between education, institutionalization, and substance use. The regional demographics describe the cyclical nature of Indigenous under-representation in academics, over-representation in the criminal justice system and the trickling impact it has on substance use. He shared that approximately 33% of 18-20 years old's in Northwestern Ontario have a grade twelve diploma, compared to nearly 80% of Indigenous representation within the correctional system "... and what is common for all 18, 19, 20 year old's across the country is that they're going into cages, they don't have a grade 12. They have no options left. They turn, in many instances, to

criminality, and that is often predicated, or at least influenced by substance use, and that's all about self-medicating traumas" (*Kanien'kéha* Sacred Knowledge Holder (2024)). Echoing Cameron's story, he shared similar realities around colonial structures that perpetuate systems that do not work for Indigenous Peoples, as opposed to highlighting the need for more cultural integration for healing and (re)connecting to culture and identity to promote positive healing pathways.

Sense of Belonging Within the Circle

The Circle is a concept shared by many storytellers, highlighting the (re)connection to culture. The Circle is safety. The Circle is healing. The Circle is where *Anishinabek* finds the ability to walk the good path. An *Anishinaabe'kwe* Elder shared perspective around (re)creating a sense of belonging for those incarcerated was a pivotal factor for the men she worked with, as it allowed them to feel supported, loved, valued, and heard as people, and not judged for what they have done to end up within the institution (*Anishinaabe'kwe* Elder 1, 2024). She further shared that "I know that bringing culture to them was everything to them" (*Anishinaabe'kwe* Elder 1, 2024). Her ability to (re)connect and (re)build those cultural bridges to healing pathways for the men gave them a new sense of purpose that was created from grandmother's love. The Elder would lead the men through pipe ceremonies without the presence of correctional guards, as she followed spirit in the work she offered. She stated that "... they needed to be loved by someone. And I had grandmother energy, and it was easy for me to love them. I didn't want to know why they were there. I didn't want to know any of those things. I didn't want that to skew my perception of them. And I learned a lot. I learned a lot through those experiences. And again, I witnessed that with love, all things are possible. All things are possible" (*Anishinaabe'kwe* Elder 1, 2024).

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This Elder highlighted that the sense of belonging can shift within the institution if the Spirit is guided in a good way and protocols are protected during the ceremony. This Elder walks with love as her first emotion, and provided these men with love despite their histories, and this prompted a shift in understanding and a positive step towards healing in a Good Way while in an institutional setting. Being in the Circle has been described as more than a physical environment but as a state of belonging, equality, and purpose (*Anishinaabe'kwe* Elder 1, 2024), connection to land, water and ceremony (Katy B, 2024), and the connection to culture (Cameron W, 2024), teachings, the language and people (Meghan J, 2024). Essentially, it speaks to living life in a culturally grounded way, with intention and commitment, which creates the culture, community, and power within the Circle that is based foundationally on loving oneself and others.

Other storytellers also shared that while this dissertation is based within an academic setting, following academic protocols, it is still based foundationally within the culture and connects back to this notion of the Circle. The theme emerged that highlighted that research or work in this regard is important. This work bridges gaps around stigma, healing pathways and advocacy for people recovering or still currently using substances. One storyteller shared that:

“...things that you're doing, you know, like, I love going into, like, the Circle... Things like that, like, really are helping means also like safe spaces for like, I feel like Indigenous People like to voice their stories about addiction. You know, because I've heard some really amazing stories, like, when I was in early, early recovery, that just like, you know, we're so inspiring, you know? Yeah, it was just like, it was just such an honor to like, have another person share their story, just to know that they're not alone” (Katy B, 2024).

This emphasizes that safe spaces are needed for Indigenous Peoples to share their stories in a Good Way. Sharing a story about overcoming barriers, obstacles, and addiction is one thing.

However, it is another entirely different thing to be validated, heard, and acknowledged when sharing your story and having it help others achieve steps towards their healing pathways.

Cameron W (2024) also emphasized the importance of community voices, stating, "There needs to be more people going out into the community, and more people like you, and what you're doing. Engaging with people. Culture, like what you're doing, is so important." The importance here lies, once again, in finding peace within oneself to share about personal hardships but then realizing that these hardships and hard times are collectively felt across not only familial lines but through an intergenerational lens of understanding colonial pain and trauma.

Safe Spaces & Meeting People Where They Are At – Fluidity of Healing & Relapse

There is a commonality shared throughout the narrative, and this theme speaks volumes about the need to humanize error, humanize mistakes, and humanize people with addictions in order to make safe spaces to talk, learn and understand the fluidity of healing and relapse. Many storytellers shared their healing journey not as a destination but as a lifelong process of maintaining sobriety, balancing all aspects of body, mind, heart and spirit. The stories highlighted that despite going through various detoxes, treatments, and prolonged periods of time being clean, their bodies did not forget about their addiction and those substances. Meghan (2024) shared that her journey to healing included relapsing, and she stated that:

After treatment in June, I lasted about two weeks, and I relapsed on my son's birthday.

And it was a pretty bad fuckup; I just kind of went like, my body, as they say, your body doesn't forget where your addictions were. You don't forget the amount you can tolerate.

I didn't forget that. By the time I was like in treatment, my tolerances were really high.

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The three times that I was in detox, I was on high-risk watch. And I never had a seizure. But they kept watching me like I was going to because they said that they had never seen someone at my age. I was 31 at the time... they said they'd never seen a female as young as me withdraw the way I did. I'm talking like absolute just like shaking and like I couldn't even couldn't eat, couldn't drink. And I was just like vibrating. And so yeah, the last time I ever relapsed, it was like I was right back to exactly where I was; my body didn't forget.

Meghan's relapses throughout her journey did not signify defeat but strength to continue fighting against those feelings deep within that wanted her to give in. She spoke to the time when her addiction was at its worst after walking away from her abusive marriage in May 2016. A combination of the post-traumatic stress response, spiralling relapse, and walking away from her ex-husband all factored into digressing mental health, which led to bouts of insomnia. She further shared that:

I was awake for, like, 23 days, like not 23 days straight, but it was like, you know, like, I couldn't sleep longer than like, Frick, like 60 minutes, 90 minutes, and it lasted like long, like, there'd be days where I'd be up for like, 72 hours. And then I finally catch 90 minutes, that it was just, it was really fucked. I went through a psychosis; I had visual, audio, and physical hallucinations... It was on the 21st day I tried to take my own life because I was like, I couldn't even understand reality anymore. That was like, I don't know, I remember not feeling real. And then the thing that really tripped me up was, at that point, my mom had been dead for 11 years... At one point, I remember I was sitting on the couch, and the couch was against the wall. So, there's nothing behind me. My mom's voice was right here in my ear. And it was as clear as day. I couldn't conjure up

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that voice, even if I tried, because I had already forgotten it at that point. But somehow, my brain, my broken little brain, pulled her voice out. And she spoke, and she said my name. And it was like 'Megan,' and it just shook me to my core, to the point where I was just like, 'I don't think I'm here. I'm like, I don't think this is real. So, I tried to off myself. And for all intents and purposes, I should have succeeded. Even the doctors at emerge, were just like, 'we're not even really sure how you're alive'. So, I took that as a sign that maybe I was supposed to be here, but I couldn't take it in a good way. My addictions picked up in that month, May 2016. Because on the 23rd day of my insomnia, I was like, fuck it, you know, like I couldn't off myself. So, I might as well just go live my life. So, I went out with my friends, and I got, like, blacked out drunk; they told me they had to carry me out of the bar. And they had to take me home. And basically, like, place me in my bed. I slept for 16 hours. So, my brain had a solution. My brain was like, Oh, you want to sleep? Well, now we're just going to have to drink extreme copious amounts of alcohol...And I was using cocaine, so I could drink more, and I would drink more so I could use more cocaine, and it was just like this cyclical thing of just non-stop like I don't even know how I'm alive sometimes. And then I would abuse benzos a lot, like 2 to 10 milligrams, to pass out (Meghan J, 2024).

As Meghan later shares in the Spirit Led section below, perhaps these signs from her mother were not hallucinations, but her mother came back to guide her toward living a good life.

Meghan described above a pattern of use that created a positive association between using and the ability to sleep. Meghan's story of relapse is based on trauma, and her inability, at that time, to address the roots of that trauma, which ultimately led her to feel trapped, isolated, and alone in her darkest times.

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Serena L (2024) shared a similar perspective around their stories of relapse. Serena celebrated one year of sobriety with their group of Narcotics Anonymous peers at the age of 17 years old. They shared that this achievement was a foundational moment for feeling a great deal of pride, support and love throughout this process of sobriety. They were still living in the shelter and working on the next steps towards walking the good path, and a significant trauma triggered a series of events that led to Serena's relapse. They shared that "...on my way home from a NA meeting one night, I was sexually assaulted by this man that had been attending. It was a very traumatic experience, and I went to the hospital. I reported it, I got a rape kit done, that, in itself, was very traumatic, and I just felt those emotions coming back" (Serena L, 2024). Serena's traumatic experience of being sexually assaulted, again in a place she considered her safe space, triggered a cascading series of events that led to a silent relapse. They shared that "...I didn't know how to cope, and I ended up relapsing, and I was surrounded by a lot of people, but that secrecy came back. I didn't want to tell anybody. I was ashamed, I was afraid, I was up in my head, and I didn't make any calls to any of my supports" (Serena L, 2024). This event is a significant moment in Serena's life because it highlighted the collision between a place of safety and the location of trauma and the clashing of the two realities, which caused their inability to process emotions on safety, trust, consent, and ability to feel secure in a place that once was viewed as a circle of protection. Serena did recover from this and was able to find healing again through the support and assistance of a social worker. This particular social worker, as Serena shared, was a wolf in sheep's clothing and utilized their position of power and authority in a way to manipulate and exploit Serena's recovery journey. They shared that this particular social worker took her in and provided them with food, shelter, and security, but it was in exchange for a secret sexual relationship hidden from her husband, children, and social

group. During these ten years, Serena mentioned this environment was the safe space that allowed them to achieve sobriety for a decade. They highlighted that this family:

Fed me, [and] they clothed me. They gave me a safe place to stay. I have my own room. They helped me figure out how to get enrolled in a high school here, which ended up being the Adult Education Center because they thought that I would be better suited there because I had dropped out in grade nine. So, I enrolled in the Adult Education Center. I got my driver's license. And things were really, again, starting to look up. But then another thing happened. Shortly after I moved here, the woman that I moved in with expressed sexual interest in me, and I started a sexual relationship with her when I was 17 years old. It lasted until I was 26, and I lived in that house, and nobody knew it was happening. We would go on trips together. She would pay for expensive things. She said we were going to get married one day, and I just was so enthralled with her, and thought, you know, it's better than where I was and again, didn't tell anybody. Went on for close to 10 years (Serena L, 2024).

The story above truly highlights the situational understandings behind safe spaces and how a safe space, as described above, is truly about meeting people where they are in those exact moments. Serena explained further that they relapsed again after ten years of sobriety while attending law school. They emphasized that within the institution, there was a culture of drinking and partying, where it was normalized to consume substances and alcohol. This normalization of partying led Serena to participate in the consumption of alcohol, for over three years, in secrecy. They shared that:

"I was what I would call a functional addict. I was going to school. I was getting my assignments done. Nobody knew that I was using, and I was managing it, but I was

internally bursting at the scenes. I wasn't sleeping well. I was having nightmares like crazy about all my abuse. I wasn't getting therapy of any kind, but I managed to throw all my energy into school, and by the end of law school, I was back into Coke..."

(Serena L, 2024).

Serena shared that this concurrent trauma with this woman continued and continuously escalated. They battled with the idea of walking in two worlds; they shared, "I became a lawyer, you know, I did this, like really incredible thing, and at the same time, was going through this absolute chaos. It felt like I was living in two worlds and starting to have a hard time keeping them separate..." (Serena L, 2024). This led to Serena taking a leave of absence from their job; however, instead of getting help, their substance use spiralled for months on end, deeper into their addiction. Serena's journey to healing continued on this non-linear line towards healing in a good way, which will be addressed in the following sections. However, before addressing healing, we must first acknowledge and speak to how safe spaces and recovery also go together with harm reductionist perspectives.

Safe Spaces & Harm Reduction

Harm reduction comes up in the narrative frequently. However, the meaning of harm reduction depended on the unique worldview the storyteller was positioned within. Everyone shared a position of reducing harm, but it varied based on reducing harms related to stigmas, reducing harms related to toxic supply and overdoses, and reducing colonialist-influenced harms for Indigenous Peoples that foster environments of substance use. Harm reduction in this context provides the "opportunity to have the conversation without judgement" (Serena L, 2024), which starts the discussion around creating new pathways to understanding substance use and that "abstinence is not everyone's goal" (Serena L, 2024). Harm reductionist perspectives focus on providing a safer supply while highlighting a discussion point around "a

safer supply of drugs to purchase and decriminalization" (Participant B, 2024), which in turn speaks to having more governmental influence and control on supply, injection sites, and safer street supplies. Harm reduction views also explored the importance of awareness and education, destigmatization, and decriminalization. By increasing awareness and accessibility, people who are still actively using substances will have the ability to access primary care without fear of judgement and discrimination in order to "...get your labs checked and see how you are doing inside" (Participant B, 2024). Accessing safe spaces is truly dependent on where one is on their journey, and for those actively using, their realities are slightly different than those who have sought out their own healing journeys.

The Moment of Realization – Changing Directions on Your Journey Throughout Life Towards Healing

The consensus shared by the storytellers truly emphasized that healing is not linear. Healing involves acknowledging failures, and that healing is fluid; shifting forward and backward as life circumstances unfold. There are specific moments in time that storytellers shared as their 'moment', signifying the exact moment in time they knew they needed help and wanted to get sober. These moments are also compounded with struggles, withdrawals, pain, and physical, mental, spiritual, and emotional aspects of isolation.

Cameron W (2024) shared that he has attempted to get clean many times throughout his life while always experiencing that fluid feeling of being drawn back to that lifestyle. However, he shared that his most recent attempt at sobriety has a different feeling behind it, and for Cameron, it started with that story of being given laced down by the riverside. He felt this was a purposeful attack, and he needed to choose between simply existing or living a meaningful life with his children. He shared that when you make the active decision to come off down, "... it's the worst withdrawal anyone could ever imagine. I remember the whole time I was on down,

the whole time, every day I would say, 'I want to quit this shit, I want to get sober, I hate this shit, this life sucks. It's not living. It's existing. It's just barely existing'" (Cameron W, 2024). Cameron acknowledged that while he was actively using, he truly was not living but just existing in a physical state that was his version of "rock bottom," and he shared that "I was begging for money. I was panhandling. Stealing shit or shoplifting. Just fucking ripping people off and doing shady shit. Hurting my family" (Cameron W, 2024). The combination of existing at rock bottom and existing for the purpose of finding a means, at any cost, to get your next high was pushing Cameron further away from what he needed to feel alive: his children. Cameron's children became the reason and purpose for wanting to live again, in a good way.

Katy B (2024) shared the realization of her 'moment' when she knew she needed to get clean and remove herself from the situation that she was in. At that time, Katy was homeless and living in Edmonton, Alberta. Her family was fearful for her well-being, as Katy had unreliable forms of communication while living in a tent-based encampment. She was not missing or murdered, but her family was worried, as they heard frequently about the violent attacks from the local news stations. Katy B (2024) shared that:

I ended up getting this stomach virus that was going around the inner-city homeless people, and it was brutal, like just sick. And, plus, I was withdrawing. And we had no food. We were like our tent was kind of like outside the city. And so, my son's father was out looking for food. And I found myself losing consciousness. And so, I went to like the highway. And I fainted out there on the road, and somebody called the ambulance. And then, from the emergency room, I called my mom and my uncle, my step dad and my son, and they came right away. And so I stayed in the emergency for a few days. And then my uncle said, 'Well, how about we take you back to your dad',

here in Thunder Bay, right, and 'try and get some help for you, you know, get you out of this situation.' And I knew I just had to surrender there and just kind of get better. My son needed me. And I knew it. It was just I knew I wouldn't be able to live with myself if I continued to live that life. Like, I knew it wasn't temporary, but just sometimes you just need that push, you know. So, then I came here I got into treatment right away" (Katy B, 2024).

Katy's story resonates similarly with Cameron's, where they both pushed for addressing their substance use while experiencing a low point in their lives, and the motivation factor of their children remained that constant reminder and purpose of 'why' they needed to do things differently. While similar in the context of having a support network as the motivational factor, Serena's story focused beyond a familial push for sobriety. It highlighted how basic human decency and compassion are reason enough to feel acknowledged, appreciated and valued as a human being with their own autonomy. Her story emphasized the importance of people-first approaches and ensuring that we are humanizing people who are actively using, as opposed to dehumanizing and stigmatizing, whereby they shared that:

"...through that new program for behaviorally challenged youth, there was a social worker that connected with me there, and she just let me be where I was at. There was no scolding. There was no telling me, 'Oh, you're a bad kid'. There was no trying to fix me. She gave me some of my agency back and just allowed me to talk about my problems for a while. So, at some point during one of those conversations, I decided to go to treatment. During that time, while I was waiting to go to treatment, I started attending meetings of Narcotics Anonymous, and when I was in those places, I was the youngest person in the room, but I could relate to the stories that were being told there.

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The 12-step program is a place where there are no professionals there. There are just other people who are addicted, helping and sharing their experience, and it connected with me in a way that other people hadn't been able to at that point. I started just going to the odd meeting, but I was still struggling to stay clean, so I did go to treatment, and that's how I ended up in Thunder Bay. I attended the Sister Margaret Smith Center youth program in Thunder Bay when I was 16..." (Serena L, 2024).

The importance here lies in understanding that people who are actively using substances often feel dehumanized, undervalued and forgotten about, and for Serena, feeling heard, seen, and acknowledged for who they were in that time and place was enough to seek help for those very real battles within their mind. While this 'moment' of realization in her young adult years was enough to push her towards healing, again, it is important to emphasize the non-linear path healing takes. Serena shared that she struggled with relapses, which will be shared later, but her final 'moment' of realization for healing came to them 8 years ago. They shared that this moment was experienced by themselves and their now wife and highlighted that:

"... I had this friend of mine. We were friends for 10 years, and we decided to start dating, poor, poor timing, but I'm actually married to her now, very poor timing. She was also an addict in recovery who had relapsed separately. We found each other in active addiction. It was really bad for a while, and I remember one night using with her and saying, like, like, I know that there's a better way. I know because I've lived there, I've had, you know, long-term recovery. I know that this is not the way that I want to live. But when you're in addiction, like even though you know that it exists, it feels just like so out of reach, and you feel hopeless and that nobody would understand, and you feel judged, and self-esteem is in the toilet. On our last night of using, we were at the

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home that we now share, and I said, I'm gonna go for a walk. It's like four o'clock in the morning, but there was lots of people in our house, and everybody was getting high. And I just, I just had enough, and I was like, 'I'm going for a walk to clear my head', no problem. And I was - I've never been religious, but I feel spiritual, and I've been forming more of what that looks like over time. But I was praying to God, Creator, like, whatever, I just said, 'God, Creator, whatever you are out there. Like, I need help, like, I don't know what to do. I'm so desperate. Just help me.' That was my prayer. And by the time I got back, my partner said, I called detox. I think I'm gonna go to detox. And I was like, Why didn't I think of that? Like, I don't know, just so out of reach, right? Like I had these blinders on, couldn't see. And I said, okay, they don't allow couples in to detox for what's probably an obvious reason. But I said, Okay. And she said, I don't know, or what are you gonna do? What are you gonna be fine? I'm like, 'I don't know. I'm gonna call some people in the program'. And I did that. I called some people in the program. They detoxed me on one of their couches and just sat with me until it was out of my system. I made a plan, and I went back to treatment. I did a treatment program in Sault Ste Marie. I was in a halfway house. I went to a PTSD program in Toronto to deal with some of the mental health aspects and my the abuse because I was having a lot of nightmares still, just before we got clean, that person that had abused me she did complete suicide in a very traumatic way, and I started unpacking all that trauma, and I'm happy to say that I've been clean since that that night. It was June 13 of, 2016, so I just celebrated eight years of consecutive clean time" (Serena L, 2024).

All of the stories are significant in their own way, as they highlight the interconnections between healing in a non-linear way, the importance of community and sense of belonging, and

finding purpose and belonging throughout that process. The following section will create space and place for storytellers to continue on their path to healing, and share knowledge around what healing looks like, and how it impacted their journey through life.

