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Awakening: 'Spontaneous recovery' from substance abuse among Aboriginal peoples in Canada

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Abstract

There is a paucity of research on spontaneous recovery (SR) from substance abuse in general, and specific to Aboriginal peoples. There is also limited understanding of the healing process associated with SR. In this study, SR was examined among a group of Aboriginal peoples in Canada. Employing a decolonizing methodology, thematic analysis of traditional talking circle narratives identified an association between a traumatic life event and an 'awakening.' This 'awakening' was embedded in primary (i.e., consider impact on personal well-being) and secondary (i.e., implement alternative coping mechanism) cognitive appraisal processes and intrinsic and extrinsic motivation rooted in increased traditional Aboriginal cultural awareness and understanding. This contributed to both abstinence (i.e., recovery) and sustained well-being (i.e., continued abstinence). Three key interrelated 'themes' specific to the role of culture in SR and recovery maintenance were identified: Aboriginal identity, cultural practices, and traditional values. These findings, combined with the limited literature, were developed into a prospective model of SR from substance abuse in Aboriginal peoples. This model highlights the potential need for substance abuse treatment and intervention policy to consider culture as a determinant of health and well-being.

Keywords

Spontaneous Recovery, Awakening, Substance Abuse, Aboriginal, Culture, Well-being

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Introduction

Spontaneous recovery (SR) is generally understood as the ability to overcome problematic substance use through the experience of a major life event and in absence of formal treatment (Barker & Hunt, 2007; Mohatt et al., 2008). Although many people recover from problematic substance use on their own, there is limited research on non-intervention models of recovery. The majority of empirical attention is placed on the effectiveness of structured in- or out-patient treatment programs as well as support groups, such as Alcoholics Anonymous. The limited research that exists on SR, however, identifies higher rates of continued well-being in comparison to remittance when professional help is sought (Armor & Meshkoff, 1983; Blomqvist, 1999; Cunningham et al., 1996).

SR is also referred to in the extant literature as spontaneous remission, natural recovery, and natural resolution (Barker & Hunt, 2007; Mohatt et al., 2008; Smart, 2007). The etymology of the term spontaneous, in the context of recovering from problematic substance use, is to “aris[e] from inherent qualities without external cause; self-generated” (Funk & Wagnalls, 1986, p. 1295). In everyday life the term is commonly understood as a singular episode in time with no causal explanation. The influence of past and future experiences is not well recognized. SR from substance abuse then is very much a process of discovery, growth, and transformation within an individual.

Mainstream models of recovery have been criticized for not addressing cultural diversity, in particular, with and among Aboriginal peoples (Blue & Darou, 2005; McCabe, 2007; Mohatt et al., 2008; Spicer, 2001). This is true in Canada, where the development of the National Native Alcohol and Drug Abuse Program treatment system was developed in the 1970s. In 2011, the program released its renewed culture-based framework (First Nations Addictions Advisory Panel, 2010). There has been some attention to SR among Aboriginal peoples internationally, with studies reporting a high frequency of SR (Brady, 1993; Quintero, 2000; Spicer, 2001). For example, Kunitz and Levy (1994) found in their prospective study that 87% of Navajo Natives living in traditional rural areas of the United States experienced higher rates of recovery in comparison to 33% of Natives using formal treatment in an urban community. Leung et al. (1993) found a high rate of recovery in the American Northwest Coast Tribe Natives in their research, with 83% self-reporting to have spontaneously stopped their problematic alcohol use.

The aim of this study is to examine a prospective model of Aboriginal peoples’ spontaneous recovery from substance abuse—that is, an ‘awakening’ triggered by a traumatic life event leads to abstinence (i.e., recovery). In the model, the embracing of Aboriginal traditional culture contributes to SR and sustained well-being (i.e., continued abstinence). The model was examined with a group of Aboriginal peoples in Canada who self-identified as having experienced SR. It is important to note that while the term substance abuse is used, it is not intended to imply a negative judgment on the user (Jenkins, 1999). The participants in this study were all diagnosed at some point in their lives as dependent on alcohol, drugs, and/or other substances.