Two-Eyed-Seeing & Merging Paradigms of Understanding – Stories of Westernized and Traditional Approaches to Healing from Substance Use

In 2024, we recognize that healing pathways look different for everyone on that journey. The difference is found with each individual walking that good path. For *Anishinaabe* Elder Ron Linklater, a member of Couchiching First Nation, shared the following teachings around healing pathways that highlighted a two-eyed-seeing approach:

There's so many different paths now that... that achieve very similar things like healthiness and well-being. But the grandfather of all of them... would have been the 12-step program, and that's why I've never, ever been shy to know to promote them in a healthy way, because there's nothing wrong with these concepts of the 12-step program, there's a man that I admired. He's gone now. He's a late Elder. He kind of mentored me in my sobriety over the years, and he was a very amazing human being. He had this ability to be a beautiful artist, and he had this ability to come up with stories, and he was a gift that he gave back to us as young people to carry the message. And that old man, he was in his 70s when he left us. He passed away here in Winnipeg, but there was this amazing story that he shared that I always talk about when I meet with groups of people, that I know that what I'm sharing with them, ultimately, could be shared and encouraged by other human beings. They have to be very respectful of that. Well, this man, the late Elder Percy Byrd, was a very devout member of the Alcoholics Anonymous Program. he had long-term sobriety, and he used to go to a lot of Alcoholics Anonymous meetings all over North America as a First Nations person... He talked about this remarkable

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story of one of these gatherings that happened to take place about five hours south of Thunder Bay, about seven hours south of Winnipeg, Manitoba. It's called Minneapolis, Minnesota... So, the story that he shared is one of the speakers that had long white hair, this old wrinkled Native American human being that was many, many, many years sober. And what's remarkable about that story is that this man who was talking, who's one of these speakers, was sharing how when he first joined Alcoholics Anonymous, one of the things he was always grateful for is he would never kick him out...they would never kick him out, even if he was half in a bag, he'd go, as long as he behaved himself, they'd let him stay at the meeting and sit at the back and drink coffee or whatnot. But his name was Eugene, so Eugene was talking and saying that that he's very grateful. A lot of people don't know that the AA movement was started by two men, a doctor and a stockbroker. A businessman started this program in 1935. That is one of the most famous programs on earth now, and of those two men, the first one to die was the doctor. And so, in those years, they used to have these memorial services for the late doctor. So, Bill Wilson was a co-founder. Doctor Bob Smith was the other co-founder. So, when Doctor Bob passed away, he was able to pass away sober. He didn't pass away drunk. He passed away with sobriety. So, it was a very powerful message. They used to have these memorial services. Well, Eugene was in AA for such a long time that you can remember going to those memorial services. That's quite it's quite amazing. So, one time when he was there, Eugene was sitting there, and Bill Wilson, the co-founder, was talking. Bill Wilson's eyes moved in the audience, and he gauged in on Eugene. He zoned in on Eugene's eyes like that. And Eugene said he felt so weird, like, what's the co-founder of AA want with me, he's thinking, right? And that Bill Wilson was looking

at Eugene in his eyes like that. Afterward, Bill Wilson went up to Eugene, and he said to him, 'You're Native American, aren't you?' And Eugene said, yes, yes, I am. He says, well, after I'm done, if you don't mind, I'd like to talk to you a little bit more, if you don't mind. And Eugene says ... 'Of course, I got time for you.' After Bill finished the memorial service, he approached Eugene and told Eugene an amazing story that I'm sure impacts people today in a good way. And what he told Eugene is he says a lot of people, for some reason, think AA is about religion. When AA comes to mind, people right away think of religion, and he says it's not - this program is based on spirituality, he says. He then says to Eugene that he points at Eugene like that. He says, 'We learned that from your people'. That's what he said. When he said that Eugene said, it felt like a load of bricks fell off his back, or at once he could really embrace who he was as a human being, a First Nation, a Native American, a beautiful human being, because even the co-founder of the greatest program I've heard, told him that it was his people that taught him about spirituality (Anishinaabe Elder Ron L, 2024).

Anishinaabe Elder Ron L (2024) shared a story that speaks to the very concept behind this dissertation: relationality. We are all connected, we are all one, and we can come together as one people to heal in a good way. Healing looks, sounds, smells, and tastes are different for every nation. However, the importance here, shared by both *Anishinaabe'kwe* Elder 2 and *Anishinaabe* Elder Ron Linklater, signifies that healing is about creating balance and reconnecting to spirit, a purpose and connection, regardless of what one believes in. Similarly, Serena L (2024) shared earlier that their ability to draw on something bigger with faith and purpose was a turning point in their ability to access strength from that belief and walk forward down that good path.

Anishinaabe'kwe Elder 2 (2024), a very traditional woman with a strong cultural foundation, shared that it is important to acknowledge healing is fluid and that different ways of healing work for different people. She emphasized, "I'm not saying that the Western way doesn't work because it does. I think a combination of both can work. It's nice to see that treatment centers are now incorporating our traditions into their healing programs. It's nice to see that because I've seen many people go through a treatment program and are doing very well. So, you know, bringing them all on the land, to the Sweat Lodge, and incorporating that into the western part of, you know, their healing journey" (*Anishinaabe'kwe* Elder 2, 2024). Healing looks for validation in the eyes of those seeking it out. Healing pathways are meaningful when meaning is placed on them by those walking those roads.

Culture as the Missing Piece – Embedding *Anishinaabe Kaandossiwin*

Other storytellers shared that while they attended, participated, and checked the boxes within the Western world, something constantly felt missing. For Meghan (2024), her healing journey challenged her mentally, physically, and spiritually. Meghan (2024) shared her experiences with trying the conventional steps that did not ignite her spirit but dimmed it. She shared that:

But the more I did meetings, and the more I did, the couple of times I tried the steps, I was just like, this isn't this isn't for me. I'm not the type to stay silent anymore. And I gathered much of my voice within that place. And I became very vocal about my own recovery. And I kept saying, like, this isn't gonna work for me, this is not working for me. What I need is my culture. I need my people. I need my language. I need a regalia so I can dance again. I was like I needed my feathers. I was very adamant about what I needed in my recovery, but it was like I couldn't be heard. So, I was often threatened.

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Like, you know, we'll have to ask you to leave if you don't go to these meetings. We will have to ask you to leave if you don't try these steps and try to find a sponsor. So, it was like they were threatening my literal life. So, it was like down to how bad I wanted it, I was like, fuck it. So, I faked it. I faked it. I went to these damn meetings (Meghan J, 2024).

For Meghan, her healing journey was conflicted with existing between two worlds; she acknowledged there needs to be more of her culture embedded within these programs but experienced the trauma of not seeing it actualized. She made the comparison between faking it and completing the program and her ability to stay alive; she knew the fragility of her sobriety required her to be stronger than her doubts. Meghan explained further that embedding culture into programs will save lives; she stated that:

Indigenous people need things that are more available. Because it's not, you know, how NA is like, right in your face, like, it's in your, if you're in recovery, it's in your face. So, our stuff should be in their face, like are at least accessible the instant they're like, alright, you know what I need it. Or if they decide, you know, like, they want to amalgamate, you know, the pathway of AA and NA with their, you know, with spirituality, I just believe spirituality should be for everybody, like it, genuinely is just, it's just connection while you're here, as a human, that's the way I view it. That's the way I teach it to people because I've had people come up to me and be like, 'Well, I'm not Indigenous, or I'm not this, I'm not that, I don't believe in God,' I'm like, 'I'm not teaching any of that. I'm just teaching you how to be here, as a human while you're here, nothing else... So, I truly believe that it needs to be - I believe that our way should be just as conventional as the other ways like it should be right there in their face. In all

facilities ready to be accessed and provided by us, as it cannot be provided by non-Indigenous peoples" (Meghan J, 2024).

The missing piece, for many, highlighted that culture is a non-negotiable aspect of healing for them. As the storytellers explained, often, they felt the need to conform to societal standards and expectations, especially within Westernized treatment programs and detoxes, in order to stay alive and access those services. Culture was often missing from all programming, but the decision had to be made between getting any available help or struggling alone. The following section highlights the important distinction between going through the motions of healing, returning home, and welcoming the spirit back in.

Coming Home – The Circle Heals Through Spirit-Led Guidance

Meghan shared a teaching that she carries close to her heart. Her mother once told her that winged things carry spirits on their back and deliver guidance and messages. Meghan was struggling at the time, but she was actively trying to detox from the harsh substances in her system. During this time, her children were removed from her care, and this pushed her forward towards regaining control of her life. She explained a pivotal moment in her journey where she was able to connect her teachings, Spirit and her mother in a positive way, and she shared that:

I was at detox, smashing things around, pissing off the workers and the other clients in there. I was like, 'I'll step outside, I'll go have a smoke'. And when I was outside, I was standing there having my smoke and I was approached by this monarch butterfly. And it got like, completely in my face like it was like it wanted me to know that it was there. And my mom was my spiritual mentor growing up. She was the one that taught me a majority of the culture ... My mom taught me that anything with wings can carry Spirits. So, that was a teaching that I was given when I was young. And I remember seeing this

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butterfly and ... like when I say it was up in my face, I mean, like, it was up in my face. So, I was like, I remember looking at it and being like, who are you? Like, what, what do you want me to do? Because, like, I was at a point where I was ready to leave detox and just go die because what other, you know, I had nothing left to lose except me. But at that point, I didn't give a fuck about me. I didn't care... And then I saw this butterfly, and I tried to remember like, what a butterfly represents to people. And I was like, okay, you know, like, maybe this is where you transform, I don't know. So, I was like, I'm gonna go back inside, I went inside, and I got cocky with those workers. And I was like, go ahead. If you think you can get me, give me a bed at any of these places. Go ahead and try to get me a bed. Well, they got me a bed in 20 minutes. So, I was like, Okay, so that's what you guys want me to do" (Meghan J, 2024)

Meghan remembers her mother teaching her about winged creatures and their potential to carry spirits and messages. This message Meghan J (2024) received from her mother's spirit highlights the complexity of *Anishinaabek* culture and the power of Spirit, but also the beauty of how, despite her mother's passing, her mother materialized in a way that showed her she was not alone. She acknowledged her in that moment, and she ensured that she would always carry that moment with her going forward.

As you ground yourself into the Circle and truly embrace what it means to return home, you can begin to understand the healing process. Healing is not linear, a common theme shared throughout the findings, but healing occurs personally, and many must overcome those internal struggles of belonging. Some ceremonial people believe an individual must be substance-free for four days prior to engaging in the ceremony, and other ceremonial people believe the ceremony will bring back the spirit despite how long someone has been free from substances.

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One Elder shared, "We invite them to ceremony. For people that don't understand our way of life, and there are many, including our people, that's going to be difficult for them to accept or to understand..." (*Anishinaabe'kwe* Elder 2, 2024). When healing is combined with ceremony, it becomes a place of acceptance and awakening, and as she further shared, "...From my teachings and ways of understanding, taking someone out on a four-day fast, someone who's struggling, bringing them into the sweat lodge, that is a very integral part of their healing journey. It's very important...the ceremony is a very, very important part of healing for our people" (*Anishinaabe'kwe* Elder 2, 2024). The main takeaway to this theme is beginning to understand that spiritual helpers influence healing on a multi-dimensional field, and it may not make sense to people who cannot see through the lens of *Anishinaabek Kaandossiwin*, and that is okay if one cannot connect those dots.

Returning Home to the Land – The Land Will Heal You

Ceremony is undoubtedly a huge component of healing, and when *Anishinaabek* return to the Land, it is a process of coming home. On the Land, we connect to ourselves, our identities, our Spirit and Creation. We also seek out answers to our questions through ceremony. When an individual is on a healing journey and embraces the cultural missing pieces, there is a large connection to being on the Land. Julie M (2024), from *Biigtigong Nishnaabeg*, shared that her life goal is to walk in the footsteps left behind by her father; his legacy was to (re)connect people to the Land and provide the tools necessary for people to heal in a cultural way embracing who they are as *Anishinaabe*. Julie M (2024) shared her perspective on the connection between healing on the Land, ceremony, and substance use, whereas she highlighted that:

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Well, there's connection when you're fasting, you're definitely seeking out some answers. You're seeking out guidance for yourself. And when you fast, you're taking away like water, you're taking away food. And it's those elements that you put with inside yourself, that's in the way of that connection of whatever Spirit is trying to tell you. So, when those are eliminated, that portal is open. There's an open portal there. Now, when you're in recovery, it's the same kind of thing. It's the same, exact same. Understanding is that we've consumed alcohol, right? We're covering up something. We don't even know what we're covering up, but we're covering up usually something that's either hurting, pain, or struggles. Whatever it is, they're covering it up. They'll always say that. You'll always hear stuff. You say, Well, why do you do what you do? Well, I'm covering trying to get rid of that hurt. That's what they do. Now, if they didn't have to cover that up, that if they could access that spirit world connection, and they would be willing to hear and take in whatever they need to in that moment. There's the connection. The mind stops. There's no ability for them to have that openness without fasting and ceremony. So, that's my similarity that I would see with fasting and the recovery.

Julie beautifully explained above how ceremony can connect body, mind, Spirit, and heart together in a way that addresses those traumas deep within body and Spirit. When those traumas are addressed through Spirit, Spirit heals. Similarly, *Anishinaabek* Elder Ron Linklater (2024) shared his experience with spirit-led ceremonies on the Land and how ceremony pulls those elements that inhibit healing from body, mind, and Spirit and opens the doorway to allow culture to fill those voids. Elder *Anishinaabe* Elder Ron L (2024) shared about a lodge he

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attended in Treaty One, Manitoba, on the traditional Lands of the Saugeen First Nation, and he shared:

[This program] was for solvent, young children that were addicted to solvents, inhaling aerosol and gasoline and that stuff. So, we would go inside the lodge, and they would have the ceremony, and you could just smell the propellant, the aerosol, as it's leaving the body. It just smelt like a gas rag, an open gasoline tank inside that lodge. So, it gives the idea of how powerful the ceremony is, to remove the toxicity, the physical toxicity inside that body. So, yeah, I agree that our ceremonies are designed in such a way that they can aid in that sort of illness, right? Sometimes we can't see, for instance, sometimes we're blinded, both, not only in a physical sense, but sometimes we can't see because of what happened in their lives. And we have medicines, like that medicine I burnt before we started, smudge, you know, that smudge we use, that smoke, actually cleanses your eyes in a good way. It makes your eyes very watery so that you can see. So, when addictions cloud you, which is what sometimes happens, quite often, it clouds us. Well, our ceremonies can, I'll use the word decloud. They can break that down in a way that allows you to get closer to the Spirits, closer to Creator, to be in a good way. You can't force that on people like I can't force anybody on these ceremonial paths, these beautiful ceremonies. They need to come and when they're ready, they can go and go there in a good way, and they'll know what I experienced the first time I went to my first lodge. I remember thinking to myself, I came home, I'm home now, and I was such a beautiful feeling to have that, that sure I was educated, sure I was sober, sure I was a good guy, and but I really came home in a good way, because the spirits inside that lodge, we actually felt, to me, was like an eagle flying inside that lodge. In our

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language, *bagosendan*, it translates as hope, a hope. Because I was hopeless before, I was hopeless. And our culture, our language, our ceremonies, it's all full of that hope, *bagosendan*. So, that's built into us; it's been there for 1000s and 1000s of years. It's there. So, when we go there, to the ceremonies, that's what that's what we're immersed into. And that's what I felt. I felt like I came home, you know, I felt that in a good way.

Anishinaabe Elder Ron L (2024) shared the significance of ceremony, healing and the convergence between the spiritual and physical realms. As the youth entered the lodge, the toxicities were pulled from their bodies, the literal smell of aerosols filling the space around them and allowing them to be reborn in the darkness of the lodge. Allowing people seeking healing into those sacred spaces promotes a (re)connection to those spirits that guide them towards *mino-bimaadiziwin*. *Anishinaabe'kwe* Elder 2 (2024) shared, "I believe that if a person is detoxing, then they should be in ceremony. I don't believe in turning someone away say, 'oh, you can't come here until you're four days clean, or whatever'. I've heard it. I've heard four days. But I don't believe in that. If someone needs help right then and there, we should help them right then and there. That's my belief. That's how I feel." As shared above, the common belief is that Spirit is always within, and it takes a simple act of ignition to see the rippling impact culture has on healing pathways. Katy B (2024) felt that draw and connection to the Circle and ceremony while seeking out healing. She recalled a childhood memory that carried with her throughout the darkest times of her addiction, she recalled that, "I had this picture of myself when I was a little girl, dancing in my red jingle dress. I remember through my active addiction, and through my heart [memory]... I still had this, like, center of my core of who I was meant to be. And that's like, who I always strived for (Katy B, 2024). For many storytellers, their journey

to healing is walked individually, but in reality, when Spirit is within and strong, they are walking with all our relations past, future and present.

Returning Home to the Land – "Go Be With Our First Mother"

Meghan J (2024) shared that much of her earlier cultural foundation was instilled in her by her late mother. That cultural foundation provided her with the ability to pull herself from the depths of addiction through those Spirit-led moments (like that of the butterfly) and find glimpses of hope through those memories of her late mother. Meghan J (2024) shared that:

So, what the Land means to me is like, my mom taught me that the Earth is our first mother. That's the way she taught me to live. She was like, 'You honour her before you honour me.' And so, I have taught my children that you honour her before you honour me because she's our sustenance. My mom taught me that the Earth is our mother gives us everything we need, all our healing is right here. But when you're so deep and dark, and in your addictions, you can't see or feel it. Like my mom taught me, when you use substances, your Spirit exits your body, and you're no longer whole. And that's why you feel lonely and desperate, and you know, void, and it lingers outside, it doesn't leave you, but it lingers outside of you. And it just stays there waiting for you to realize it wants no part of what your physical body is doing. And after four days, it'll come back to you. And that's when you start to feel whole again. So, the Land, to me, is everything. I literally can walk out into the bush, and instantly just feel her and what she can give, it's natural. It's the most natural healing thing that you can do.”

For Meghan, healing is (re)connecting with her mother by acknowledging that she is with both her first mother and her biological mother at the same time. The connection we feel while on the Land is ancestral. The connection we feel to the water is spiritual, especially for women.

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Katy B (2024) shared that her connection, the draw to water, is her foundation as a woman and promotes further healing. She shared, "...this is where I belong. Here on the water....

Indigenous women are water protectors" (Katy B, 2024). For Katy, returning home also signifies her ability to learn and take up her traditional roles as a woman and those sacred teachings that go along with nurturing her Spirit as a water protector.

Being with the Land is also understood through the teachings passed down and through the stories shared to highlight important life lessons. Meghan J (2024) recalled when her mother taught them about the Land, the importance of life, and how to honour all our relations, the living and nonliving things. She shared that when she and her sibling were younger, they were to respect all living things, even bugs. She recounted that:

That's why I have this tattoo because she taught me compassion and fear, because of the way she treated us. When we were younger. We used to pick up spiders with our hands and take them outside. So, we weren't ever taught that fear. So, growing up when I would see friends freak out about spiders, I'd be like, why? Then I'd find out they got that fear from their parents. It's not even their own fear (Meghan J, 2024).

This teaching is, again, complex by its very nature. One could hear this story and could point to respecting all living things as the main point, but when you look deeper and listen harder, you can understand there is more to this than respecting all living things but understanding the interconnection between learned behaviours that influence respect, or the lack thereof.

Meghan's mother showed her that children are taught to fear; these are learnt behaviours.

Therefore, Meghan highlighted that her capability to be fearless reinforces her ability to love all things unconditionally, and that is a teaching passed down and carried forward through herself and now her children.

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While Meghan's stories beautifully highlight the living aspect of respecting all our relations, Julie's stories capture the essence of the non-living entities. Julie M (2024) shared earlier that her father's legacy for land-based healing has materialized into a life goal for herself, and when asked about what the Land means to her, she explained:

Because when you go back to the Land... back to the trees, back to the nature, but you get away from, like the logistics of modern life. You get away from the things that are kind of in our way, like our gadgets, like our, you know, and you go back to the Land, and when you go back in there, and you sit with just the Land itself, it gives you that energy gives you that, that vibe you need... You're in a space where the nature around you is that culture, the sun that you see, the trees that you know, like the first spring, anyways, the springtime, those things are coming alive. Flowers are budding. They're not budding because I'm lighting my sacred items. They still bud, and when you have your items there, you have your cultural items there, or if you're singing a song, it's like they're connecting together, giving the trees the acknowledgement that they need, giving the sun the acknowledgement that it needs from us. Because we're only borrowing this time, we're only we're borrowing that area to be there, to honor ourselves, but also honor the nature, honor the cultural land-based activities that we're doing.

Being on the Land, for *Anishinabek*, signifies a great connection to more than yourself. On the Land, we are reminded about *Inaaknigwein* and *Anishinaabek* sacred laws and how they ought to influence our wellness and well-being. We acknowledge the Land in its ability to nurture and sustain us throughout human lives and the ability it has to spiritually guide us afterwards. Julie and Meghan's stories are significant for those on healing journeys, as they (re) connect the pathways to healing and emphasize how healing is not an individual act but a

collective effort guided through the power of the Land and the energies that guide Anishinaabek towards *mino-bimaadiziwin* and living the Good Life.

Mino-Bimaadiziwin and the Lifelong Journey to Living Well on the Land

Mino-Bimaadiziwin is a phrase that often emerged throughout the stories shared.

Mino-Bimaadiziwin is interconnected and holds a deep meaning in various forms of understanding. *Mino-Bimaadiziwin* is a concept, an outcome, a way of life, and a living prophecy, all at the same time. It is an understanding unique to the person, community, or nation that is explaining it, and everyone can explain it differently, but it is foundationally built upon the concept of living and walking a Good Life. There is no way to fully, accurately and completely give adequate space and place to talk about the meaning behind *Mino-Bimaadiziwin*, but I propose the next best thing is to highlight some of those common notions shared around what it could look, sound, feel and smell like.

Living a Good Life is a continuous effort made daily through every choice and interaction. Katy B (2024) beautifully said that, to her, *Mino Bimaadiziwin* is when:

... You wake up and you have purpose, you know, you don't need to reach for anything outside of yourself. You don't need any substances to help you feel better. You have a community that supports your children, or that you know that you feel a part of, where you feel good about yourself, where you can express yourself like to dance or, you know, when you have an artistic outlet, I feel like it's like a big part. Like where you can channel your voice into like your crafts, your paintings, your art, your dance, how you live your life, you know, just being kind to people. Especially like, and your children grew up feeling safe. And when you're healthy to, like, you know, the health part is huge. With like, all before, like physically, spiritually, emotionally, mentally, and you

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know, and I know, it's a journey, it's not a destination. But just having that patience just to be like, Yeah, this is what I'm doing. And this is what my life is gonna look like.

For others, walking the good path depends on learning and understanding the teachings.

Mino-Bimaadiziwin is understood as something we all have within ourselves and the ability to access, but you must start "pulling your roots out of yourself, and you know, reclaim them. So, the thing that keeps me going is seeking out more teaching, seeking out more connection and being with the land..." (Meghan J, 2024). The connection to reclaiming her path toward living a good life is incorporating those cultural aspects back into everyday life. Meghan (2024) shared that her path now is significant, and she discovered that "the opposite of addiction is connection, it genuinely is, it is the thing that can keep you alive. So, I find the things that I gravitate myself to, the things that keep me happy...is the culture. I genuinely love the culture. I love being connected to the Earth." Meghan's story truly gives context to how, for her, the Land became the place of healing, but the Land is more than a connection to a place, but the space that holds the doorway to Spirit and walking the good path.

Anishinaabe'kwe Elder 2 (2024) shared her understanding of *Mino-Bimaadiziwin*, and it signified that it is more than living a good life for yourself, but how living that life also heals others. She beautifully shared:

Oh, *Mino-Bimaadiziwin*, it's living all of what I just talked about. That's what it is. You know, living that good life means healing yourself, not just for yourself. 'Oh, I'm good. I mean, I'm healed. I don't drink, and so on and so forth. But it also means that goodness and kindness to other people, we have to show that love and kindness to everybody, even the ones that are out there struggling. That's what *Mino-Bimaadiziwin* is, living that good life, and love and kindness to others, also not only yourself, but to everybody.

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And you know, there's difficulties. We have difficulties. I mean, there's so much hatred out there, so much racism. When I struggle with that, I know I'm not perfect; I struggle with especially racism. What I have to do is I pray for that awareness in myself, acknowledging it. And when I do acknowledge it, I give thanks for it. You know, thank you, Creator, for showing me that this is not the way of our people. And that's all part of *Mino-Bimaadiziwin (Anishinaabe'kwe Elder 2, 2024)*.

Living a Good Life is wide-reaching and extends the reach to a collective good. Living in a good way benefits community and collective growth. When we are living a good life, *Anishinaabek* believes that our way forward is to live humbly, to lead with love and compassion, even in the face of racism and hatred, as *Anishinabek* can see good in all things when we come from a place of healing and understanding. However, it is important to note that living according to *Anishinaabek* customs and protocols truly means living according to these ways of life. *Anishinaabe'kwe Elder 2 (2024)* also highlighted that we must walk the path we state we live in order to be the sovereign nation that we claim we are returning to. She shared that:

You know, one of the things that I become upset with is our people do not, sometimes do not understand, like they'll talk about being a sovereign nation, and we have to do this for our people. We have to do that for our people. Yet they themselves do not practice or live that way of life, or they themselves have never been to a sweat. They themselves have never been to a Sundance or any ceremony, maybe even the sharing circle. I don't know, but I don't practice. Don't preach. How sovereign are you, or how much we need to go back to our way of life if you're not practicing it yourself, you know? I mean, like that happens so much with our own people, and it's unfortunate, but

it does happen even with leadership. So, in order for us to pass that good way of life, that *mino-bimaadiziwin*, to the next seven generations, we have to live it. We have to live that life. And if we don't, then we're just putting on a screen or putting on a show. So, live that good life, so we can really pass that on to our next seven generations, so they can have a good life (*Anishinaabe'kwe* Elder 2, 2024).

This is very important to note and articulate as we create space and place around healing pathways for *Anishinaabek*. We as nations cannot just blankly state 'culture is healing' and advocate for sovereignty if one has never attended or participated in ceremony.

The Sharing Circle – Bringing the Knowledge Back

The sharing circle occurred on November 3rd, 2024, in Thunder Bay, Ontario. There are different forms of sharing circles, and each one holds space for specific reasoning. The sharing circle held for this knowledge-gathering project was to create a safe space for the shared knowledge to be presented back to the storytellers in a way that respects the fluidity of the story.

Another element, arguably Spirit, was at play that day of the sharing circle. The venue was a sober bar called Howl at the Moon, a perfect location for healing and sharing. The owner apologized for double booking the space that day to myself and a recovery group. However, reflecting on how it played out, was it a mistake of double booking or Spirit at work? I spoke with the organizer of the recovery group, an *Anishinabek* woman, on her recovery journey. We both felt that the Creator made no mistakes and that healing was intended to happen that day in a good way. The women who felt like sharing about their recovery journey sat in a circle and listened to my story about who I am, my intention for sharing that day and the general findings from the knowledge gathering. I shared about the PhD aspect of this sharing circle and its

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academic and REB requirements, and I passed around consent forms for people to review. To my surprise, 17 women wanted to be involved in the sharing circle around healing in a good way from substances.

Three or four non-Indigenous women participated in the Circle but were accepted through a relational understanding of healing. They spoke about their whiteness and settler roots, but they also spoke about how each one of them resonated so deeply with the Indigenous culture throughout their healing journey, from being invited to sweats, ceremonies, teachings and participating in smudging. The remainder of the group were Indigenous women on their recovery journey to living a good life.

We opened by sharing food. My mother brought in chili, which was widely loved. I brought in moose, berries, cheese, and crackers. The recovery group also brought in potlatch-style food for their event that they had originally planned. We all feasted together and began connecting through conversation.

Again, the main purpose of this sharing circle was to give back the knowledge I had acquired throughout this journey and create a space and place for people to come together and connect. Connection and culture are undeniably a huge part of the recovery journey, as articulated frequently throughout this document. I opted not to record this sharing circle to give back the knowledge and create space to reflect on the teachings shared. This sharing circle was not to 'gather new knowledge' but to allow it to return back to the Circle. I did mention that I would take 'big theme' notes as they come up to validate the work being shared throughout this dissertation.

As stories were shared, the fundamental piece around network and culture often resurfaced. The Circle is a place of healing for everyone, regardless of where you come from or

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what background your belief system is. The Circle is welcoming, open, and safe, supporting everyone on their journey to living well. Recovery and healing were also referred to commonly as accepting people where they are at and understanding the fluidity of healing on a shifting continuum instead of fixed definitions. The discussion highlighted and reinforced that there is intention with Spirit, and when we welcome and/or (re)attach to our spirits in recovery, we can heal in a wholistic way. When we (re)connect with Spirit on a recovery journey, it enables a protective factor that helps culturally ground us. This speaks to the earthly frequency we feel as Anishinaabek and how the Land radiates healing frequencies that connect deeply within our body, mind, heart, and Spirit.

In sum, listening to the Circle brought unanticipated healing for myself & my mother. I listened to the strength these women have as they shared their stories of recovery. I shed tears as some touched me so profoundly. I listened to my mother's concern prior to the Circle, and she was worried about not fitting in, not being able to share to the same extent, or why her story as someone without an addiction mattered. I looked at her and said, "The Circle heals; just listen, and you will know." As my mother shared her experience, which I will keep private here, I realized that, once again, an unintended outcome of this knowledge gathering was how much it continued to heal me. The power of the Circle and the stories filled my Spirit. I felt supported. I felt heard. I felt validated. I felt safe. I may not have similar experiences to the ones the women shared, but my experiences as a sister to someone who struggled with addiction created my pain that needed healing. My experience as a knowledge gatherer and my responsibility to sit with the stories I shared caused unintended pain, which needed healing. The Circle and these storytellers shared their ability to heal with me deeply and personally. I cannot begin to thank them for how their stories impacted me and helped me heal in a good way.

Coming Full Circle – Discussion & Meaning Making

It was a fall afternoon in late September of 2024, and *Anishinaabe* Elder Ron Linklater of Couchiching First Nation visited with me to share his story. Before jumping into the story behind his eyes, we entered ceremony to welcome the spirits into our conversation and help us walk a good path. Ron brought a lit match to the medicine and burnt it, allowing the smudge to cleanse the pathway forward. He stated he knew this visit will be done in a good way, and honouring our ways, as protocol was followed. He accepted the tobacco. He lit the medicine. He picked up his drum and sang the Helper's Song. The sound of the drum, the original heartbeat, our first sounds heard inside our mothers, is how we are asking for guidance and help, to help guide our people in a good way, towards mino-bimaadiziwin.

The drum is sacred. When drumming, the sheer power of the drum itself is shared with the one who drums. It is also known as an act and process of healing. The teachings behind the drum vary according to the nation one belongs to. The teachings I have received from the Great Lakes area Anishinaabek peoples tell a story around Mother Earth's heartbeat; without her, we would cease to exist. So, when Elder Ron picked up his drum and drumstick and sang the song in the language, he welcomed the helpers to guide our visit and our journeys forward. In the language, Elder Ron further shared that:

Gitchi is a word that evokes kindness and gentleness, and all that beauty is wrapped up in that single word. *Gitchi Manitou* is a spirit. So, when we talk about that, we asked these five beings to come here and be with us, in the room, and for the duration of the visit, they're going to be here because we smudged and we had tobacco, and we're using the language, and that all plays a role so powerfully. And you know, the life that, as First Nations, we survive, you know, we have been here since time immemorial. You know, we're the oldest living race of human beings on Earth. Our language is so powerful, and

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our ceremonies are so strong. Our connection with everything is so brilliantly detailed, and there's protocol involved... (*Anishinaabe* Elder Ron L, 2024).

Elder Ron L (2024) acknowledged that this work is heavy, and oftentimes, the stories are carried forward by those working and existing in the same space. He acknowledged the weight of the stories I now held and validated that it is okay for them to feel heavy, but he also ensured I was taking care of myself throughout this journey of coming to know. Following the protocols and the teachings and reaching out to others for help is how I grounded myself when I felt my feet too heavy to lift, but rather, I created roots with my heaviness in a way that would support my journey forward in a good way. The longer I sat with the stories, the longer I reflected on the meanings. I truly understood that despite this very academic process, the true takeaways from this journey would be felt, for myself, on a deeper level I cannot articulate into words, but rather a phrase, *mino-bimaadiziwin*.

Making sense of the stories shared was a multi-layered process that considered much more than simply an analysis and understanding of the findings. *Anishinaabe Kaandossiwin* (*Nishnawbe Kadamizwin*) is the process of coming to know. As Indigenous researchers and knowledge gatherers, we must ensure that Indigenous stories stay whole (Absolon, 2011). We are knowledge gatherers who should acknowledge that stories are vessels for teachings to be passed down. These stories should remain together to share the words and understandings most appropriately reflecting those meanings. Cindy Gaudet (2016) emphasized that much of the literature highlighted the need to respect the wholeness of Indigenous *Kadamizwin* and further respect the wholeness of Indigenous Peoples and communities. If we are expected to respect the wholeness of Indigeneity, this also includes the wholeness of stories and those associated teachings. Language, as alluded to above, is key in keeping stories whole. Meanings and words

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cannot be translated into English and hold the same ground. Some stories are to remain in their traditional languages and retain the sacristy of the story.

It was a process consisting of more than just holding onto people's stories; I also held onto the traumas and pain they shared with me. This was an unintended outcome for myself, as shared above, that I had to cope with throughout this process. When storytellers would share these heavy burdens onto my shoulders, I would sit with these stories for weeks and months, reflecting on their journey through life. These stories often connected to me personally through familiar connections, community connections, or stories that my late brother, Ryan, could have shared himself. There was a lot of emotional work done on my end, as I needed to ensure I honoured these stories and people, but also protected myself and grounded myself throughout this process. I let the heaviness ground my feet, and those feet turned into roots that supported me throughout the remainder of this process and, arguably, for the rest of my life.

The best approach to grounding myself and establishing those roots throughout this dissertation was to fully experience my emotions and feelings. I needed to acknowledge the pain and suffering and understand those trauma(s). My journey to coming to know is also, arguably, as slow-growing as a tree, but upon further reflection, that is to be expected. Coming to know and understand is not a race but a slow dance throughout life. Even during my dissertation, I often questioned who I was to be doing this work when my cultural foundation was merely established. Was I the most appropriate scholar to tackle these questions? Is this truly honouring my brother's memory in a good way? As I further reflect on these questions now, I believe that being self-aware and asking myself these hard questions was a process of being humble and doing things in a good way. For my own learning journey, some of those reflective takeaways truly reflected that I will forever be a learner, and I am humbled to be

gifted these stories temporarily until they are ready to return home. The storytellers have taught me throughout this process. They do not wish their journey with substance use to be in vain but instead utilize it to share their knowledge and perspective in a way to help others heal from their traumas and pain. *Mino-Bimaadiziwinis* living the good life, and I learned how we are all connected from this process. We all walk similar pathways towards living a good and purposeful life.

Understanding Trauma Through an Anishinaabek Lens – Trauma as a Form of Colonial Violence

While these lived experiences are vastly unique, there are overarching themes of commonality stemming from colonial histories, colonial violence, and modern-day outcomes of these historical considerations. There is a common shared catalyst, which speaks to shared experiences around familial patterns of trauma(s), substance-based coping mechanisms and a cultural disconnect from community, culture, and sense of belonging. Trauma is multifaceted and multi-layered, and in no way does this analysis or discussion compound it into a singular understanding; I propose here that colonial interference on families created conditions of similarity, and thus, outcomes resulting in shared stories follow a similar pattern or series of events. The importance here lies in understanding how trauma is a catalyst for destruction. If not faced and addressed in a way that speaks to the depths and shadows that it lurks within, it will continue to reinforce high-risk coping behaviours as attempts to numb and mask pain through, often, polysubstance use.

Stories shared around this concept of being born into pre-established patterns of addiction and these realities being accepted as their version of normalcy perpetuate notions around not addressing traumas but masking them through the active choice to engage in what people understand as protective strategies. These protective strategies ensure the trauma(s)

remain dormant and silenced and utilize substances to assist in this process. The main takeaway here is that the cyclical nature of intergenerational trauma is limited in its understanding of how and why substances are used through the lens of masking and numbing pain through a multi-layered familial perspective.

These specific environments produce situations of normalization, which ultimately favour patterns of cyclical re-traumatization. The common theme spoke to the idea that coping mechanisms such as silence were used as a way to actively avoid responsibility, accountability or acknowledgement of child-related harms or the harms inflicted on themselves, the parents, in their younger years. Silence throughout the stories reinforced emotional dysregulation and disengagement, which ultimately reinforced a positive association with coping through substance use. One such story shared highlighted that:

"I was never taught how to deal with emotions. In our home. We grew up in a house of silence. Nobody was allowed to talk about anything. Anything we went through, it was just that we didn't discuss it. We'd have these extremely explosive fights, you know, mental, physical, verbal, and then we'd all sit down at the dinner table like nothing happened. And it was just like, I look back at that, and I'm like, that is so twisted. But everything in my life makes sense" (Meghan J, 2024).

Meghan J (2024) explained this notion of intergenerational trauma and predisposition further by stating that "... retrospectively understanding my addictions, I was born into them. I feel like I was predisposed to them, like just through genetics. I truly believe that it's just in our people now. Like it's just we're predisposed now at this point." Whereby understanding that shared pain, shared colonial pain stems from governmental sanctioned initiatives at Indigenous

erasure, and modern-day outcomes resulting in masking and numbing of generations of collective pain. Meghan (2024) explained this by stating:

Holy fuck, this is a collective pain we all share. And it was so relieving in the sense of, like, Holy fuck, I'm not alone. I'm not suffering alone. It's not my own pain. It's not my own problem. And it was because, growing up, nobody talked about residential schools. Nobody talked about their abuse. My parents have stories I've only learned in the last five years or so. I deeply wish they would have told me sooner, maybe much younger regardless of how, but they didn't have the skill, they didn't have the emotional capacity. They were never taught emotional intelligence. They were never, you know; you have an entire nation telling them that what all our people went through is not true.

Meghan's story revolves around a collective pain that reaches beyond her family and the communities but across Turtle Island, as this is felt across all peoples, all communities, and all nations. We cannot continue to isolate these occurrences in the silos and behind closed doors but put the name of the culprit and identify colonial violence and interference.

This common ground shared throughout the stories highlights colonialist interference's destructive nature. Robin B (2024) highlighted an essential element above; she discussed the normalization of addiction and the normalization of colonialist interference in modern-day lives, resulting in substance-related fatalities that often are chalked up to the fault of an individual as opposed to a systemic failure to take accountability for colonialist erasure of Indigenous Peoples. However, a glimpse of hope is possible when you live with love, as love will heal our people from those traumas inflicted through constant attempts at systematic erasure.

Trauma & Sexual Assaults

Trauma manifests as different faces and within different spaces, as alluded to in the literature review above. Trauma is a shapeshifter. Many stories shared throughout the knowledge-gathering process began with a painful memory the storytellers shared around their childhood experiences of sexual assault. Some storytellers shared that these memories were always present, while others explained that the memories flooded back when situations triggered the flashback. An interesting theme emerged from these harrowing and authentic experiences. A few storytellers shared that their parents were unable or unwilling to acknowledge their children's stories around sexual assault because this would force the parents to not only accept the harm done to their children but also to recall and acknowledge their sexual assaults and traumas that they experienced as they were children.

It takes courage and bravery to share hard truths and compassion to understand that sharing these truths can also help others address and heal their traumas. Serena's story emphasizes speaking up and utilizing your voice when ready. It is easier said than done to stand up for yourself, especially when the weight of trauma and memory is holding you down. Still, as they shared, the burden of silence and secrecy perpetuated the continued 'warm hug' of addiction (Serena L, 2024). The warm hug of addiction is to be understood as a misrepresentation of care, compassion, and safety. The warmth was only felt when the 'soothing' feeling floated by and alleviated the "...worries, stresses and that ache inside of me, the loneliness, the fear, my self-doubt, it all seemed to evaporate" (Serena L, 2024). Serena spoke about the positive association created between their substance use and safety; in those moments, the high generated for them thus reinforced the problematic continuation of use.

A theme discussed throughout the findings spoke to this important step in recovery journeys: addressing the trauma, pain, or hurt in the spaces and places where it originated.

Meghan, Katy, and Serena's stories all articulated that their healing journey was supported through their ability to name their trauma, address the hurt and pain associated with the trauma and understand how their life has been impacted directly and indirectly through these traumatic experiences. The sharing circle also re-validated that throughout a life-long journey of recovery and healing, it is important to identify those traumas and pain that continue to impact their ability to walk on the healing journey and address their triggers as they arise.

Trauma is experienced on an individual level. However, as noted above, traumas can be shared experiences, such as on a collective level, and significantly impact numerous people. Collective trauma, such as personal care and hygiene tendencies ingrained through residential school processes, can trickle down into modern-day generations and influence their perception of self-worth. Traumas shapeshift and change based on those unique experiences; however, the common ground discussed above truly highlights a community experience of collective pain and the development of trauma responses, such as substance use as a coping mechanism.

"A Warm Hug" – Understanding Pathways towards Substance Use

Storytellers have this gift to share their history in a way that makes the past come to life inside your mind. You see through their eyes. You hear through their words, and you feel the Spirit pull you toward understanding from their heart memory. Each story shared while sharing similarities on how their journey to substances began, and they are unique in experience. While the above findings discussed trends around why these storytellers have walked down those specific pathways, this section will highlight the memories attached to those first times trying or dabbling in substance use. Alcohol use as a trend did emerge for many of the storytellers. In contrast, as a youth, they engaged in consuming alcohol, often for pain management as opposed to socializing or peer-pressured environments.