Overview of Relevant Literature

Experiencing a major life event in itself does not provide a sufficient account of individuals’ impending life changes (DiClemente, 2003; Klingemann, 1991; Sobell et al., 1993; Tucker et al., 1994). Mainstream scholars have suggested that SR involves a life-triggering event that leads to cognitive appraisal (Klingemann, 1991; Sobell et al., 2000). Cognitive appraisal is understood as how a person interprets a situation or event; in primary appraisal attention is given to how an event affects personal well-being, while in secondary appraisal a coping response is considered (Folkman et al., 1986). In the context of SR, a major life event prompts an individual to consider the effects of their substance abuse

and commit to change as their coping response. Some initial research (Hazel & Mohatt, 2001; Sobell et al., 1996) and the recent People Awakening Study with Alaskan Natives (Mohatt et al., 2008) suggest that cognitive appraisal is critical to the self-change process in SR. Further, meta-analyses on survey studies suggest that cognitive appraisal is central to the change process for many people who recovered 'on their own' from problematic substance use (Klingemann & Sobell, 2007; Sobell et al., 2000).

In addition to cognitive appraisal ensuing from a major life event in SR, scholars have also suggested that an individual's initiation toward motivation to change is central (Klingemann, 1991; Sobell, et al., 2000). Self-change theories likewise propose that individual motivation to change can be prompted by a series of negative or positive life experiences (Connors et al., 2001; Klingemann, 1991), often resulting in an awareness of the personal and social impacts of substance abuse and their anticipated consequences (e.g., ill health, relationship problems). In the past decade, motivation has emerged as an important consideration in the provision of substance abuse services, with studies showing better long term outcomes when an individual is motivated, including sustained abstinence and better social adjustment (Miller, 1999).

Until recently, factors associating major life events to SR in Aboriginal peoples were not studied. Based on the narratives of Alaskan Natives in 2007, the People Awakening Study (Mohatt et al., 2008) developed an Aboriginal-specific model of recovery; a developmental process of five interrelated sequences in which the sequence termed 'turning point' is the final decision to stop using and is often accompanied with a traumatic life event. Participants in the study linked their near death experiences, loss of a loved one, and profound suffering with their SR. Such traumatic events were in conjunction with an 'awakening' that participants perceived to be empowering and life changing. This involved culture specific elements. There was also a propensity for participants to undertake a cognitive appraisal process in which the consequences of substance abuse on their own well-being, and that of their families and communities, were considered and responded to (Mohatt et al., 2008).

Studies have also demonstrated that Aboriginal traditional cultural connection is important for maintaining sobriety for Aboriginal peoples. For instance, Bezdek and Spicer's (2006) study underscored the importance of adopting new social support systems within one's community, culture-based coping strategies, and renewed spiritual practices to support recovery. Mohatt et al.'s (2008) life histories study identified the valuable role of social support, most often through spouses as well as adult children, AA sponsors, and/or the Creator/higher spirit. Related, scholars have reported that Indigenous people's cultural identity is important to their well-being (Berry 1999; Kirmayer et al., 2003; Mohatt et al., 2008; Smillie-Adjarkwa, 2009). This was highlighted most recently in a Canadian study of the healing journeys of First Nations, Inuit, and Métis women recovering from illicit drug abuse (Niccols et al., 2010). These findings support the literature that has identified culture as a key determinant of health and well-being for Aboriginal peoples (Newbold, 1998; Reading, n.d.).

Method

Design

With so few studies having focused on SR in general, and with Aboriginal peoples in particular, more empirical investigation is needed. The aim of this study was to examine the SR process among a group of Aboriginal peoples in Canada who self-identified as having experienced SR. Although there is vast diversity among Aboriginal peoples, there is commonality in historical and geographic experiences, cultural traditions, and spiritual beliefs (Morrison & Wilson, 2004). This study examines SR through an

in-depth review of major life event(s) precipitating SR from substance abuse and the role of culture in SR and recovery maintenance.

This study was designed as a phenomenological, qualitative exploration of multiple participants' perspectives. Qualitative methods were chosen because they are appropriate for research questions concerned with subjective experiences, meanings, and processes (Berg, 1998; Kirby & McKenna, 1989). Data was collected through an open-ended interview in a culturally significant talking-circle format (Kovach, 2010). This method allowed for prioritizing the participants' creation of meaning based on the stories of their lived experiences (Denzin & Lincoln, 2008; Patton, 2002). This is important given the limited research in the field.