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Serena L (2024) shared their experiences, highlighting that drinking alcohol for the first time was not out of peer pressure or social pressure but as a way to quiet the feelings inside their mind, body and Spirit. The idea around normalization can be further broken down into a pattern of events that perpetuated cycles of consumption and pain management. Pain management is a way that individuals engage in protective behaviours to cope with the pain, whether experienced spiritually, physically, emotionally, or mentally. Through these protective factors, such as substance use, they can create a distancing effect between the memory, the pain and their realities. This trend for familial normalization was described in the following transcripts: Cameron W, Meghan J, Serena L, *Anishnaabe'kwe* Elder 1, and Katy B.

The onset of youth dependency on substances, particularly pills for Cameron, paved the way for a lifelong struggle with substance use. His story always centred around the consumption of pills; he stated, "[Pills] were my main thing. I was always craving pills. Everybody always thought it was so cool. And I did it just because everybody else was, because I was such a follower. I wasn't a leader" (Cameron W, 2024). The complexity experienced by many storytellers suggests the interconnections between numbing traumas through active substance use, familial normalization of substance use, and the sense of belonging that is generated through communities of others in similar circumstances that perpetuated continued use.

While not many stories align with a prescription-based onset of substance use, it is important to highlight Meghan's story because it emphasizes an important factor to consider. The narrative suggested that there is an over-prescribing nature of physicians treating Indigenous Youth and placing them on addictive substances to cope with the realities of their

lives as opposed to treating underlying systemic issues. This approach is like watering the tree roots, as opposed to ensuring the soil is healthy, viable and sustainable for a lifelong journey.

While not prescription-based, Serena L(2024) mentioned above this idea of the 'warm hug,' the alcohol and/or substance use created, which contributes to continued polysubstance use. The understanding here is that people who have experienced trauma(s) are actively trying to numb, cover-up, or mask those memories or situations, and through 'numbing, masking or covering up' painful realities, our fire and Spirit are limited in their ability to guide us down a good path towards healing and wellness, and our people "... don't have that understanding at all, until it's almost too late, you know, they deteriorated physically. See it in, you know, their physical [body]... it's a heavy, heavy loss that they're feeling" (Julie M, 2024). Many people have to mourn aspects of their own lives, despite still living, when coming to terms with healing from substance use, as the toll it takes on one's physical body is truly harsh and unforgiving. Still, despite this reality, Spirit is strong and will always reignite that fire within when they are ready to walk that path without wavering.

The notion of familial normalization needs more space to be elaborated on, as this concept emerged differently but often throughout the narrative. There is this notion of how addiction-based normalcy promotes this image that raising a family in the secrecy of addiction is, in fact, the norm, and the children would not know any difference. Meghan, Serena, and Cameron's stories, while all distinctly unique, speak to how normalized patterns of substance use within the familial structures contributed significantly to how they understood their social reality in relation to substances and that concept of 'numbing' or 'masking' pain and trauma(s). While this is not the case for every storyteller, many did share that despite their families'

normalization of substance use, they do believe their parents did the best they could with the resources they had, given the environments that they, as parents, were raised in.

Toxicity & Navigating Risk

There is a significantly increased risk with the current street supply of substances, as the toxicity of the substances is entirely unknown. The street supply is unregulated, unsafe, and increasingly more dangerous as overdose alerts come across the screens of our phones and televisions. My late brother, Ryan, would often tell me stories of how unsafe the supply was, anywhere, at any given time. When he was actively using, he knew the risk of overdosing was high. He did carry Narcan, but sometimes, Narcan was not strong enough to save everyone. Ryan overdosed numerous times, and often, he was not sure how he was alive. Unfortunately, many of Ryan's friends did not survive the opioid crisis.

In Thunder Bay, Ontario, stories are shared behind closed doors, in the back alleyways, and through social media posts that all highlight a significant, life-threatening concern that does not seem to materialize beyond temporary public outcry. The street supply is poisoned. People are dying, and many believe it is intentional. Cameron's story, shared above, is significant in that it is a first-hand recount of a suspicious interaction with an unknown man that could have turned fatal. Was this a scenario of premeditated attempted murder targeting vulnerablized Indigenous Peoples? Or was this a calculated attempt to secure a more extensive customer base? This interaction, while the truth will never materialize, is speculated that the exchange between Cameron and this unidentified gentleman was suspicious at best. Firstly, this individual had not visited the river area frequently, and no one could vouch for him. Secondly, this individual gave Cameron approximately 3 grams of free substances to sell to others in the area. Thirdly, this individual has not been seen since this exchange. This is a series of calculated

attempts to kill those who are currently using down by the water, which for Thunder Bay, is not an uncommon narrative shared, as explained within both the Thunder Bay Crave Documentary (MacMahon & Lucas, 2023) and 7 Fallen Feathers written by Tanya Talaga (Talaga, 2017).

Serena L's (2024) similar experience highlighted the concept that, while actively using, a paradox of sorts occurs. They really did not want to die, but they also really did not want to live the life they currently lived. Tears of conflict rolled down their cheeks as they inhaled the smoke, as they did not want to be a slave to their addiction but saw no way to break the chains wrapped around their necks. This resonates, especially with Ryan's story, as he would talk about how hard it was to be homeless, living on the street, hungry and fighting fist and knife to stay alive. He would often share that this was not the life he wanted, but the game was the only thing he was really good at. It was evident from Ryan's story and other storytellers that there was a sense of belonging within the substance use community, the connection to the game, the street, and the people who called those streets home. The social web is prominent, dangerous and unpredictable, but a social network is continuously evolving, changing and adapting to the volatile state of life as it shifts.

Calculated Situationally Dependent Risks & Rewards

This poses the question of how we validate people's experiences who are still actively using and do not see themselves within society but somewhat outside the societal norms as social outcasts and non-conformers. Where do people fit into the harm reduction or abstinence-based models of understanding when the structures and systems do not fit the realities of this cohort? How do we support people still actively using when they have no intentions of lessening their risks or harms but want to be accepted as who they are, at that given point, and still treated with dignity and respect?

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This raises the question of how a modern society approaches situationally dependent understandings of 'safer' spaces for those still actively using. Who measures 'safer,' how is it validated, and through whose lens it is understood? Essentially, the premise here is that for individuals who are still actively using substances and have no desire to engage in harm-reductionist approaches, society needs to come to terms with the idea that, sometimes, substances are part of being safe. This is a highly controversial statement, which is fully acknowledged; however, there is merit in understanding this situationally dependent environment from the lens of those residing within it.

Robin B (2024) highlighted throughout her story that oftentimes, substances are a normalized piece of the puzzle; doing drugs and selling them, and to be understood just the same as a roof over their head, food in the fridge, and 'safety' offered by the 'boyfriend.' I use these terms loosely, as I do acknowledge not every situation is to be viewed through this lens of understanding, and many often are trapped within the dangerous cycle of human trafficking. This statement is not to invalidate those realities in any shape or form.

This scenario and notion raised above by Robin reminded me of when Ryan and his two friends travelled to Thunder Bay in 2022. Ryan and his two closest friends travelled to Thunder Bay for undisclosed reasons in the winter of 2022. Often, we would tell him, "Do not tell me of the things you are doing, so it is not lying if asked about it in a court of law." So, often they would come and go without context or reasoning. We could only speculate. Ryan and his friends were staying in the grain elevators and experiencing withdrawals from heroin. Safety for the three of them, at that moment, was conceptualized in the ability to exploit themselves for income, to put the dope sickness at bay temporarily. Ryan and his friend would drop the third of

their trio, and she worked the streets of Bethune. She would turn her tricks, and that income, for her, created the safety net that they needed at that moment.

I recall getting a frantic call from Ryan one evening that they were here, and he told me he could not find her. She never returned. It had been hours. She was nowhere to be seen. So, of course, I get in my car and start driving the streets of intercity Thunder Bay, looking for a trace of a tiny long-haired girl. I spent hours driving. I picked up dinner from Burger King for the three of them, Ryan, and his friends, anticipating her arrival, but she still was nowhere to be found. What was Ryan to do? Report a missing person to the police, who would place little to no value on her whereabouts. He saw no point in approaching the police to ask for assistance. Ryan's fear grew; you heard it in his voice. A few days later, she appeared again and told Ryan she ended up near the boats, and that was all she would disclose. Anyone local to Thunder Bay or aware of the human trafficking ring that is prevalent here knows the boats are a place one goes to disappear. All three left Thunder Bay shortly after that, and my mother, Candace, drove them back to Southern Ontario.

Again, this is a paradox of safety and calculated risks. Drugs are a safety factor, as seen above, but drugs are also a catalyst for disaster. As Tannis K (2024) alluded to earlier, the northern communities, Thunder Bay included, are called 'hunting grounds' for vulnerable people, especially Indigenous women. Hunting grounds that target our people and their disappearances and murders get swept under the rug, as evidently seen in both the Thunder Bay Crave Documentary (MacMahon & Lucas, 2023) and 7 Fallen Feathers (Talaga, 2017).

Broken Systems, Faulted Structures & Perpetuated Cycles

Cameron's story spoke in great detail about his experience of being raised behind institutional bars. His story, while only one within this Knowledge Gathering project, is

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reflective of thousands across Turtle Island. There is an undeniable connection between Indigenous over-representation within the criminal justice system and normalized patterns of institutionalization. Indigenous Peoples, similar to Cameron, have spent their youth and adult years being raised by the institution, and the lack of adequate cultural connection and support perpetuates cycles of recidivism.

Ryan's story is like that statement made above. Ryan's late adolescence into adult years was spent 'in the game,' selling drugs, gang involvement, prostitution, and violence. The 'game,' as he would call it, was his lifestyle, and a part of playing the game was criminality. Ryan had been arrested and served time for various charges, ranging from possession and possession with intention to traffic, assaults, and other related charges. He was just another statistic at this point: Indigenous, male, unemployed, uneducated, often precariously housed, active substance user, and the list goes on. As it stands now, mainstream services and systems are not designed, developed, or equipped to handle Indigenous-specific trauma(s) in a way that is meaningful and culturally appropriate. Ryan's a testament to this statement. I remember picking him up from the Cobourg police station after he had been released a few years ago, and he was told he had to work with a Gladue writer. This woman, her name I cannot recall, was able to break through to him in a way he never considered previously. While yes, she was a Gladue writer, her story was able to resonate with him in a way that he understood what pain he was numbing, why he was making it, and how all that shaped his current situation in the way it did. He confronted his own childhood sexual trauma that was inflicted on him by a man he was to trust. Ryan shared with me that he started burying those memories and numbed the pain associated with remembering them through polysubstance use. His ability to address those deeply rooted reasons allowed him to start understanding his own journey to knowing.

Spiritual (Re)Ignition – Coming Home to the Circle

Cultural Identity, Sense of Belonging, Purpose

Reflecting on Ryan's growth, it started when the Gladue Writer acknowledged and validated his trauma and story, and his spark ignited when the Elder brought him home and (re)connected his Spirit to ceremony in 2022. Being in or around the Circle speaks directly to a fluid sense of cultural identity. Cultural identity is ever-changing, shifting, (re)connecting, and re(developing). As an individual finds themselves drawn to understanding their cultural identity, they become more embedded within the Circle and the healing properties that come with it. The Circle connects people, communities and ways of being, doing and understanding together in a good way. Coming home is (re)connecting to the Circle in any capacity.

(Re)connecting to culture, Spirit, and ceremony will not happen overnight, but all it takes is an individual to attend once, "and they'll be touched by the ceremony, Spirit will touch them, and they may leave and still struggle, but they'll come back...I believe it's [inside] everybody, even if they haven't been to ceremony yet. It's still inside them. It's still in their Spirit... as Elders and leaders, we have to bring that Spirit to light" (*Anishinaabe'kwe* Elder 2, 2024). The importance here lies in understanding that when you see our people on the street, "...struggling with alcoholism, homelessness, addiction, whatever else, you know that spirit is in them, and we just have to pray to bring that spirit to light" (*Anishinaabe'kwe* Elder 2, 2024). I use the brackets around (re) connecting because of this idea of Spirit always being within oneself, which must be ignited from within to begin that journey. Culture and healing are hand in hand, and for Meghan J (2024), she shared that "I think that's beautiful. For me, I think what I'm doing is beautiful, and my entire recovery is completely based on the culture. The whole foundation is our people and our culture. And we're getting our ways back." These connections, as Katy B (2024) shared, highlight the importance of culture as that community of healing, and

her entire community, everyone that she "...associate[s] with here is either in recovery, trying to recover, or is in the circle", and the power of the "powwow circle community" allows her to (re)connect on a deeper level to her paternal lineage in *Biigtigong Nishnaabeg*. To Katy B (2024), home is the ancestral lands of her family and community, the connection to her past. She shared, "...Last weekend at the [Biigtigong] Powwow, I carried my grandfather's veteran flag... that was deeply moving. I felt so connected to that... that's kind of like where home is" (Katy B, 2024).

A gap identified for middle-aged Indigenous men on a cultural healing journey highlighted that participating in the arts, associated teachings, and connection to self-expression was vastly missing in the healing process (Cameron W, 2024). He explained that "so many guys are so scared, too. It's just really hard. A lot of us, middle-aged, native dudes, there's so many of us, it's our demographic. [We need to get] men into arts, dreamcatchers, painting, and rock painting. There's just so many gifted people. We have so much of our emotions bottled up. That's why people in recovery have so much to share, and they have their stories to share" (Cameron W, 2024). This all emphasized the importance behind (re)connection to the culture and the ability to build up one's notion of one's own cultural identity, which supports the lifelong healing journey while walking beside Creator for support and guidance with the tools acquired throughout the recovery and (re)connection process. As *Anishinaabe'kwe* Elder 1 (2024) beautifully summarized, "I can see how love and the culture, and that sense of community really can transform someone's life."

Limited Cultural Resources for Other Indigenous Representations in Northern Ontario

Another aspect worth considering is the sense of belonging within nations and the lack of representation of various identities and cultures. Some storytellers have articulated that it is hard to find cultural services that speak to the need for healing in a good way. Despite a

growing availability of Indigenous-specific resources over the years, there are still substantial service gaps for Anishinaabek residing in Northwestern Ontario. However, an even more substantial limitation has been identified, which speaks to Metis' specific resources and services that can help (re)connect people on their healing journey to a cultural foundation. One such storyteller shared her perspective on not belonging within the Circle and how it impacted her. She articulated that "it's been difficult to be a Metis person. I sort of like referring to myself as half-breed because then I feel that my Indigeneity is addressed at least a little bit, right? I don't really know where I fit in Metis culture" (Kayla B, 2024). She emphasized that while resources are limited, they are available with an *Anishinaabek* lens, which highlighted how she "... can't find an Elder here in Thunder Bay that is Metis that can teach me how to finger weave or fiddle or make a Metis puppet. But, I can go to ONWA, right, and learn how to smudge or talk to an Elder, and I've been to a sweat lodge, which I found very therapeutic... So, I'm still sort of trying to discover my roots..." (Kayla B, 2024). The concept here emphasizes that while there are resources to access from a cultural lens, locating specific cultural people outside of Anishinaabek or Cree worldviews is harder.

One way to explore this perspective is to remove the colonial lens of understanding the perceived issue. I thought of this as a potential limitation in representation until I spoke with *Anishinaabek* Elders, who highlighted that it is not an issue but a beautiful ability to learn across nations. *Anishinaabe'kwe* Elder 2 (2024) shared with me that through contact and ongoing processes of colonization:

"...our people lost so much of our way of life. So much was lost, and now they're hungry for that, those teachings. So, to me, there is nothing wrong with us, as *Anishinaabeg*, coming to the Mi'kmaq People and teaching them our way of life. You

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Know, because whether or not it's *Mi'kwaq* or *Anishinaabe*, it's our way of life as Aboriginal People. So, the people want that, and they're hungry for it. So, there's nothing with [sharing between] the two Nations. More and more people are coming out, and that's what's going to heal our people."

It is not a matter of healing in isolation, but rather, healing collective trauma through collective efforts of igniting the Spirit within, despite where the teachings came from. This teaching resonated with me, as it truly speaks to the idea that despite constant attempts of erasure and assimilation, Indigenous Peoples collectively share knowledge to ensure healing continues in a Good Way. Collective healing spaces create spaces and places that are welcoming, open and understanding of the journey to healing as fluid and not linear. The following section will speak directly to how healing is understood as flowing and adapting, as opposed to fixed on a scale of polarized ends between 'sobriety' and 'addiction' as it relates explicitly to Ryan's story.

Understanding Healing on a Continuum as Opposed to a Destination – Sunrise June 20th, 1986, & Sunset August 8th, 2023

Ryan lived his life to every fullest opportunity. He understood that tomorrow was never promised, and the way he carried himself, even throughout his addiction, was a testament to that. The healing journey is a rough path. It has bumps, U-turns, closed roads, and one-way streets. The main takeaway message from Ryan's story and the other storytellers highlights that we must humanize the dehumanized. We need to accept that mistakes are expected. We need to promote getting back up and trying again and again and again after failure. Walking the good life towards healing is not a destination but a life-long process of trying every day.



Image 1 – Ryan Benson & Mother Candace Carson, 1st Birthday 1987

Ryan grew up in a circle of love. Ryan’s mother, my mother, Candace, did her best to break generational cycles of trauma that she experienced as a young child. As a child, Ryan knew love, compassion, warmth, stability, and security. As the literature states, breaking generational cycles of violence is fundamentally hard; however, we grew up in a home of affection, love, and safety.



Image 2 – Ryan Benson & Late Grandfather Gerald Carson, White River Ontario

This image above was taken in Ryan's youth with his grandfather, Gerry Carson, in White River, Ontario. The family has a longstanding relationship with the traditional lands of Biigtigong Nishnaabeg. Despite Gerry, our grandfather, being a settler, he respected the land immensely and taught the grandchildren the importance of respecting and protecting our first mother.



Image 3 - Batman, drawn by Ryan Benson

Trauma is a shapeshifter. It hides itself deeply within the darkest and deepest corners of your mind. While our mother, Candace, shaded her children from the traumas she endured growing up, trauma followed Ryan through no fault of her own. Ryan disclosed to me during one of his recovery bouts that he used substances to numb the pain associated with a sexual trauma he experienced early in his life. I will not name the person; that is not my story to share openly. It was Ryan's, but the trauma he experienced as a child shaped the rest of his life course and his onset of addiction.

Batman is a symbolic representation of our family in many ways. Firstly, Batman is the embodiment of justice. Batman's life goal was to reset the balance and make the world a better place. Batman fought against evil and darkness, and despite his methods, he did it for the greater good. Ryan connected immensely with what Batman stood for and his representation of living a meaningful and good life. He referred to himself as Batman, and the ability of his story

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to represent healing and growth is a direct representation of his bright light continuing to heal others after his spirit has crossed the Western door.



Image 4 – Ryan Benson During Active Use, Peterborough Ontario

Ryan did discover in his adult years a trauma that was a catalyst for his addiction, but he was able to identify this, acknowledge it for what it was, and was able to address that trauma when he was in a space able to handle that pain.



Image 5 – Ryan Benson, MMA Tournament, Peterborough Ontario

Ryan loved life. He was a fighter and fought to live a life of opportunity. He found himself entirely consumed by Mixed Martial Arts (MMA). He would eat, sleep, and train MMA. Oftentimes, during this dissertation, I wondered if his highly addictive personality and the initial injection of human growth hormones (HGH) triggered a cascading series of events leading to the normalization of intravenous drug use and the continued use of them throughout his adult life.



Image 6 – Ryan Benson Detoxing on his 35th Birthday, Port Hope

Ryan did make numerous efforts over the years to get off the drugs and reclaim his life. There were numerous trips to Walmart to get him clothes, loads of sweets, coca-cola and Sour Patch Kids (if you know, you know), and long, painful nights feeling ‘dope sick.’ His attempts at getting clean were often short-lived, but his will was very strong in reclaiming his life.

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Brandon Police Service issued the following news release on June 17th, 2022:

June 17, 2022

Dangerous Operation of a Motor Vehicle

On June 16, 2022, police attempted to conduct a traffic stop in the laneway of the 800 block of Rosser Ave at 4:23 pm. A passenger got out of the vehicle and began to walk towards the cruiser. When the officer got out of the cruiser, the suspect driver reversed their vehicle into the cruiser, striking it three times. The officer and the passenger who exited the suspect vehicle were unharmed.

The suspect vehicle then attempted to drive away eastbound on Pacific Ave at a high rate of speed where it struck another vehicle as it approached 1st street and crashed into a hydro box by 4:24pm.

The two suspects attempted to flee on foot towards the rail yard as police arrived at the crash site.

The 28-year-old female suspect from Peterborough Ontario was arrested after a short foot pursuit. She was found hiding under a train car. She was lodged at Brandon Police Service and will appear in court today on charges of Resist Police Officer and Possession of Property Obtained by Crime.

The 25-year-old male suspect driver from Port Hope Ontario was arrested after he was located by police K-9 hiding in the weeds at the riverbank. He was in possession of ID of another individual at the time of his arrest.

The male suspect was lodged at Brandon Police Service and will appear in court today on charges of Assault PO, Resist PO, Flight from Police, Dangerous Operation of Motor Vehicle, Possession of Property Obtained by Crime, Failure to Stop after an Accident, Failure to Stop after an Accident Causing Bodily Harm, and Fail to Comply with Release Order.

Both suspects sustained injuries from the accident and the male suspect received minor injuries from the police K-9. They were treated at the hospital prior to being lodged.

Image 7 - Media Release (City of Brandon, 2022)

While the reason why Ryan was doing what he was doing remains a mystery to his family, this was the series of events that brought Ryan to be institutionalized at Brandon Correctional Centre, Manitoba. Ryan was much older than 25 years old, was found guilty of his offences, and served his time within the closed doors of the institution. My mother and I visited Ryan throughout his incarceration, and we noticed as time passed, the ‘old’ Ryan started to come back. Ryan told me that he was, in a way, thankful for getting caught in Brandon. He found purpose and belonging. He attended his first Sweat lodge. He connected with his culture. He found a sense of community in healing, and it ignited his Spirit within. It takes one spark to ignite that sacred fire within all Anishinabek, and that fire spreads quickly without faltering. For Ryan, that spark happened within the institution that welcomed culture as a form of healing. Anishinaabe’kwe Elder 1 (2024) spoke to this concept beautifully above, and it truly speaks to

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the importance of walking with love in your heart, especially when working within these structures and systems, as did this Elder for many years. She articulated the importance of walking with love as the first step in promoting a change in narrative and creating a new environment of belonging, purpose, and understanding for Anishinaabek, who are incarcerated.

Ryan went into the institution, and those jail doors slammed behind him. Over a year has passed since they opened back up for him. The fresh air of freedom brought forth a new lease on life for Ryan. He was determined. He was passionate. He was full of laughter. He was Ryan again, after many years of only seeing a mere shell of who he used to be. June 16th, 2023, was his celebration for achieving one year clean. He walked the good path for 1 year, 1 month, and 22 days. However, many of his closest and dearest friends passed away during the time he spent in the correctional institution. Ryan was faced with crippling sadness, grief and emotion while trying to manage his excitement for life going forward. June 15th, 2023, Ryan posted on his newly created Facebook page from a place of heartbreak and sorrow. It said, “Some are forever, some were for a chapter or two, some left us all too soon. My life from 2016-2022” (Ryan Benson, 2023).

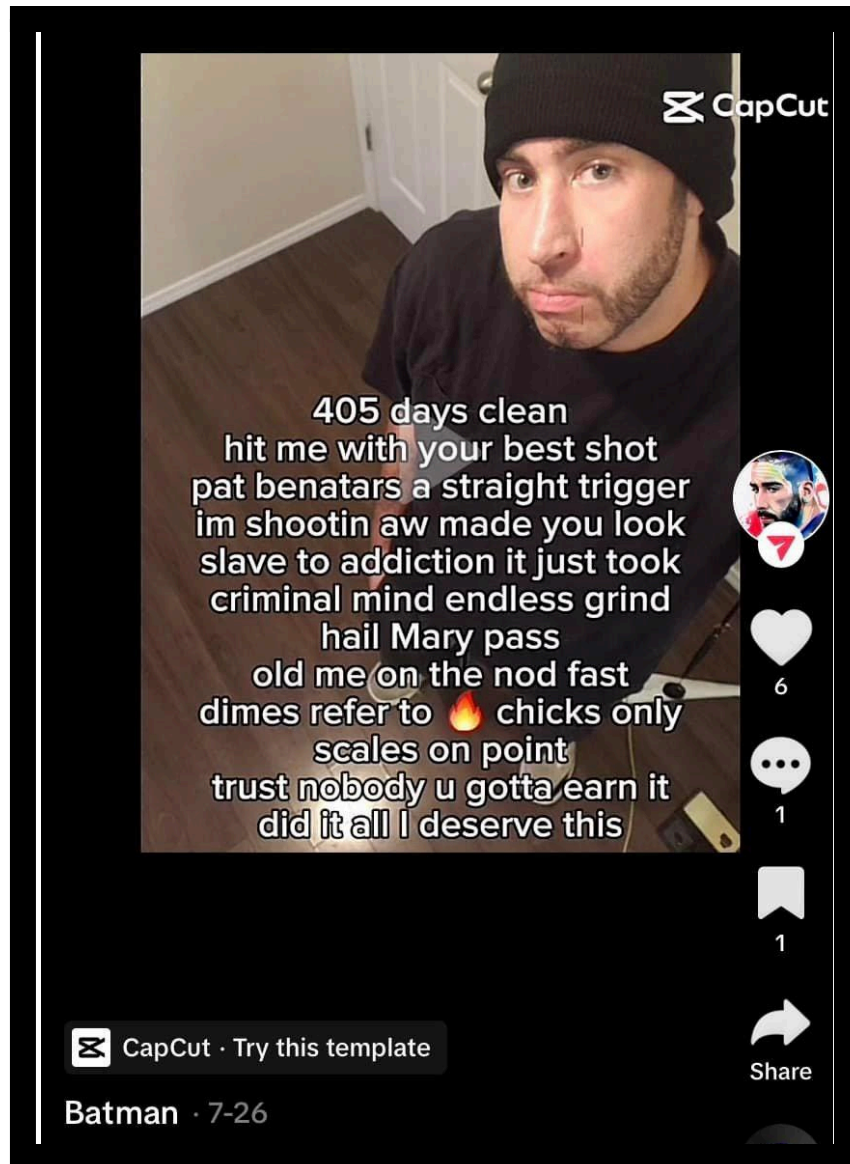


Image 8 – Ryan Benson July 26th, 2023

The image above he posted to TikTok in June 2023 as a way to validate his hard work, which had led him to where he was at that very moment as someone who had recovered from addiction. He was standing in his new apartment, taking a new lease on life. He deserved it.

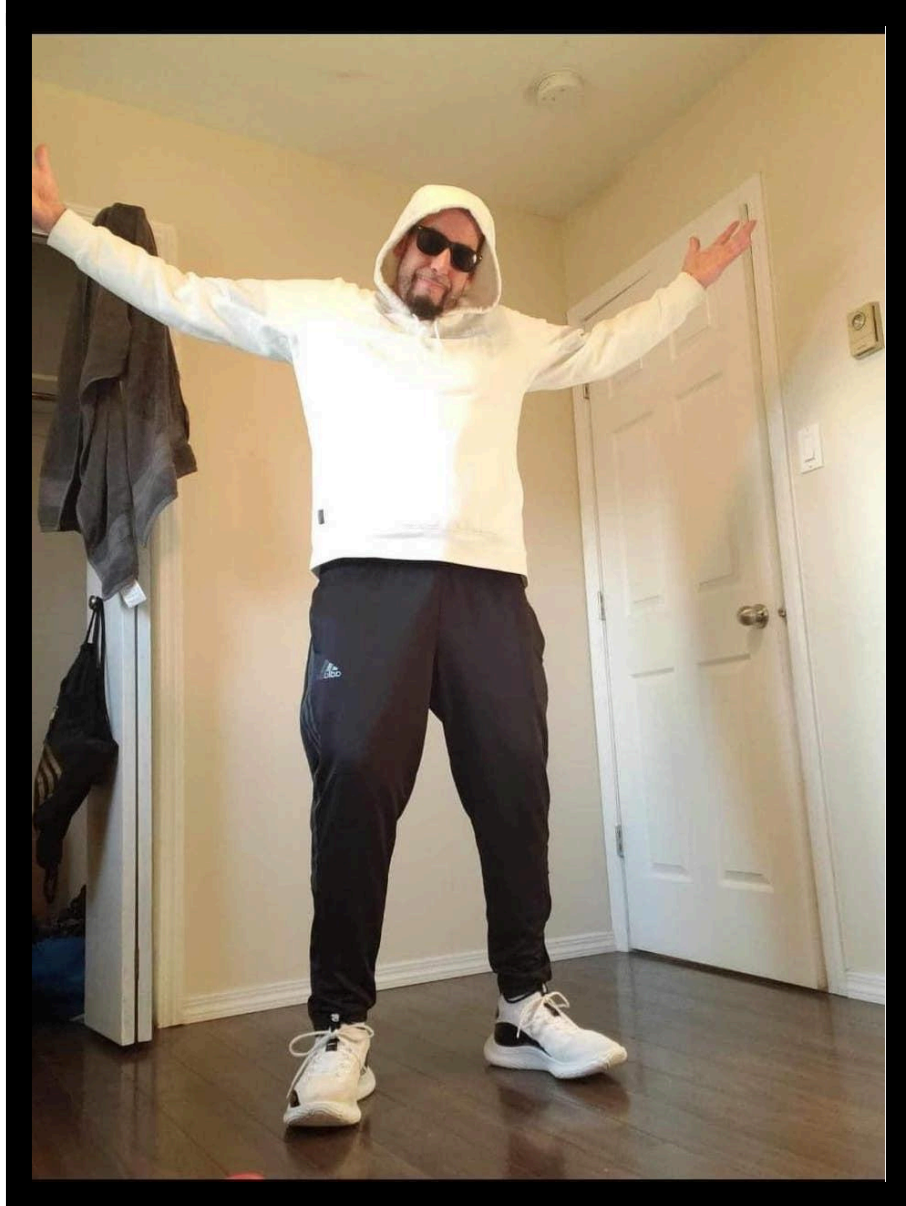


Image 9 – Ryan Benson, “I Made It” photo post release from Brandon Correctional Institution

But despite those odds, he ignited his spirit and found connection and purpose. Ryan detoxed from those harsh substances, and he deserved that good life.

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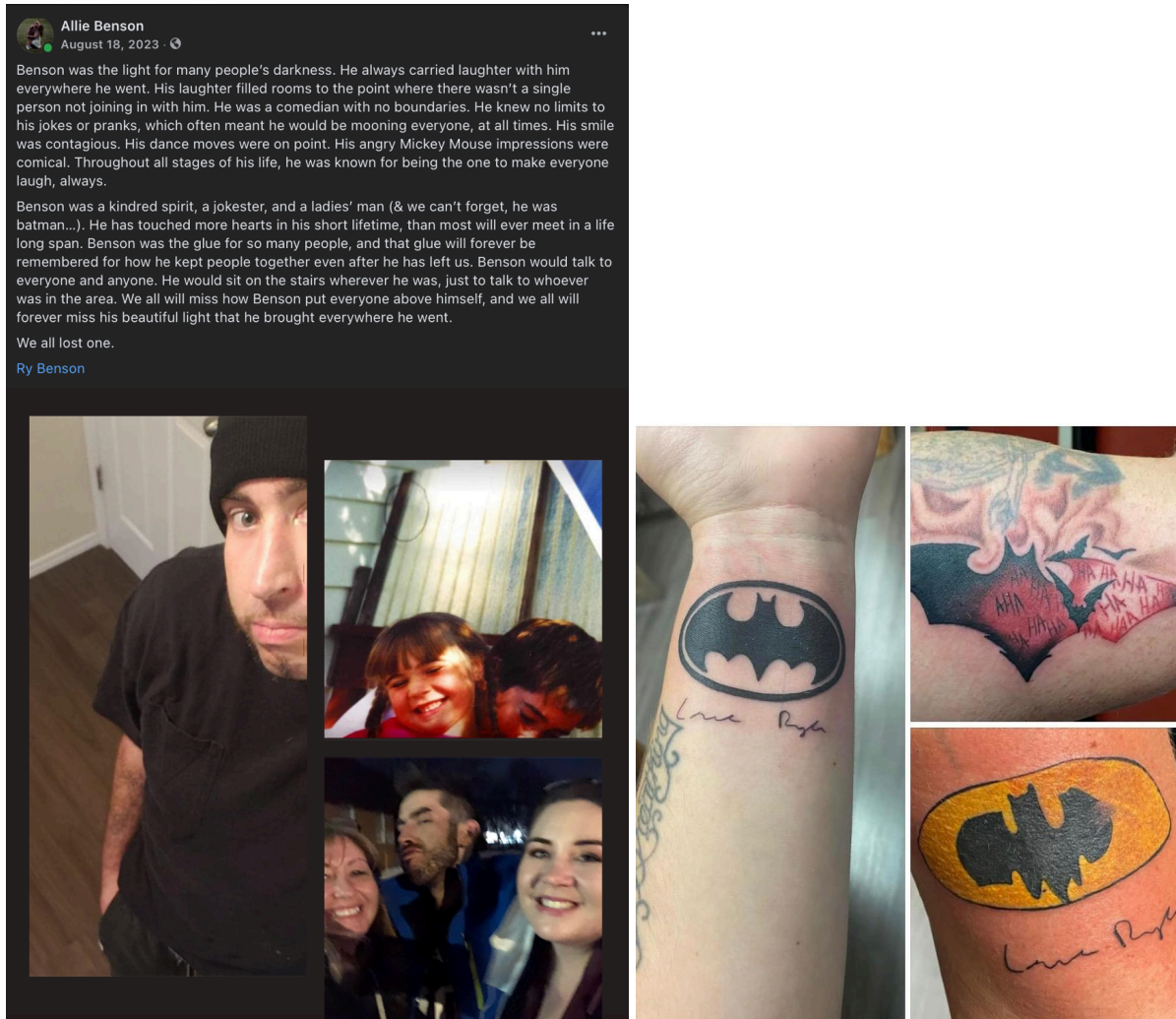


Image 10 – Ryan's Benson, Sunset August 8th, 2023

Ryan's life ended with two men wielding machetes on August 8th, 2023. The game he played for so many years caught up to him and took what he fought hard to achieve. Ryan was murdered. His murderers spend their days awaiting trial in a Brandon, Manitoba jail cell. His story has to continue and cannot be in vain, as culture heals and brings our brothers, sisters, cousins, mothers and fathers home.

Batman, a symbolic representation of Ryan's life, is a recurring theme after his passing. Batman brought forth justice. Ryan's murderers are now facing the weight of the justice system, to which I hope does not fail him. Batman, as he commonly referred to himself, was a

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manifestation of his ability to tackle his life-long demons. Batman fought hard against trauma, pain, and hurt. The flash of the bat signal, or a glimpse of the logo, instantly brings everyone who knew him a smile as they are reminded of his strength. Ryan will forever be remembered as Batman.

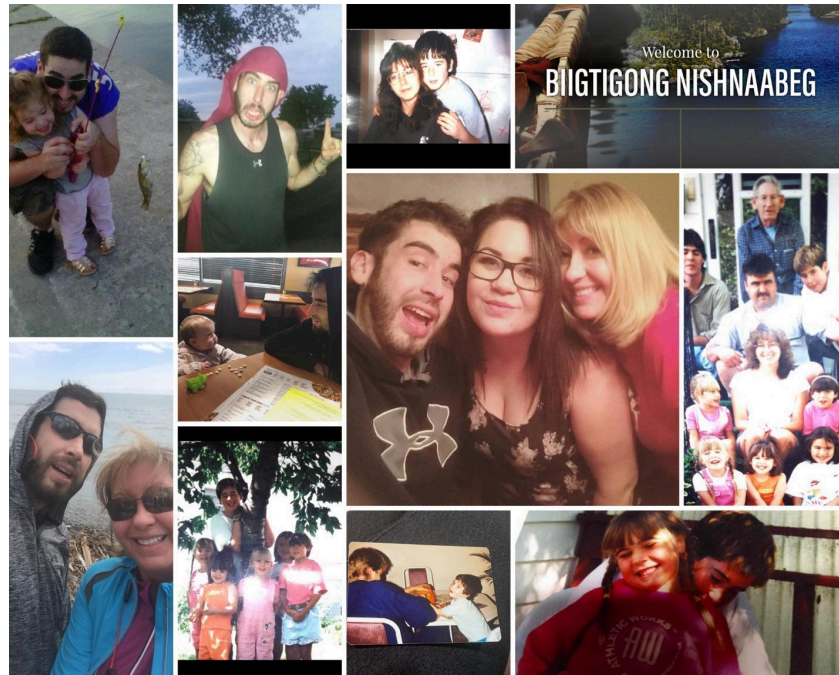


Image 11 – Ryan Benson Collage of Life Events & Family

The importance here lies in the fact that those stories shared by the Anishinaabek, Nehiyawak, Metis, and Haudenosaunee highlighted that culture is the key to healing in a good way. Earlier, the storytellers spoke about a sense of belonging within the Circle as healing. Healing through culture, regardless of whether one was born and raised within it or introduced along the way, will begin to heal our nation's people. Katy B (2024) emphasized that attending the *Biidaaban* Lodge was the most powerful aspect of her healing journey, highlighting the importance and power behind healing in the Circle. The value of healing from a traditional perspective is unmatched, but as the *Kanien'kéha* Sacred Knowledge Holder shared, there is a

need to understand the Western world's validation process through research. There is a need to walk together in a good way and understand, from a basic level, that Indigenous ways of healing work and make a difference through the collaboration of understanding at an academic and institutional level. He shared that perhaps moving the marker forward also includes:

[Bringing western researchers] into our communities in a good way, to do the research in a good way, and use that research to promote the impact of traditional healing, which in part is about traditional spirituality, ceremony and Elder knowledge, but it is also about deep reflection and supporting people as they move through their lives in a good way... This is ground zero of dysfunction between *zhaaganaash* (translated loosely to *white people*) and First Nations, *Anishinaabek*. Ground zero" (*Kanien'kéha* Sacred Knowledge Holder, 2024).

He highlights that the burden and weight of reconciliation are not only to be felt on the shoulders of Indigenous Peoples but also to be a shared responsibility to do things better and in a good way to address these identified concerns. It is important to acknowledge that healing can be Western or traditional, and research around healing can also be both Western and Indigenous. Healing can be unsteady and faltered, but when walking towards healing, one is walking towards *Mino-Bimaadiziwin*. The next section of the dissertation will focus on the Spirit-led nature of healing and how culture and community come together as protective factors for all our relations to live a good life with purpose and belonging.

The Circle

For *Anishinaabek*, coming home instinctually and ancestrally means returning to the Lands that raised you and your relations. Going back to the Land is more than physically returning to a place; it means going back and being with the teachings, going back and being

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with creation, going back and being with all things that help you walk the good road towards a meaningful and beautiful life. Coming home and returning to the Circle is a Spirit-led process of returning your Spirit to a place where it is safe, nurtured, and cared for. We all carry Spirit within us, and when we return home in a spiritual, mental, physical, and emotional sense, the Spirits do their work to guide the *Anishinaabek* in a good way. Some of the stories and teachings shared have been intentionally under-described and/or omitted from this section. There is a place for discussing culture, protocol, ceremony, and ways of being, doing and understanding as *Anishinaabe'kwe*; however, much of this culture has no place within an academic setting. Sacred teachings and stories must remain orally shared amongst the *Anishinaabek*, and the lines drawn out to protect these sacred knowledge systems must be intentionally and wholeheartedly safeguarded.

Close your eyes. Picture the big drum in the middle of the room. Chairs are arranged around it. Smudge cleanses the air and welcomes good Spirits into the space. Feel the vibration in your heart of that drum as the stick bounces off the top. Picture a little girl hearing the familiar sound, get up and feel the need to dance. As the song started, the little girl said, "Come on, Grandma, get up, let's dance! Let's Dance!...so, I went with her, and she walked around that drum, shaking her little rattle" (*Anishinaabe'kwe* Elder 2, 2024). Dancing to the heartbeat of the big drum is common practice, and as the *Anishinaabe'kwe* Elder 2 (2024) shared:

That's real. They have to be there. Our little ones have to be there, and that's part of the healing process. We have to teach them at a very, very young age. Even as babies, you know, you can take a baby to ceremony. You could be in a room the size of my condo here - like the big drum, talking about the big drum and how loud that is. And there's no problem with a baby sleeping with that, with that drum going, and that's, you know,

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that's part of enlightening that Spirit within that child. Also, it doesn't scare them. They just sleep peacefully, enjoying them. When that drum goes, you can actually feel it in your heart”.