This study was a collaborative effort of the participants, university researchers, community members, and an Aboriginal Elder. The intent of the study design was to facilitate a decolonizing method in which the research was undertaken "by, for and in balance with" the research population and not "on" it; the study did not adhere to a Western paradigm in which the Indigenous 'subject' is situated as the 'other' (Kirby & McKenna, 1989, p. 28; Kovach, 2009; Smith, 1999). The participants' knowledge took precedence over perceived academic status in the study. The team's ethical practices were in adherence to *CIHR Guidelines for Health Research Involving Aboriginal People* (2008) and OCAP Principles (ownership, control, access, possession) (Schnarch, 2004). Ethics approval was granted by the University of Saskatchewan Behavioural Research Ethics Board.

Participants

A convenience sample was used to recruit five Aboriginal peoples in the Prairie provinces of Canada. One of the principle investigators was aware of their SR experiences based on previous clinical work and prior research studies. The participants ranged in age from 43 to 68, four were male, and all were in continued recovery for over 5 years. Two individuals were from Manitoba and of Cree descent, and three were from Saskatchewan and of Ojibway and Dene descent. Two lived on reserve, and three lived in an urban centre. All identified alcohol, drugs, or solvents as their primary drug of choice, with an average of 18 years of abuse.

The participants shared vastly similar life histories. During their childhoods, they reported hostility, abuse, discrimination, and neglect. Three were sent to residential school, one to foster care, and one ran away from home. In early adolescence, all experienced alienation from their Aboriginal traditional culture, contributing to a diminished sense of self-identity. In response to these experiences, alcohol, drug, or solvent use was initiated at a young age and soon after became a means to cope. This resulted in a false sense of high self-esteem and importance that offered a sense of belonging with other users. Simultaneously, dependence progressed with the participants' deterioration through self-identified selfishness, stubbornness, avoidance, anger, impulsivity, and aggression towards themselves and their surroundings. Parallel to their childhood experiences of institutionalization, as young adults all participants were incarcerated or hospitalized for mental health issues or criminal behaviours.

Procedure

All five participants attended a gathering from August 23rd to 25th, 2009 at the Ancient Spirals Retreat Centre in rural Saskatchewan, Canada. The gathering was organized according to Aboriginal traditional cultural protocols (e.g., offering of tobacco), and an Elder, who himself had experienced SR, guided the participants', community members', and researchers' time together. The gathering opened with traditional ceremonial practices and a talking circle format was adhered to. The gathering also

included shared meals, a feast, creation of a craft (i.e., dream catcher) led by two of the participants, and traditional teachings (e.g., Buffalo Sage collecting and tying). The gathering was centred on the grandfather teaching of respect among all in attendance (Benton Banai, 1979).

Prior to attending the gathering, the participants were provided with a letter of invitation, a draft of the interview questions, and a consent form. The principal investigator reviewed the consent form orally with all participants at the gathering and all provided written consent. In recognition of their participation, each participant received an honorarium and a blanket. Travel and full accommodations were provided to all who attended. This included the five participants with SR experience, three researchers, two research assistants, and two community members.

The talking circle format allowed for each participant to tell their story, uninterrupted. The average story sharing length was 25 minutes, ranging from 17 to 54 minutes. This did not include discussion that took place following each story, which averaged 1 hour and 22 minutes. Questions were asked in the same order for each participant and probing was applied in three main areas: life story, the significant life event(s) that initiated stopping problematic substance use, and reasons, including Aboriginal traditional culture, for continuing to not abuse substances. The talking circle is a traditional form of storytelling among First Nations in Canada (Vannini & Gladue, 2008, p. 142). Vannini and Gladue (2008) identify the common similarities between a “reflexive dyadic” form of interviewing, which our team applied, and talking circles: “the sharing of experiences, reciprocity, heartfelt speaking, respect, support, honouring, listening, mutual empowerment, compassion, and interconnectedness generated by open sharing” (p. 142).

The data corpus from the sharing circle was recorded using a digital video-microcassette recording system and was transcribed verbatim. Transcripts were not provided to participants for verification, given their opportunities for reflection, addition or deletion over the two and a half-day gathering. The transcripts were coded and analyzed by one author, who led the analysis process. To ensure trustworthiness and to improve transferability of the data corpus, investigator triangulation was applied (Decrop, 1999; Denzin, 1970) with additional independent coding and interpretation undertaken by two members of the research team. This process helped to illuminate discrepancies and allowed for efficiency in achieving consensus for coding. In adherence with a decolonizing methodological approach, the first draft of the findings was provided to the participants at a meeting in April 2010. Opportunities for reflection, discussion, and validation were provided for the first and subsequent drafts of this paper, including the final version.

Analysis

Thematic analysis was used to identify meaningful patterns within the categories of the data corpus on each participant’s narration or data item regarding SR and recovery maintenance. The flexibility of thematic coding (Braun & Clarke, 2006) facilitated a combined inductive-deductive approach (Elo & Kyngas, 2008). Drawing on phenomenology, an inductive approach was used to formulate a framework of the life experiences reported by participants. This focus on individuals’ interpretations of events or situations allowed for “silenced voices or perspectives inherent in the information [to] be brought forward and recognized” (Boyatzis, 1998, p. 3). Deductively, the SR literature, augmented with the self-change literature, and knowledge of Aboriginal traditional culture all informed the pre-constructed interview questions.

The data coding method was guided by the research questions. First, to enhance familiarity with the data corpus, each transcript was carefully read, in turn, allowing for identification of meaningful segments of each data item relevant to the research questions. Identification of meaningful segments for potential themes occurred on a semantic level in order for interpretation of the data to be based

solely on patterns of direct data extracts. Following this, a matrix of frequent and similar explicit segments within and across data items was developed. Each data item was coded individually in the matrix using psychosocial categories and provisional definitions. These were likewise informed from the data, literature and knowledge of Aboriginal traditional culture. As the interview questions were specifically discussed by each participant, the data items received equal, comprehensive attention. This permitted the recording of ideas and the identification and coding of relevant categories until the data extracts relevant to the research questions were exhausted. Next, codes were grouped into potential themes within and across each data item. Exhaustion was achieved by independent parallel coding in which the initial coder developed the relevant segments of data extracts and labels for preliminary themes and sub-themes as well as theme titles (Babbie, 2010). Thereafter, members of the research team reviewed and refined the codes, definitions, and themes to ensure they were intelligible and concise. Some segments of the extracted data were included in more than one category. The final stage of the coding process resulted in 96 categories for potential themes, with six principle themes established in two fields.

Results

Qualitative analysis generated two main categories under which six common themes captured the process of SR among the participants in this study. The categories and themes are understood within the context of the research questions guiding the study, that is, major life event(s) precipitating SR from substance abuse and the role of Aboriginal traditional culture in SR and recovery maintenance. The first category of themes is broadly identified as *self-change process* and is comprised of (1) cognitive appraisal, (2) coping, and (3) motivation. These are consequential to the major traumatic events experienced in the participants' lives. The second category of themes is identified as *cultural understanding* and consists of the interrelated concepts of (1) Aboriginal identity, (2) cultural practices, and (3) traditional values. These are specific to the life event as well as recovery maintenance and together comprise 'one existence.' Each is reviewed in turn.

Self-change process

1. Cognitive appraisal

A key theme to emerge is cognitive appraisal, specifically, primary appraisal, which is recognized in the literature as an individual's consideration of the direct impact of experiencing a traumatic life event on their personal well-being. The participants each reported an abrupt realization of their problematic substance use as a consequence of a traumatic life event. These events were very serious in nature; most were life-threatening. Three participants described the event as an imminent threat to loss of life, their own or their children's. The other two participants' descriptions were less explicitly traumatic, but still implied that their well-being was seriously threatened. The latter two events were also associated with a spiritual experience. Further, there was a common theme among the participants of not wanting to cause further harm to others. This was evident in two of the participants' narratives.

The following excerpt from the first participant illustrates how a life event led her to stop abusing solvents—her son’s physical illness as a consequence of the distress she caused him, and a related desire to stop harming her family:

The reason he (younger son) was in the hospital was because I put him through so much depression. Like just, like I was saying I was selfish... he got an ulcer in the bust of the stomach, terrible... The first time I went to go and see him (younger son)... he pull off his blanket to show me where it was, like I started crying I... like it was really coming fast to me, like I started thinking, I went three times a day. And then again I left the hospital, and then I tried to use the solvent [but] I couldn't.

I just about lost a loved one... it was my own flesh... it was my younger son, I just about lost... like I saw him laying in the hospital bed. That day I just said that's it. Really I can't put him through... my family through anymore hurt, that they never asked for... to tell you the truth, I was really getting sick and tired of being a selfish person, because that's what I was doing. And I wasn't thinking. And I should've thought... more before seeing my son. He was in the hospital bed, but that's the reason I made up my mind right there... and that's when I made the decision to come back to my dad's reserve and to be with my partner.