What the Elder highlighted above spoke to the notion that Spirit is inside all of us, and when we follow ceremony and live in a way that lives according to our teachings, we are healing not only ourselves but also our children and children's children. This is the concept of intergenerational healing and cultural revitalization. This notion of intergenerational healing can look different for different people, but the commonality here is Spirit guides us in a way that speaks to our hearts. *Anishinaabe'kwe* Elder 1 (2024) shared how the Land, Spirit and healing came together through teachings in the Lodge and promoted healing in a good way. She recounted, "...we went into the sweat lodge, and the Spirits granted us a very light sprinkling of rain. [In the] sweat lodge, we did seven rounds...The majority of them stayed for the seven rounds... [as the Lodge concluded], the thunder beings came out at the end of the sweat. And, you know, they picked up those energies, and they left with them. It was very powerful" (*Anishinaabe'kwe* Elder 1, 2024). In Northwest Ontario, *Anishinaabek* share about *Binesi*, which translated loosely means giant Thunderbird. When the thunder beings flap their wings, the power behind the feathers creates the crack of thunder. These powerful beings soar the skies around the *Gichimaiin* (the Great Lakes), carrying strong medicine for the *Anishinaabek*. As the Elder above explained, as they emerged from the womb of our mother, the darkness of the Lodge, the *Binesi* swooped down, and thunder filled stilled silence, and with that crack of feathered thunder, the *Binesi* carried away all those energies removed through the sweat from those ignited their Spirit.

“Go Be with Our First Mother”

What do you think when you hear, "Go be with our first mother"? How do you understand the words and meanings that are associated with it? I understand it in many ways. Being with our first mother means disconnecting from everything else, going to be on the Land, not just in the forest or by the water, but truly removing yourself from the distractions of modernity. Close your eyes and listen to the sounds; hear the animals around you and feel the connection when you sit on the ground with your mind silenced. As Julie M (2024) spoke about, it is not the sacred items that we bring onto the Land that connect us in a spiritual way, but it is within ourselves, our ability to connect to our relations and Spirit, that is that connection.

While listening to the storytellers, everyone opted to be on the Land to share their stories. We sat and watched the powerful *Nanabijou* sleep peacefully. The place where the *Binesi* soars high above the deep waters of the *Gichigami*. Stories were shared in places where good energy and Spirit were present. The term "go be with the Land" was mentioned often, but the significance of this statement goes beyond my ability to describe it. The Land is more than a physical place; it is more than just the outdoors and fresh air. Being with the Land is to be with our first mother; "it's your first connection" (Meghan J, 2024), and by understanding this, "it is your sustenance. It is your air. It is your water. It is your food. It's literally everything" (Meghan J, 2024).

Being on the Land and acknowledging the strength she shared with us to sustain our bodies and spirits is important. Another way to understand this concept through a healing paradigm is to explore how multi-dimensional Spirit and body are in context with how healing operates. Yesterday, September 30th, 2024, I sat and reflected on the significance of this day. I saw many social media posts, orange shirts, and a lot of awareness. People were on the Land,

dancers were healing through their steps, and children were being honoured. It was a great day on the surface. The Land provided healing in many ways for many people. However, I overheard someone discussing the missing piece in all of this. We physically mourn the death of these residential school children, and we grieve the travesties that occurred. However, we do not mourn or grieve to the same extent for the children who survived residential school trauma and ended up as alcoholics. We did not mourn or grieve to the same extent or give the same understanding for the children who survived physically, only physically, residential school trauma and ended up as substance users. These are the children, grandchildren, and great-grandchildren who survived these institutions but now are suffering at the hands of colonialist interference but not granted the same degree of support, understanding, compassion or love. This concept truly stuck with me when I started unpacking what that means. There is an ever-growing disconnect between understanding the traumas and outcomes that many Indigenous Peoples face as a direct result of being a direct or generational survivor of residential schools.

However, there is hope. Elder Ron Linklater (2024) shared earlier on the meaning behind hope, *bagosendan*. For *Anishinaabek*, it is going out on the Land and seeking your healing. Our ability to heal is already within ourselves; that Spirit is waiting to be acknowledged and nurtured. The term is more than the English understanding of hope, but rather the deeply seeded interconnections between who we are as *Anishinaabek*, who we are as nations (re)claiming space and place that validates other ways of knowing, and it is through that resurgence of cultural knowledge, we see hope. Anishinaabek hopes for a tomorrow when our people return to the Land. Hope for a nation that can acknowledge their traumas, validate those hard realities, break those cycles that perpetuate the notion of the 'Indian problem', and

acknowledge those forgotten children's spirits inside the adults with substance use concerns we see in our streets and our cities. Anishinaabek hopes that culture is the glue to our people and that the memories of addiction are merely the stories we now tell around the fires in December. Hope that our children will grow up knowing love, compassion, and truth while walking towards the ways our Elders and Knowledge Keepers fought so hard to preserve. Anishinaabek hopes we will not have to share our children's stories with knowledge gatherers because their lives were taken by their addiction or by-product of the lifestyle. There is hope, evidently seen through this narrative, that culture is the key. Culture is healing. Culture will continue to heal broken pieces within our stories.

What is described above is how I understand *Mino-Bimaadiziwin*. The Good Life is walking a path of hope toward understanding, acceptance, acknowledgement, and love. The Good Life is a balance between spiritual, emotional, mental and physical wellness, and to achieve that balance, one must seek out that knowledge. Meghan J (2024) emphasized that we need to start "pulling [our] roots out of yourself," and by that, she means that we are responsible for (re) claiming our identity, teachings, and way of life, and once we start nurturing our roots, replant those roots, that tree will become stronger and taller. We understand what living the Good Life involves as we nurture our roots, deeply planted in a soil of hope, love and compassion. It is not a destination or a quick pursuit, but intentional actions taken every day that lead you down a good road towards intergenerational healing. *Mino-Biimadiziwin*, for those on a healing path, often highlighted the importance of healing oneself but also allowing time and space to heal the wounds of those impacted by substance use. The journey to living a good life begins when it is sought out. You must seek out knowledge, as it will not be placed at your fingertips without the effort to learn and listen well. Nations and leaders must ensure protocols

are based within the culture, surrounded by Elders and Knowledge Keepers; living a good life is just that: the transference of knowledge and intergenerational growth.

Reflection & Finding Footing – A Relational Level of Understanding & Connection Between Self, Community & Nationhood

By definition, this knowledge-gathering process was unconventional when looking through the lens of Eurocentrism. However, without a section devoted to my reflections and thoughts on the process, it truly did not reflect the research paradigm in which I was positioned. The following section will create the space and place to reflect on the knowledge-gathering process, my healing journey, how these stories influenced my well-being, how I coped with collective trauma and pain, and lastly, where the next pathway is headed.

Reflections on the process

I often found myself needing time to sit with these stories. I would reflect on what was shared with me and ponder on the possibilities of why I was entrusted with these hard truths. A few times throughout the process, a storyteller would share a core memory, and I could almost picture my brother telling me the story. I felt spiritually drawn to the storytellers for their ability, gifts, and compassion to help me grieve my own sadness. While this was an unintended part of the knowledge-gathering process, I believe Spirit guided us in a way to connect and help one another in a deeper and more profound way than originally thought, which I will go into further detail about a bit later.

Reflections on the knowledge-gathering process, for myself, also meant adaptability and understanding. As indicated in the above recruitment section, there were changes to how storytellers were recruited and how honorariums were gifted. The reality of this knowledge-gathering process truly highlighted that having a community voice and representation is important. However, when the purpose and intent behind this project was to

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create safe spaces for *Anishinaabek* to share their stories, who I am, to limit their ability to share, heal and grow based on a geographical boundary, which ultimately reinforces colonial definitions of exclusion and separation. So, ultimately, the recruitment strategy was broadened to include an all my relation approach to understanding. Even those within *Biigtigong*, my community, have ties and connections to other communities indirectly and directly. My brother was from *Biigtigong* and *Netmizaaggamig*. This change was a step in the right direction.

As I visited with more storytellers, it was evident that the streams of connection to *Biigtigong* remained strong. Visits with storytellers, Knowledge Keepers, and Elders from *Biigtigong* were strong and influential voices in this knowledge-gathering process. Indirectly, a connection to the *Biidaaban* Healing Lodge was made, bridging storytellers from other communities to *Biigtigong* as a central influence on their journey to (re)connecting and healing. Other storytellers had grandparents from *Biigtigong*, even though parental ties were to other communities in Northwestern Ontario. However, the unintended group, the larger portion of storytellers (n=9), were from the region without direct or indirect ties to the community. While many within this group had cousins, friends, and mentors with connections to *Biigtigong*, it was still considered a broader relational connection. Within the groups of connection, there were also the subgroups of Knowledge Holders/Keepers/Elders, those who had recovered and those who were still actively using.

Reflecting on the recruitment process and the stories shared and gathered, I believe this was a successful knowledge-gathering process. I recognize it was harder to locate, visit with and gather stories from those actively using for a few reasons. Firstly, I acknowledge that this population is harder to approach due to the ongoing substance use, housing factor (or the lack thereof) and how other social determinants of health influence accessibility to this particular

population and overall safety for both myself and those visiting. I did not push as hard as I could to recruit more individuals still currently using, but during the time of this dissertation, I was nearing the end of my pregnancy, and this did pose a safety concern, venturing to encampments to share the word around my research. I did reach out to PACE and the Shelter House, which was a great resource to lean on, but it did not pull any additional interest. I also acknowledge that while I tried to meet with five people still using substances, it was never to represent a generalized sample, so two stories are still enough to share about their experiences and lived realities.

Other reflections I had throughout this process include what is appropriate, how to include it, and what needs to stay 'off the record' regarding cultural knowledge. This piece of the puzzle was harder to navigate due to the learning journey that I will forever be on. I have opted not to include the full transcripts within this dissertation, despite originally proposing that I would, because these stories should be honoured in a good way, and if included, I cannot ensure the context or use of the stories will be honoured in the same way for future scholars and readers. Many storytellers opted to associate their names with their stories; however, for those who wanted to remain confidential, it is safer not to provide the full transcripts for a complete sense of security and confidentiality.

Sense of belonging

A sense of belonging often came up throughout the stories, and it was an interesting phenomenon to witness. Not only did the storytellers share this notion of belonging, but it also resonated with me profoundly. I acknowledge that I never grew up in the community, nor did my brother, and I acknowledge that conversations around substance use are hard truths to share. I did not expect many to reach out to me so quickly to share their stories and truths. I expected to push harder to build more of a name for myself inside and outside of the community.

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Being able to connect with community members, indirectly and directly, was an amazing healing journey for myself and the grief that I will forever carry. I met cousins that I did not realize were my cousins until visiting with them. We shared stories, and ultimately, by sharing my brother's story, they now hold that truth in their hearts, too. I held their truth in my heart. This sense of belonging, relationality, and collective pain was something unintended, but it was healing in the same breath. Listening to how people carried their traumas and how they have coped with that heaviness has given me new purpose and hope for how we as a nation are healing ourselves and those impacted around us. Other storytellers, while not related to me, often shared about the network within the Circle and oftentimes would mention other people that I had already spoken with as influential people on their healing journey. This truly spoke to me on a sense of belonging and connection level, as again, this pain is not felt individually; therefore, the healing should also be felt collectively.

Purpose, Intention, & Awareness

I have shared my journey and purpose for pursuing a PhD with Lakehead. I shared this with every storyteller, so they would understand from my eyes the intention behind why I am asking the questions I asked, the purpose of the stories gathered, and how their stories will continue to spread awareness and generate conversation. I came to realize, throughout this process, that I was seeking healing for myself. In the fall of 2023, I was not ready to take on this task. I was struggling with my way of coping with my brother's murder, and it was not until much later that I realized I was on the edge of developing an addiction. I do not have an addictive personality. I witnessed my brother's addiction progress so quickly. I watched the obituaries for numerous deaths of friends cross my phone screen monthly, it seemed. However, I was blinded to the fact I was using alcohol to numb my pain of losing Ryan. I would not drink until I blacked out, but until there was a sense of silence in my mind, and the graphic images of

how he died blurred away. I was on the edge of my potential addiction and quickly realized, around December 2023, that I needed to stop trading silence in my mind for the price of a bottle of wine. This is a foundational piece of my healing journey, as I needed to come to terms with the fact I experienced trauma. I could not cope with the pain, and I opted to numb that memory. While the circumstances may be different, I, too, was someone masking trauma. I, too, was another statistic at that point. My awareness of this issue pulled me from a slippery slope, and I recognize how privileged I am to say this.

Listening to the stories shared with me often resonated deeply, as I could put myself, my family or my brother in that exact position. I felt the sharp pain from our family trauma emerge as it sometimes triggered those memories. However, it is through talking about this collective pain that we can face those shapeshifting traumas, and we as individuals, families, communities and nations can start to heal.

Keeping Stories Whole – Teachings and Connections & Next Steps

Keeping *Anishinaabek* stories whole. That is a complete statement. We are often trained within academic institutions to break down meanings, pull things apart and find those trends, themes and patterns. We are often asked, "What is the key message?" or "What do you take away from this story?" but the real question is, what are we missing from the story when we look at it through the lens of fragmented glass? What are we not seeing, hearing, smelling, or tasting when we understand a story from an incomplete place of understanding? Whose stories are missing when we do not account for those missing elements within story?

These questions around *Debewin* (truth) allowed me to work from an intentional place. I intentionally questioned my positionality, privilege, and bias, which shaped how I understood stories and what I did with the stories once I was gifted their meaning. I could not break down

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these stories into tiny sections, themes, and subthemes from a Eurocentric lens. I could sit with these stories, reflect on them, and share the teachings I have taken away from this process. After I have done the soul work and the reflection process, I can start to look at these stories from the lens of an *Anishinaabe'Kwe* and see those Indigenous-specific themes emerge in a good way.

From a relational level, making sense of these stories started with a reflection on methodology and why I was so stuck on this idea of geographic boundaries. The concept of a reservation is a colonial construct embedded in oppressive legislation that defines geographic space as a zone for a district group of Indigenous Peoples. Did my ancestors limit their interactions because they crossed an imaginary boundary in the sand? Or was I thinking too colonially, with my bias, when designing this project?

Upon reflection, I realized that there is no line in the sand. We are all brothers, sisters, cousins, aunties, and uncles when understanding this from a creation perspective, and the relational lens looks beyond those drawn-out lines in the sand. Making sense of this concept developed initially through conversations with storytellers who spoke of homes being multi-dimensional. A home is a place with more than four walls and a roof, but the spiritual pull and connection to a place, space, or community. Stories shared by people not directly from *Biigtigong* often spoke of this feeling of home and connection to the lands, the Traditional lands of *Biigtigong*, and those places that carried those memories that they hold close to their hearts. People's stories are as fluid as water flowing, and the course of the water/stream flowing is impacted by rippling stones thrown into the stream; while the ripples of water may push new directions, spiralling outwards, the stream does settle over. The new stone will always remain as a portion of their story, and the water will continue to move forward and continue to carry them

forward. The fluidity of stories is like water. I know women hold significant knowledge and teachings around water, which I will not discuss here, but it is important to mention this connection between storytellers, water, and women as the vast majority of storytellers throughout this project.

Another significant teaching for me during this storytelling journey highlighted the concept of journeying and purpose. I attended a gathering in the summer of 2023, shortly after the passing of my brother, and these words have stayed with me since learning them.

Anishinaabek are Spirit beings and come from the spirit world. When we arrive here, we are only visiting, and our human lives are already planned out, despite us not knowing the journey or choices we will have placed in front of us. We will encounter numerous paths and journeys, but each one of those is but a small section of the eagle feather that carried our spirits here. When winged things carry Spirit, it is a way for Spirit and Creation to speak to us, as those winged creatures can fly high enough to reach the Creator. The *migizi* (eagle) holds great significance for *Anishinaabeg*, as these birds can fly the highest in the sky and the closest to creation and Spirit. *Migizi's* feathers are sacred and held in high regard, as these feathers help the *migizi* to be the messenger for Creator. The eagle holds the ability to exist within this world and Spirit. The eagle is a symbol of strength, bravery and spirituality. *Anishinaabek* are told that when we lay down *asema* (tobacco offerings), *migizi* will come, gather those thoughts and prayers, and fly them on their wings to Creator. Again, it symbolizes the importance of the journey of an eagle feather and its significance on the teaching shared above.

The *migizi* quill is the feather's foundation, where life and death interact. The quill represents the strength and center of one's life journey. The beginning and end of life are connected in this understanding. The start of the quill connected to the *migizi's* body is closest

to Spirit and beginnings, and the end of the quill is where you return to Spirit and finish your human life. The white part of the feather, the plume, represents the start of your journey and youthful years. The beginning of a life cycle. Each small section holds its purpose and pathway. The feather's darker portion represents aging, knowledge, and experience. As one travels from youth to adult to elder, one passes through the feather's sections and stages, which consist of various ceremonies, stages, teachings, and learning experiences. The entire feather must be viewed together to understand and witness how it works together, allowing the *migizi* to soar high in the sky. Without the quill, the *migizi* would falter; without the plume, the *migizi* would not be able to safely protect those stories.

This is why we must honour our feathers, our life stories, and all of the paths that we have taken. We, as *Anishinaabek*, understand that these sacred gifts from the *migizi* must be held to the greatest respect and honoured through our seasonal feasting protocols. We acknowledge the multiple roles and gifts that the *migizi* and Creator have given us, and we ensure we provide the ability for these sacred items to 're-charge' their ability to support us through life during these seasonal feasting ceremonies.

Making Sense of our Histories in Relation to Our Healing Journeys – The Recommendations

Mino Biimaadiziwin is a life-long journey of finding the greater purpose behind this spirit-led journey, and through that journey, finding community, support, and learning the importance of those specific teachings of your nations (and others) in order to pass on knowledge and leave behind a legacy for future generations, and this is done through loving and helping others overcome their barriers. The act of living a good life is also deeply connected to being self-aware and being able to acknowledge that faults are within everyone. We must approach everyone, even when doing wrong to you, with a heart of understanding and

forgiveness. Walking the Good Life and Living the Good Life is truly 'returning home' as *Anishinaabek* and (re)claiming sovereign nationhood.

Recommendations for supporting recovery and healing pathways always circled back to *mino-bimaadiziwin*. Living the Good Life is intentional, purposeful, and about connection. Storytellers highlighted that the following recommendations would best support those on recovery and healing journeys:

Supportive Services & Approaches

- **Supportive & Inclusive Children's Aid Organizations**

- "But I do know, supporting especially people that are in active addiction is just stigma. Also, the stigma needs to end like people need to stop looking at addicts and alcoholics is like, you know, like, it's like, it's like a defect of character. Like, you know, it's definitely not like that" (Katy B, 2024).

- **Trauma-Informed Services**

- "And for me, recovery, it's never been about the drugs, right? The drugs are but a symptom. They're a symptom of a much larger problem, and for me, that problem was trauma. I had trauma after trauma after trauma, lots of sexual violence that affected my self-esteem" (Serena L, 2024).

Timely Access to Appropriate Care

- **Addiction Medicine**

- "They need an intervention; that is what it is; that is what it has boiled down to. Interventions have to happen. It's not like the show, something like the show, but they got to, like doctors got to be allowed to prescribe Suboxone right on the spot. Right then and there. Soon as you hit a person with Narcan, you need are immediately fucken dope sick. You get up and start freaking out and search for

your next hit. But with Suboxone, you feel better within 40 minutes, half an hour, 20 minutes, you'll feel better, almost like it's an opioid derivative. You will feel good. That would do it. Soon as I did it, the day I went to RAAM, I sat there a few hours, and it took that shot. I was like "That's it? Wow. I feel sober, but I feel good. That's it?". It was just, oh my god. I cried that day, almost the rest of the day. I kept breaking down crying. I'm so happy" (Cameron W, 2024).

- "There's a wait list for detox, there's a wait list for treatment, there's a wait list for halfway houses. More facilities would probably address that, more compassion. Like, I don't know how you change the culture of a population, but I think that there's a lot of people trying" (Serena L, 2024).

- **Transitional Support Services**

- "Immediate right from corrections into someone else's care? So, whether it's treatment program, [Elizabeth Fry Society], but another organization, I guess it's just gonna help them get back on their feet while they're outside, and support the idea of no drinking, no drugs. But it's like Elizabeth Fry, I guess. But Elizabeth Fry doesn't have enough beds..." (Robin B, 2024)

Community Initiated Support

- Self-motivated and funded initiatives to help others seeking recovery
 - "But my recovery looks like meetings. It looks like doing stuff like this. It looks like service. It looks like reaching out a hand. I've had countless people sleep on my couch detox because they can't get in because they keep calling and calling, and I know that they're trying to address that problem, but change is really slow" (Serena L, 2024)

Housing

- **Safe, Affordable, & Accessible Housing**

- "Obviously first thing is having a home having somewhere to go in there like are you sure you can come back to, and have a bed, a sober living place like a sober support" (Cameron W, 2024).