The second participant described his major life-threatening event as a home fire in which half of his body was burned, causing his legs to be amputated:

This really changed my life. One day went to the lake, and I went for a swim and I got drunk over there... and for some reason I don't know how I got in (home), but I guess I started drinking and sniffing again, I never took my brother's advice. And, that stuff is flammable... I guess I was trying to light a cigarette... and I caught on fire... I burnt my legs... So now I have no, no legs (crying).

That sort of sparked the change in my life... I believe in this he (God)... gave me another chance in life and I lost big... like it scared the hell out of me, like I almost lost my life... I got to quit you know or my life won't go on anymore... You learn from your mistakes badly, so I don't know but I'd never go back to it. I lost my legs, just about lost my life.

Relapse from alcohol abuse developed into a major life experience for the third participant. After returning to alcohol, despite being hospitalized for over a month, he was struck with a sudden sense of gratification, what he described as a spiritual experience:

In vowing when I get out of the mental institution I was never going to drink again... I'm dry for forty-five days... I walk to this restaurant... All of a sudden I see this big beautiful liquor cabinet! Boy I was back on the merry-go-round right again... [And then] all of a sudden I feel you know this overwhelming joy, this overwhelming peace, this overwhelming happiness, you know and I could feel it. And I knew it wasn't the drugs, and I knew it wasn't the alcohol that was going to me.

And then all of a sudden, you know my whole life flashes before me. You know for the first time in my whole life I could see my sickness, you know that I was addicted to alcohol and I was addicted to you know alcohol chronically... Then you know I had this spiritual awakening... God

was entering me in my alcoholism... You know I saw the goodness deep within me. And I could also see you know the life that I've been living for the last... thirty years. And it was very destructive. And so that's when you know... there then I was never going to drink again... And I knew that I was going to reach out for help.

The fourth participant experienced a profound internal sense of sadness due to the dire circumstances of his life (e.g., criminal involvement, illness, poverty) as his major life event:

One day I was walking... I don't know what came over me, just I cried... and I just couldn't hold it... And I walked out on the steaming road, and went to that park and I sat there for a while and I cried and I just felt empty inside... my feeling told me... It was time for me to leave that life...

You know I was saying, you know God it's ugly here, no I was thinking that and I was thinking about back home how clear the water is, how beautiful the trees are, how clean the air is, you know that's what I was thinking about... You know I always think about that day when I started crying. It was just to tell me that it's time for me to head home.

The fifth participant described a particular event in which he was drinking with friends and celebrating his birthday. This resulted in a near death experience for him and his children:

We went on the lake the night before... I woke up that morning, hung-over... there's some bottles they're home brew... and I took half and I drank it. As I finished one, I started throwing up... And I lay down, half in the water, I fell asleep... I woke up, and I sat in the water and I look towards the tent. For the first time in my life I looked at myself. First of all it was that selfish way where "I could have drowned here!"... I looked over at the tent, and there's my little girl with my boy... in the tent because I didn't zip up the tent, and her little hands sticking out with her feet...

And as I was thinking about my kids... I said you know what from here today I will not drink anymore. For me that awakening was the day that I recognized my own faults and put myself in my children's shoes, to feel what I felt as a young child...

2. Coping

A second key theme to emerge from the participants' narratives in relation to SR is coping. This mirrors secondary cognitive appraisal, which is defined in the literature as consideration of a coping response. The participants reflected on how they applied two key and alternative coping responses: seeking social support, with attention paid to Aboriginal-specific support, and Aboriginal traditional cultural understanding. The participants in this study actively sought alternative environments, broke off unhealthy social ties, and developed new supportive relationships. Seeking cultural understanding was a newfound coping mechanism for all of the participants and is explained fully in the next section, as it is endemic to both the process of SR and recovery maintenance.

The third participant coped by introducing social support in his life with other Aboriginal peoples through Alcoholics Anonymous:

I did not know then... there was Native people that were sober I didn't know that were, that was going to Alcoholics Anonymous. And so when I found out, you know I, I went to these Native

people Alcoholics Anonymous... and there you know I felt a sense of belonging. And then I began to really work hard on myself.

After being released from prison, the fourth participant developed a close relationship with another Aboriginal person and learned about his Aboriginal culture through this relationship:

And me and my mentor started talking and you know we got into the medicine wheel. And that's where I feel comfortable 'cause of that medicine wheel because of what I learnt and the way my friend taught me... I need people around me, I need support. And other times I hang on to my buddy (Aboriginal friend and mentor).