Empathy & Compassion

- **Reducing stigma and increasing Awareness around Addiction**

- "I was interviewed for the sobering story documentary, and I think that is one example where we can start to try to change people's minds about you know that this isn't, this isn't it isn't my fault that I became an addict. And I don't know if they are addicts born or are they made. Maybe a little of both, like I certainly had it in my genetics to become addicted to something. But I also watched my family cope very poorly with substances, more social programming, more access to therapy and counselling, and more youth programs like I don't know. I don't know. I just think that there's a lot of hatred and frustration towards addicts in this city and beyond, and I get it, you know, when, when I was in my active addiction, you wouldn't even recognize me. You know, I'm a professional today that has a couple degrees, and I teach at the college, and you would never even know, but out in addiction where I would rob you blind if I could, because that drive, once you put that substance in your body, once I put that substance in my body, I have no control. It goes out the window. All logical thinking, all compassion, empathy, I become impulsive, compulsive, obsessive and a one-track mind, and I think that until you've walked it, and not that I would want anybody else to walk it, but like you can't possibly understand until you've been there. And just more compassion for addicts I don't know" (Serena L, 2024)

- **Removing the Pedestal of Healing**

- "I think the best thing would be to first support anyways, is definitely the acknowledgement that we don't have to be on a pedestal for healing. It takes a lot of strength it takes a lot of encouragement. It takes lots out of you to want to do that healing. And I think what is a hard place for people to get at is that they come down on themselves too, like I'm not worthy, I don't have no whatever it may be, and even if they're drinking or they're doing, they're beating themselves up" (Julie M, 2024).

Cultural Integration into Healing Models

Cultural Mentorship

- "Well, for me, growing up, the mentoring played a big role for me. You know where I come from, you know the hurt I've been through, you know the fear I've experienced, but you've been past that. So, it's like you're mentoring me without, you, mean without me even realizing it. You're not preaching to me, you're not you're not coaxing me, you're not tricking me, but you're presenting yourself in a way that I find it attractful. But I think that plays a role with today, when we present ourselves as sober people, to other people, you know, we can have that, that connection to them in a good way. And I think for people that are just journeying, just starting, just beginning, yeah, mentoring is a big part of it. It's to live your life" (Ron L, 2024)
- "When kids can't see any positive representation of themselves, they turn to self-medication, and it starts, you know, with things like marijuana and moves on up the scale. The question becomes, how we'll never have enough medical doctors that are Anishinaabe or Haudenosaunee or Metis in this territory to work within the reality, the Indigenous reality. So how do we work with the prevalent, you know, health

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practitioners and create in them the capacity to work in a good way in our communities? It ain't about on, you know, indigenous cultural training. Right, you can teach a doctor about residential school, the 60s scoop, and the local treaty till the cows come home. It ain't going to impact their practice. The only way you impact their practice is to work with them side by side with your own practitioners, and part of that is the research piece. We have to have a process of research that we work in tandem with these guys, right through the tri Council three predominantly CIHR through SSHRC, maybe to bring them in our communities in a good way, to do the research in a good way, and use that research to promote the notion of the impact of traditional healing, which in part is about, yes, traditional spirituality and ceremony and elder knowledge, but it's also about deep reflection and supporting people as they move their lives in a good way. We need to become in this territory, in this city right here. This is ground zero of dysfunction between zhaaganaash and First Nation, Anishinaabe, ground zero" (Kanien'kéha Sacred Knowledge Holder, 2024)

Going Back to the Land

- "I was always taught, and some of our elders would say that even my dad, you know, he, would take people out on the land when they were, like, half cut and kind of like things were troubling them. And again, he took them back to that space, and you know, he would just listen, he turned on the coffee pot or the little percolator thing that he would have there, and they would talk. And you know, something was troubling them. Once afterwards, they got over the talking about being troubled, and something else would happen. And then they'd see the skill that, you know, oh yeah, I could pick up a hammer and help build a shed, or I could, you know, after just being acknowledged, I think is a

big thing, because we're putting judgment already for people that are trying to get live by saying you have to go to detox. You have to do this after all these steps that are affected, that are already putting them in the space where they don't, they can't get to so and the thing about it is to have that support, to be the support. My dad was a very strong, strong man, and his will was really strong" (Julie M, 2024).

Living Our Teachings

- "And because that Spirit is hurt for them, you know that Spirit, sometimes the Spirit leads you. I remember my lead father used to tell me once we start that road to addiction, the Spirits are the first ones to leave when you start experimenting with alcohol and other drugs, your Spirit often is the first one to leave you, and when you get back into your life as Anishinaabe, when you start to live that beautiful life, the last thing to come back is your Spirit. You get your health back, you know, get your faculties back. You get your physical strength back. The last thing to come back is that Spirit to come back to you. So, Spirit plays a significant role. So, you have that Spirit, I have that Spirit that's within us. So, we use that to work with our people in a good way" (Ron L, 2024).
- "We invite them to ceremony. For people that don't understand our way of life, and there are many, including our own people, that's going to be difficult for them to accept or to understand. Yes, some of the Western Way does help individuals that need that, but from my teachings and ways of understanding, taking someone out on a four-day fast, someone who's struggling, bringing them into the sweat lodge, that is a very integral part of their healing journey. It's very important. But I also think, and this is they also need someone like an Elder or Knowledge Keeper to connect with and speak with, and

that has to happen continuously. But the ceremony is a very, very important part of healing for our people" (*Anishinaabe'kwe* Elder 2, 2024).

The recommendations from this knowledge-gathering approach emphasize a similar theme throughout the narrative, highlighting that healing from substances for Indigenous Peoples is fundamentally and spiritually distinct. Culture plays an integral role in (re)connecting the Spirit to the body, and through this (re)connection, the Spirit can heal from the substances that block connection to identity, hope, belonging, meaning, and purpose. The intentional act of placing (re) within the parentheses creates the understanding that connection is fluid and flowing. Some believe that we are never separated from our Spirit, and it is just waiting for the safe space and place to (re)enter our physical bodies, and others believe that they are connecting for the first time when connecting with culture. Thus, recommendations for *Anishinaabek* on a healing pathway are created from the (re)connection to their identity. *Anishinabek* identity is deeply and strongly associated with the sense of belonging, as discussed in the findings, whereas finding a network and support along your pathway will help create support to promote (re)connection to the culture. Community-initiated supports that are accessible and funded were described as a large component of the healing journey, such as funded programming (i.e., traditional arts, crafts, painting, etc.). The cultural integration into healing models, for *Anishinaabek*, emphasized that healing in a good way is connected to identity and culture. Cultural knowledge around accessing Elders and Knowledge Keepers, living according to our teachings, and the ability to find cultural mentorship have created successful pathways to (re)connection and living the good life while maintaining sobriety.

In order to live a good life according to *Anishinaabek* teachings, there is also an element of convergence between blended worldviews, as described by the storytellers. There needs to be

a collaborative approach to healing that also considers how supportive services and organizations function in a culturally aware and trauma-informed approach (i.e., harm reduction, children's aid societies, housing supports and services and social services). The vast majority of services currently out there fail to meet the needs of Anishinaabek, and the recommendation is to move beyond tokenistic check boxes of 'cultural competency' to existing in spaces that are culturally safe places that promote non-linear approaches to life-long healing. Additionally, the spaces and places where services operate must be empathetic and compassionate to the historical realities that shape Anishinaabek current-day experiences. This also speaks to addressing and reducing stigmatizing language, histories, behaviours and tones around healing pathways and trauma responses. The storytellers explained that when spaces and places are culturally safe zones, it will enable appropriate and timely access to care pathways that are meaningful to them as *Anishinaabek* and accommodate the unique and individualized needs presented.

Living Our Teachings & My Next Path

Our path is not linear, but it has branches shooting off in all different directions. Like the feather, our life is a collection of barbs that combine to create the entire vane. I may be nearing the end of this footpath, but it simply means another journey is soon to be visualized. There is an opportunity to continue this work, to dig further into gathering stories around ceremony and healing, stories from those still actively using, or perhaps storytelling and healing pathways from living with collective trauma and grief. The opportunities are truly endless.

However, for myself, the next journey is continuing to build my bundle. I have found that connecting to my community provided me with more closure and support. Connecting to story brought me home. I will forever be grateful for everyone who shared their stories with me, and I will honour them closely to my heart and Spirit. Not only did the storytellers share their

stories, but they also gifted me new teachings and understandings. The last section of my dissertation will speak to those teachings that will now follow me for the rest of my natural life.

As a final word, the best way to summarize the healing that has happened throughout this dissertation is to break it down into what I understand healing to be and how it relates to the journey of recovery. Healing is the collection of numerous feelings, thoughts, actions, people, places, and spaces. Healing is living a good life and working every day to be a good person. Healing for me was generated through listening to these stories.

Healing is...

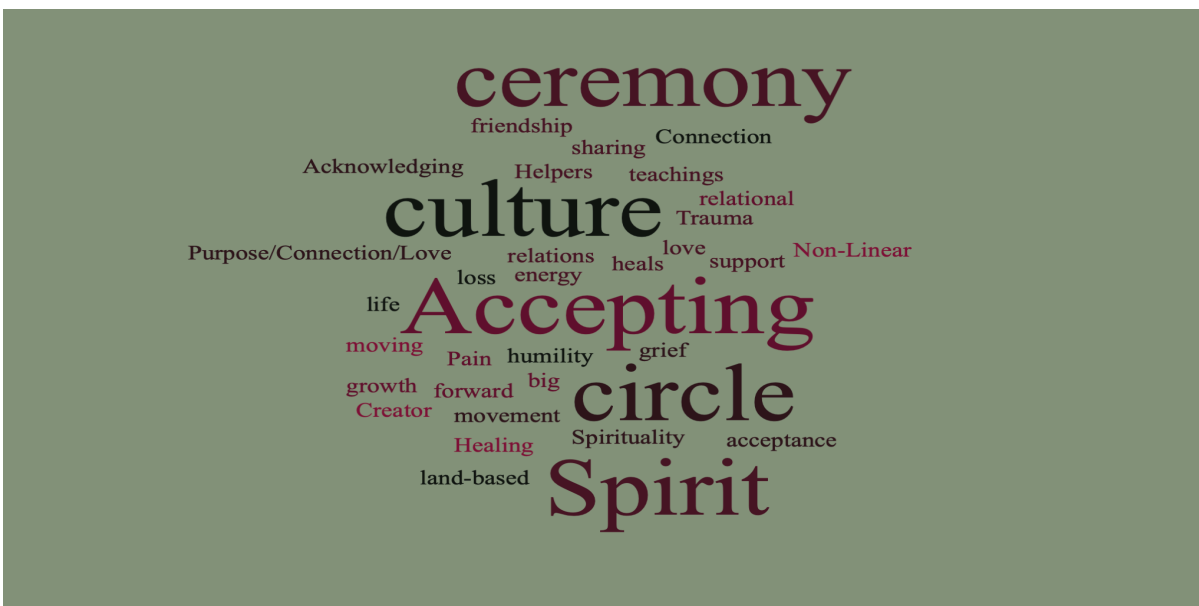


Image 12 - A Visual Creation of Themes from the Sharing Circle

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Appendices

Information Letter & Consent Form (Lived Experience)



Lakehead
UNIVERSITY

Health Sciences Department

KNOWLEDGE GATHERING CONSENT INFORMATION LETTER

A Spirit-Led Journey to Understanding Relational Accountability: A visiting approach to understanding interconnections between substance use, healing pathways, and Mino-Bimaadiziwin: Conversations with Anishinaabek

Boozhoo! Hello!

This dissertation knowledge gathering project is undertaken by Anishinaabe'kwe Ph.D. Candidate Alycia Benson of Lakehead University. The project will identify interconnections between substance use, healing pathways and mino-bimaadiziwin (living the Good Life). As a PhD Candidate from Biigtigong Nishnaabeg, I am bringing the knowledge home to the community. The Knowledge Gathering will create a safe space for Anishinaabeg to speak to their understandings around substance use, healing pathways, and Mino-Bimaadiziwin.

We want to hear from you! What does the community need to heal in a Good way? What does healing in a good way look/sound/feel/taste/ like? How does the land connect to your healing journey? The project will identify what Anishinaabek people need to heal in a Good Way, what healing can be understood as, and how it is connected to the Land.

Benefits: Through your storying, the knowledge gathered hopes to understand from an Anishinaabek perspective, what is needed to best support community members wherever they are at on their journey to healing.

Risks: There are no expected risks or harms associated with the interviews, but it is possible that sensitive topics may rise. If required, you will be provided with the name of an elder and/or other person who can assist you.

Consent: You can change your mind about participating. Your consent is not permanent. You can withdraw from the research at any time and any stories/information associated will be destroyed upon request. Audio recording of the interview will require your signed or verbalized consent.

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

Voluntary Participation: Your participation is completely voluntary. You can decide to not answer any question, participate in any part of the knowledge gathering, or leave or withdraw at any time.

What is required?: Following oral or written consent, you will be asked an open-ended question, and if you require more prompting questions, a series of questions relating to substance use, healing and living a good life will be provided. The timeframe of storying is dependent on how much is shared, but expected to be 60-90 minutes. If you agree, you may also participate in a final sharing circle to review the findings and discuss the outcomes of the knowledge gathering.

Confidentiality: Your contribution will be anonymous and remain confidential, unless you would like to associate your name to your story. Anishinaabeg protocols honour the spirit of story, and naming or identification of stories are welcomed. The recordings of your stories will be securely housed within the community knowledge (as Alycia is Anishinaabe'kwe from Biigtigong), protected under a password locked drive only accessible by the lead researcher.

Results: We will use this knowledge gathering to write a dissertation, at least one publication, and community presentation. We would be happy to send you a copy of the Knowledge Gathering report and invite you to the presentations if you so indicate on the consent form.

Contact Information

Principal Investigator: Alycia Benson PhD Candidate, Health Sciences Lakehead University agbenson@lakeheadu.ca	Supervisor: Dr. Chris Mushquash Health and Behavioural Sciences Lakehead University chris.mushquash@lakeheadu.ca
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CONSENT FORM

You may provide either oral or signed consent. If your consent is oral, your willingness to stay at the interview is indicative of your willingness to consent. If you would like to leave, not participate, or not answer any questions you are free to do so at any time.

For written consent: I have read and understood the information letter for the study and agree to participate. I understand the potential risks and/or benefits of the study, and what those are. I understand that my participation is voluntary and that I can withdraw from the study any time and choose not to answer questions. I understand the stories, data and other information will be securely stored under a password locked drive. I understand that my participation will remain anonymous unless I indicate otherwise. In any case where I provide authorization to use my name and quotes, I understand that I will have the opportunity to review the information, in its presented context before it is finalized and published. The research results will be published in a Dissertation, which I will receive in electronic form by the end of the project if I so choose. There will also be a presentation to Biigtigong Nishnaabeg, and findings used for published academic papers.

Audio Recording of Visiting & Storying Sessions: I agree that information from this interview can be collected and recorded on a digital audio recorder: ☐ YES

☐ NO

Do you want to participate in the final sharing circle to discuss findings of the knowledge gathering? ☐ YES ☐ NO

Regarding my privacy and confidentiality, I choose one of the following options:

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

- ☐ I do not agree to direct quotes of mine being used in reports or publications, and I prefer to stay anonymous and do not want my name to be listed or associated with any information that I provide
- ☐ I agree to have direct quotes of mine used in the dissertation, reports or publications, but I prefer to stay anonymous and do not want my name to be listed or associated with any of the quotes or information that I provide
- ☐ I agree to have direct quotes of mine used in the dissertation, reports or publications, and I agree to have my quotes associated with or attributed to my name
- ☐ I would like to have a copy of the research sent to the e-mail address listed below.

Signature of Storyteller (or researcher if consent is oral)

Date Signed (mm/dd/yyyy)

Print Name

Phone Number

E-mail address: _____

This study has been 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 or research@lakeheadu.ca.

Miigwetch! Thank you, for taking the time to participate in the research.

Information Letter & Consent Form (Current Substance Use)



Lakehead
UNIVERSITY

Health Sciences Department

KNOWLEDGE GATHERING CONSENT INFORMATION LETTER

A Spirit-Led Journey to Understanding Relational Accountability: A visiting approach to understanding interconnections between substance use, healing pathways, and Mino-Bimaadiziwin: Conversations with Anishinaabek

Boozhoo! Hello!

This dissertation knowledge gathering project is undertaken by Anishinaabe'kwe Ph.D. Candidate Alycia Benson of Lakehead University. The project will identify interconnections between substance use, healing pathways and mino-bimaadiziwin (living the Good Life). As a PhD Candidate from Biigtigong Nishnaabeg, I am bringing the knowledge home to the community. The Knowledge Gathering will create a safe space for Anishinaabeg to speak to their understandings around substance use, healing pathways, and Mino-Bimaadiziwin.

We want to hear from you! We want to understand how to best support you on your journey, wherever you may be in reference to substance use. We acknowledge Indigenous Peoples have a unique perspective, and we want to create a safe space for you to share your story in a way that is protected, honoured and validated. The project will help identify what Indigenous Peoples need to heal in a Good Way, what healing can be understood as, and how it is connected to the Land.

Benefits: Through your storying, the knowledge gathered hopes to understand from an Anishinaabek perspective, what is needed to best support community members wherever they are at on their journey to healing.

Risks: There are no expected risks or harms associated with the interviews, but it is possible that sensitive topics may rise. If required, you will be provided with the name of an elder and/or other person who can assist you.

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

Consent: You can change your mind about participating. Your consent is not permanent. You can withdraw from the research at any time and any stories/information associated will be destroyed upon request. Audio recording of the interview will require your signed or verbalized consent.

Voluntary Participation: Your participation is completely voluntary. You can decide to not answer any question, participate in any part of the knowledge gathering, or leave or withdraw at any time.

What is required?: Following oral or written consent, you will be asked an open-ended question, and if you require more prompting questions, a series of questions relating to substance use, healing and living a good life will be provided. The timeframe of storying is dependent on how much is shared, but expected to be 60-90 minutes. If you agree, you may also participate in a final sharing circle to review the findings and discuss the outcomes of the knowledge gathering.

Confidentiality: Your contribution will be anonymous and remains confidential, unless you would like to associate your name to your story. Anishinaabeg protocols honour the spirit of story, and naming or identification of stories are welcomed. The recordings of your stories will be securely housed within the community knowledge (as Alycia is Anishinaabe'kwe from Biigtigong), protected under a password locked drive only accessible by the lead researcher.

Results: We will use this knowledge gathering to write a dissertation, at least one publication, and community presentation. We would be happy to send you a copy of the Knowledge Gathering report and invite you to the presentations if you so indicate on the consent form.

Contact Information

Principal Investigator: Alycia Benson PhD Candidate, Health Sciences Lakehead University agbenson@lakeheadu.ca	Supervisor: Dr. Chris Mushquash Health and Behavioural Sciences Lakehead University chris.mushquash@lakeheadu.ca
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CONSENT FORM

You may provide either oral or signed consent. If your consent is oral, your willingness to stay at the interview is indicative of your willingness to consent. If you would like to leave, not participate, or not answer any questions you are free to do so at any time.

For written consent: I have read and understood the information letter for the study and agree to participate. I understand the potential risks and/or benefits of the study, and what those are. I understand that my participation is voluntary and that I can withdraw from the study any time and choose not to answer questions. I understand the stories, data and other information will be securely stored under a password locked drive. I understand that my participation will remain anonymous unless I indicate otherwise. In any case where I provide authorization to use my name and quotes, I understand that I will have the opportunity to review the information, in its presented context before it is finalized and published. The research results will be published in a Dissertation, which I will receive in electronic form by the end of the project if I so choose. There will also be a presentation to Biigtigong Nishnaabeg, and findings used for published academic papers.

Audio Recording of Visiting & Storying Sessions: I agree that information from this interview can be collected and recorded on a digital audio recorder: ☐ YES
☐ NO

Do you want to participate in the final sharing circle to discuss findings of the knowledge gathering? ☐ YES ☐ NO

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

Regarding my privacy and confidentiality, I choose one of the following options:

- ☐ I do not agree to direct quotes of mine being used in reports or publications, and I prefer to stay anonymous and do not want my name to be listed or associated with any information that I provide
- ☐ I agree to have direct quotes of mine used in the dissertation, reports or publications, but I prefer to stay anonymous and do not want my name to be listed or associated with any of the quotes or information that I provide
- ☐ I agree to have direct quotes of mine used in the dissertation, reports or publications, and I agree to have my quotes associated with or attributed to my name
- ☐ I would like to have a copy of the research sent to the e-mail address listed below.

Signature of Storyteller (or researcher if consent is oral)

Date Signed (mm/dd/yyyy)

Print Name

Phone Number

E-mail address: _____

This study has been 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 or research@lakeheadu.ca.

Miigwetch! Thank you, for taking the time to participate in the research.

Information Letter & Consent Form (Elders & Knowledge Keepers)



Lakehead
UNIVERSITY

Health Sciences Department

KNOWLEDGE GATHERING CONSENT INFORMATION LETTER

A Spirit-Led Journey to Understanding Relational Accountability: A visiting approach to understanding interconnections between substance use, healing pathways, and Mino-Bimaadiziwin: Conversations with Anishinaabek

Boozhoo! Hello!

This dissertation knowledge gathering project is undertaken by Anishinaabe'kwe Ph.D. Candidate Alycia Benson of Lakehead University. The project will identify interconnections between substance use, healing pathways and mino-bimaadiziwin (living the Good Life). As a PhD Candidate from Biigtigong Nishnaabeg, I am bringing the knowledge home to the community. The Knowledge Gathering will create a safe space for Anishinaabeg to speak to their understandings around substance use, healing pathways, and Mino-Biimadiziwin.

We want to hear from you! What do communities need to heal in a Good way? What does healing in a good way look/sound/feel/taste/ like? How does the land connect to healing? We want to understand from a traditional perspective, how healing journeys can be best supported from the guidance and wisdom shared by Elders and Knowledge Keepers. The project will help identify what Indigenous Peoples need to heal in a Good Way, what healing can be understood as, and how it is connected to the Land.

Benefits: Through your storying, the knowledge gathered hopes to understand from an Anishinaabek perspective, what is needed to best support community members wherever they are at on their journey to healing.

Risks: There are no expected risks or harms associated with the interviews, but it is possible that sensitive topics may rise. If required, you will be provided with the name of an elder and/or other person who can assist you.

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

Consent: You can change your mind about participating. Your consent is not permanent. You can withdraw from the research at any time and any stories/information associated will be destroyed upon request. Audio recording of the interview will require your signed or verbalized consent.

Voluntary Participation: Your participation is completely voluntary. You can decide to not answer any question, participate in any part of the knowledge gathering, or leave or withdraw at any time.

What is required?: Following oral or written consent, you will be asked an open-ended question, and if you require more prompting questions, a series of questions relating to substance use, healing and living a good life will be provided. The timeframe of storying is dependent on how much is shared, but expected to be 60-90 minutes. If you agree, you may also participate in a final sharing circle to review the findings and discuss the outcomes of the knowledge gathering.

Confidentiality: Your contribution will be anonymous and remains confidential, unless you would like to associate your name to your story. Anishinaabeg protocols honour the spirit of story, and naming or identification of stories are welcomed. The recordings of your stories will be securely housed within the community knowledge (as Alycia is Anishinaabe'kwe from Biigtigong), protected under a password locked drive only accessible by the lead researcher.

Results: We will use this knowledge gathering to write a dissertation, at least one publication, and community presentation. We would be happy to send you a copy of the Knowledge Gathering report and invite you to the presentations if you so indicate on the consent form.

Contact Information

Principal Investigator: Alycia Benson PhD Candidate, Health Sciences Lakehead University agbenson@lakeheadu.ca	Supervisor: Dr. Chris Mushquash Health and Behavioural Sciences Lakehead University chris.mushquash@lakeheadu.ca
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CONSENT FORM

You may provide either oral or signed consent. If your consent is oral, your willingness to stay at the interview is indicative of your willingness to consent. If you would like to leave, not participate, or not answer any questions you are free to do so at any time.

For written consent: I have read and understood the information letter for the study and agree to participate. I understand the potential risks and/or benefits of the study, and what those are. I understand that my participation is voluntary and that I can withdraw from the study any time and choose not to answer questions. I understand the stories, data and other information will be securely stored under a password locked drive. I understand that my participation will remain anonymous unless I indicate otherwise. In any case where I provide authorization to use my name and quotes, I understand that I will have the opportunity to review the information, in its presented context before it is finalized and published. The research results will be published in a Dissertation, which I will receive in electronic form by the end of the project if I so choose. There will also be a presentation to Biigtigong Nishnaabeg, and findings used for published academic papers.

Audio Recording of Visiting & Storying Sessions: I agree that information from this interview can be collected and recorded on a digital audio recorder: ☐ YES
☐ NO

Do you want to participate in the final sharing circle to discuss findings of the knowledge gathering? ☐ YES ☐ NO

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

Regarding my privacy and confidentiality, I choose one of the following options:

- ☐ I do not agree to direct quotes of mine being used in reports or publications, and I prefer to stay anonymous and do not want my name to be listed or associated with any information that I provide
- ☐ I agree to have direct quotes of mine used in the dissertation, reports or publications, but I prefer to stay anonymous and do not want my name to be listed or associated with any of the quotes or information that I provide
- ☐ I agree to have direct quotes of mine used in the dissertation, reports or publications, and I agree to have my quotes associated with or attributed to my name
- ☐ I would like to have a copy of the research sent to the e-mail address listed below.

Signature of Storyteller (or researcher if consent is oral)

Date Signed (mm/dd/yyyy)

Print Name

Phone Number

E-mail address: _____

This study has been 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 or research@lakeheadu.ca.

Miigwetch! Thank you, for taking the time to participate in the research.

Knowledge Gathering Sharing Circle Consent & Information Letter



Lakehead
UNIVERSITY

Health Sciences Department

A Spirit-Led Journey to Understanding Relational Accountability: A visiting approach to understanding interconnections between substance use, healing pathways, and Mino-Bimaadiziwin: Conversations with Anishinaabek

Boozhoo! Welcome!

This dissertation knowledge gathering project is undertaken by Anishinaabe'kwe Ph.D. Candidate Alycia Benson of Lakehead University. The project will identify interconnections between substance use, healing pathways and mino-bimaadiziwin (living the Good Life). Indigenous Peoples are invited to share their stories on what is needed to heal in a culturally safe way, and understand how to provide adequate support for those still living with substance use while journeying forward.

Benefits: Through your participation the project hopes to create a safe space for Indigenous Peoples to feel validated, heard, and accepted wherever they are on their journey to healing.

Risks: There are no expected risks or harms associated with the knowledge gathering visits and storytelling, but it is possible that sensitive stories may rise. If you require cultural or spiritual grounding you will be provided with the name of an elder and/or other person who can guide you.

Consent: Your consent is of utmost importance. You can change your mind about participating. Your consent is not permanent. You can withdraw from the research at any time and any stories associated will be destroyed upon request. Audio recording of the interview will also require your signed consent.

Voluntary Participation: Your participation in the project is completely voluntary. You can decide to not answer any question, participate in any part of the study, or leave and/or withdraw at any time.

What is required? Following oral or written consent, the sharing circle will be facilitated in a way to promote spirit-guided discussion on healing pathways for those healing from substance use in a Good Way. The sharing circle time range can vary according to the contributions, but average between 2-4 hours in length.

Confidentiality: Your contribution will be confidential, and unless you wish to associate your story with your name as we understand the importance of Indigenous protocols, cultural safety, and story. Otherwise, All members of the research team are obliged to keep confidentiality and are not allowed to release the identity of an interview partner. Only the internal research team has access to the

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

recordings. The dissertation will be deidentified. The recordings of your participation will be securely stored on Alycia's secured and password protected google drive, which will house community specific knowledge in a safe way for seven years and then be destroyed.

Results: The findings will be used to write a PhD Dissertation, presentations and publications. I would be happy to send you a copy of the research report and invite you to the presentations if you so indicate on the consent form.

Contact Information

Principal Investigator: Alycia Benson, PhD Candidate Health Sciences Department Lakehead University Agbenson@lakeheadu.ca	Supervisor: Dr. Chris Mushquash Psychology Department, Lakehead University chris.mushquash@lakeheadu.ca
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This study has been 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 the Research Ethics Board at 807-343-8283 or research@lakeheadu.ca.

Miigwetch!

CONSENT FORM

You may provide either oral or signed consent. If you utilize oral consent, your willingness to stay and participate is indicative of your willingness to provide ongoing consent. If you would like to revoke your consent, leave, not participate, or not answer any questions you are free to do so at any time.

Written consent: I have read and understood the information letter for this specific study and agree to participate. I understand the potential risks and/or benefits of the study, and what those are. I understand that my participation is voluntary and that I can withdraw from the study any time and choose not to answer questions. I understand the data and other information will be securely stored at Lakehead University for a period of 5 years. I understand that my participation will remain anonymous unless I indicate otherwise. In any situation where I provide authorization to use my name and quotes, I understand that I will have the opportunity to review the information, in its presented context before it is finalized and published. The research results will be published in a dissertation, which I will receive in electronic form by the end of the project if I so choose. There will also be presentations created and used for published academic papers.

Audio Recording of Visiting & Storying: I agree that information from this Knowledge Gathering can be collected and recorded on a digital audio recorder:

YES

NO

Do you consent to us calling you after today or e-mailing you to ask if you have any follow up questions, comments or concerns? **YES** **NO**

Regarding my privacy and confidentiality, I choose one of the following options:

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

I do not agree to direct quotes of mine being used in reports or publications, and I prefer to stay anonymous and do not want my name to be listed or associated with any information that I provide
I agree to have direct quotes of mine used in reports or publications, but I prefer to stay anonymous and do not want my name to be listed or associated with any of the quotes or information that I provide
I agree to have direct quotes of mine used in reports or publications, and I agree to have my quotes associated with or attributed to my name
I would like to have a copy of the research sent to the e-mail address listed below.

Signature of Storyteller (or researcher if consent is oral)

Date Signed (mm/dd/yyyy)

Print Name

Phone Number

E-mail address: _____

This study has been 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 or research@lakeheadu.ca.

Miigwetch! Thank you, for taking the time to participate in the research.

Storytelling Guiding Script

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Elders & Knowledge Keepers – Guiding Questions

1. Do you feel validated when you share your story with others?
 - a. If not, how can I better support you through this process to feel acknowledged & validated?
2. Can you tell me more about who you are, and your journey of coming to know?
 - a. Can you tell me stories of how you grew up?
 - b. Can you tell me a story about your family/clan/home?
 - c. Can you tell me a story about the influences you have had in your life to lead you where you are now?
 - d. Can you tell me a story of how you have come to understand being Anishinaabe (or however they identify)?
 - e. Can you share a story about how you ended up on this journey to where you are now?
 - f. Can you tell me a story that you want to be brought forth to the next seven generations about how you hope to see our people, communities & nations?
3. How do Land-based healing pathways for Indigenous peoples that use substances promote the (re)connection to *Anishinaabe Kandosiwini*?
 - a. Can you tell me a story about the importance of Land in relation to healing from substance use?

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

- i. What are people seeking and how do we best support those on paths to healing?
 - ii. How do we support our people, communities & nations in a good way on healing pathways from substance use?
 - b. Can you tell me a story about how you conceptualize or understand what a drug is?
 - c. Can you share a story about how you understand the phrase *Pimachowin Aki* (the Land that provides life) in relation to land-based healing?
 - d. Can you tell me a story about how reconnecting to *Anishinaabe Kaandosiwin* relates to healing journeys?
4. Does *Mino-Bimaadiziwin* allow for (re)connection to *Anishinaabe Kaandosiwin*?
- a. Can you tell me a story about what *mino-bimaadiziwin* means to you?
 - b. Can you tell me a story about how *mino-bimaadiziwin* is related to land-based healing pathways?
 - c. Can you tell me a story about how *Anishinaabe Kaandosiwin*, *mino-bimaadiziwin* are related and guide people on healing path from substance use?
 - d. Can you tell me a story about the teachings behind *Mino-Bimaadiziwin*?

These questions are all connected. Both concepts of *pimachowin-aki* and *mino-bimaadiziwin* are closely related. Living a good life on the Land that provides life. There is a constant give and take between both words. The Land creates the meaning understood through the lens of *Nishnaabeg Kadamizwin*.

Community Representation - People who currently use substances

10 people (5 current; 5 former)

Contextual History

1. Do you feel validated when you share your story with others?
 - a. If not, how can I better support you through this process to feel acknowledged & validated?
2. Can you tell me more about who you are, and your journey of coming to know?
 - a. Can you tell me stories of how you grew up?
 - i. Where is home for you?
 - ii. What does “home” mean?
 - b. Can you tell me a story about your family?
 - i. What core memories do you hold close?
 - c. Can you tell me a story about the influences you have had in your life to lead you where you are now?
 - i. Who has helped guide you throughout your life?
 - ii. What are the positive influences in your life (growing up and current)?
 - iii. What are some of the factors leading you to where you are now?
3. Can you tell me a story of how you have come to understand being Anishinaabe (or however they identify)?
4. Can you share a story about how you ended up on this journey to where you are now?

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

5. Can you tell me a story that you want to be brought forth to the next seven generations about how you hope to see our people, communities & nations?

Substance Use

- 1) Can you tell me a story about how you conceptualize or understand what a drug is?
 - a) What does this drug/substance do? How does it make you feel?
 - b) What are some of the impacts after coming back the influence of the substance/drug?
 - c) What are some of the assumptions made about you in regards to your current substance use?
- 2) Can you share with me your story of how/why you use substances?
 - i. What type of substances do you prefer? & Why?
 - b. Can you share with me a story of how people interact with you?
 - i. How would you like people to interact with you on an everyday level?
 - ii. What would you like people to know about you, in order to address you in the way you mentioned above?

Healing

- a. Can you tell me a story about how we (as a community, society, individuals) can better support people that use substances locally and regionally?
 - i. What does support look like to you?
 - ii. How does it sound to you?
 - iii. What does it feel like to you?
2. How can we better support people that want to heal from their substance use locally and regionally?
- 3) What do you need to feel supported where you are at right now on your life journey?

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

- a. How do you need to be supported in order to achieve your hopes, dreams and goals?
 - b. What does a healing pathway look like to you?
 - c. What do you need in order to feel validated on a healing pathway?
 - d. How does culture play a role for you in terms of connecting to healing pathways?
- 4) Can you tell me a story about the importance of Land in relation to healing from substance use?
- a. How do you connect with the Land? What does it look/feel/sound like?
- 5) Can you tell me a story about what *mino-bimaadiziwin* means to you?
- a. Can you tell me a story about how *mino-bimaadiziwin* is related to healing pathways?

Visiting Guide for Community Representation - People that have healed from substance use

(5 former)

Contextual History

1. Do you feel validated when you share your story with others?
 - a. If not, how can I better support you through this process to feel acknowledged & validated?
2. Can you tell me more about who you are, and your journey of coming to know?
 - a. Can you tell me stories of how you grew up?
 - i. Where is home for you?
 - ii. What does “home” mean?
 - b. Can you tell me a story about your family?
 - i. What core memories do you hold close?
 - c. Can you tell me a story about the influences you have had in your life to lead you where you are now?
 - i. Who has helped guide you throughout your life?
 - ii. What are the positive influences in your life (growing up and current)?
 - iii. What are some of the factors leading you to where you are now?
3. Can you tell me a story of how you have come to understand being Anishinaabe (or however they identify)?

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

- b. Can you share a story about how you ended up on this journey to where you are now?
- c. Can you tell me a story that you want to be brought forth to the next seven generations about how you hope to see our people, communities & nations?

Substance Use

- 1. Can you tell me a story about how you conceptualize or understand what a drug is?
 - a. How do you understand what it is, does, impacts, perceptions...
- 2. Can you share with me your story of why you used substances?
- 3. What type of substances did you prefer? & Why?

Healing

- a. Can you tell me a story about your healing journey?
 - i. When did you realize it was time for you to embark on this healing process?
 - ii. How did that process look? How did it feel? What did it sound like?
 - iii. What helped you overcome your substance use?
 - iv. What still helps you remain sober on your path?
- b. Can you tell me a story about how we (as a community, society, individuals) can better support people that still use substances locally and regionally?
 - i. What does/did support look like to you?
 - ii. How does/did it sound to you?
 - iii. What does/did it feel like to you?
 - iv.
- 3. How can we better support people that want to heal from their substance use locally and regionally?
- 4. What do Indigenous People need to be supported on the journey to healing and wellness?

A SPIRIT-LED JOURNEY TO RELATIONAL ACCOUNTABILITY

- a. Can you tell me a story about the difference between western Biomedical treatment options?
 - i. How do people receive treatment in this care model?
 - ii. What does this treatment model look like?
 - iii. Did this model work for you as intended?
- b. What do you need to feel supported where you are at right now on your life journey?
 - i. How do you need to be supported in order to achieve your hopes, dreams and goals?
 - ii. What does a healing pathway look like to you?
 - iii. What does support look like to you physically?
 - iv. What does support look like to you mentally?
 - v. What does support look like to you spiritually?
 - vi. What do you need in order to feel validated on a healing pathway?
 - vii. How does culture play a role for you in terms of connecting to healing pathways?
- c. Can you tell me a story about the importance of Land in relation to healing from substance use?
 - i. How do you connect with the Land? What does it look/feel/sound like?
 - ii. How do people heal within this approach?
 - iii. What does healing look/sound/taste/smell like?
 - iv. Did you utilize a land-based approach to healing? If yes, how did it impact your healing journey?
- d. Can you tell me a story about what *mino-bimaadiziwin* means to you?

- i. Can you tell me a story about how *mino-bimaadiziwin* is related to healing pathways?

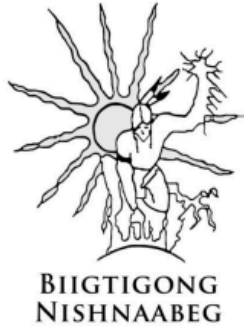
Sharing Circle Guide

1. Explanation of a traditional circle and the academic circle
 - a. Explain the consent forms to obtain written/verbal consent
 - b. Explain that notes/recordings will be utilized for high-level themes and indigenous-specific analysis of the content
2. Elder Opening of the sharing Circle with offering of tobacco
3. Review of high-level trends from the data thus far
 - a. What were the themes/trends in the data?
 - b. How did I relate them to the teachings I have learnt
 - c. What is missing from my analysis?

Guiding 'Question'

- a. From all of the information shared in my presentation, was there anything missing from the bigger picture shared for supporting Indigenous Peoples on a path to healing in a Good Way?
 - i. Are there other teachings you have that relate to the content that you would like to share that could help others understand from your perspective?
 - ii. Is there anything else you would like to share about your story?

Biigtigong Nishnaabeg Community Letter of Support



Apr 25-2024

Hello.

Attention to the Reviewing Members sitting on the Research Ethic Board,

I am the Duncan Michano, Chief of Biigtigong Nishinaabeg. I am writing this letter to acknowledge our community member, Alycia Benson, and the Doctoral Knowledge Gathering as important and necessary work.

Biigtigong Nishinaabeg supports this work being done by community, for community, and endorses that the community and Alycia be the caretakers of this knowledge to ensure Indigenous data sovereignty that aligns with OCAP principles.

Knowledge Gathering dates are to be expected in the Spring/Summer or fall of 2024, dependent on the REB review of this very important work.

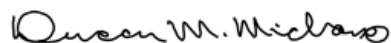
Biigtigong Nishnaabeg fully supports this research work.

Should you need to contact me please do so at:

807 228 0344 or chiefpicriver@picriver.com

Regards,

Duncan M Michano, Chief Biigtigong Nishnaabeg



Nokiiwin Letter of Support



MAILING ADDRESS 384 Fort William Road
Thunder Bay, ON P7B 2Z3

HEAD OFFICE Błnjitiwaabik Zaaging
Anishinaabek
General Delivery
Macdillmid, ON P0T 2B0

PHONE (807) 474-4230
TOLL-FREE 1-855-436-5447
FAX (807) 474-4238

April 2, 2024

Dear Research Ethics Board,

I am writing in support of Alycia Benson's research proposal *A Spirit-Led Journey to Understanding Relational Accountability*. We feel that this research will benefit our communities and that Alycia is taking a good approach.

At Nokiiwin Tribal Council, we work to promote growth and prosperity in our member communities. Recently we recognized that one of the most significant barriers to growth and prosperity in our communities is the substance use crisis that is a prevalent and growing problem in our area. Nokiiwin has invested significant time and resources into developing a response to this problem. As part of this effort we met with Alycia to learn about her work. We were impressed by the methodologies of visiting and listening that Alycia is going to use, as they align with the research practices we employ at Nokiiwin. We also believe that the stories that Alycia will be collecting will be useful and inspiring to organizations like us as we work to help communities and individuals who are dealing with substance use.

We will be watching Alycia's progress with this project with interest. If there is ever a time when she needs some kind of support that Nokiiwin is able to provide, we will happily do so. We hope that she quickly receives the approvals necessary to complete this important work.

I am available if you have any questions.

Sincerely,

Scott Baker, Education Manager
Nokiiwin Tribal Council
scott.baker@nokiiwin.com
807-629-9362

Share the path forward

nokiiwin.com