The fifth participant shared how he received support from an Aboriginal community organization:

I've never been to a treatment center. My wife and I did it at the same time... And [an Aboriginal community organization] has helped me a lot in understanding where I come from or to my perspective to my life, and understand what my role and responsibility is to my wife, and my family... Sometimes we gather, we can pray, and we walk.

The second participant coped by sharing his stories at survivor meetings and benefitted from hearing others' stories. Although these meetings were not Aboriginal-specific, he closely identified with the other participants as burn victims:

I listen to other peoples' stories... go out and meet people, I think I'm strong enough to talk to other people... especially when it comes from the heart... the more I talk about my story, the more better I feel about it during the day eh... for sure instead of holding it in...

3. Motivation

The third key theme providing insight into SR that emerged from the participants' narratives is motivation, both intrinsic and extrinsic. Intrinsic motivation was linked to the participants' acknowledgement of potential death or serious harm as a result of their traumatic life events. This resulted in a wish to live, be free from restraints (e.g., institutionalization), improve health and wellness, and attain spiritual well-being.

For example, the second participant expressed motivation to "live his life" and accept the opportunity, or second chance, he had been given:

I have to be strong, I said I'm going to walk in I'm going to beat this thing I said "you (partner) can get walking good, want to get married?"... those were my plans walk good, marry my lady and I understood getting a new life was, that sniffing was no...

Extrinsic motivation focused on the participants' renewed responsibility to their families and friends, respect for individuals they had harmed, and desire to stop cycles of abuse within their families and communities. This too directly resulted from their traumatic life event. There was also clear overlap between the two forms of motivation. To illustrate, the first participant was motivated by the near death experience of losing her son to illness and by not harming further her social network:

I wouldn't to go back to it 'cause now I have too much to lose, and when I was doing solvent, I just about lost my son and... I think if I ever went back to using solvent I don't think I'll be around much longer if I ever went back. And you know I don't want to start turning around and hurting, you know hurting my good friends... and my relations... because really in life it's not worth it.

Cultural Understanding

1. Aboriginal identity

A key theme to emerge from the participants' narratives related to Aboriginal cultural understanding is Aboriginal identity. Seeking one's cultural identity was initiated as a direct result of experiencing a traumatic life event and was sustained within the context of maintaining individuals' sobriety. All participants expressed that they sought increased cultural understanding following the event about who they were as Aboriginal people, and that this aided in their sense of identity. As Aboriginal peoples, the participants learned about sacred relations with their spirit, family, community, nation, and the land. They also drew upon Aboriginal cultural practices to strengthen their understanding about themselves, which helped to maintain their sobriety. The same was true of learning their cultural values. Both are described below.

The third participant reflected on how understanding the origins and cultural heritage of Aboriginal peoples helped him to strengthen his identity:

For me to really learn about my identity you know I had to go back, I had to go back into the history of the Aboriginal people... when I hear our Elders say you know: I am the fire, I am the rock, I am the water, I am the wind, I am the sun, I am the earth, I am the moon, I am the stars, I am the flower, I am the grass, I am the fruit, and I am the trees, I am, I am the crawling being, I am the flying creature, I am the swimming being, I am the four legged being, because we are all of those things. You know that is where the support for life comes from. Without those things that I just named, you and I wouldn't be here today... And we have a ceremony, that is called the naming ceremony and we are always naming after one of those spiritual elements or spiritual substances... So my identity, goes with that, with that name, it goes with that clan, and it goes with that place of birth... I cannot forget where I come from... because I could be back there (alcoholism) tomorrow... Given me back my identity as an Aboriginal person.

The second participant suggested that finding his identity was, and continued to be, an empowering experience in his life:

You know the most important thing and I get out of this is that I find my own in-dwelling power. And what is your in-dwelling power? What is it? You know what it is?... It is your subconscious mind! That is your in-dwelling power. That's the spiritual powers. That is the spiritual powers that is connected directly with our Creator or with God... Since the Aboriginal people's teachings promote racial harmony and non-violence it empowers and it offers the people a harmonious way of life.

2. Cultural practices

A second key theme to emerge from the participants' narratives is Aboriginal traditional cultural practices. This too transpired as a consequence of a traumatic life event as well as within the context of maintaining individuals' sobriety. Participants emphasized the importance of how learning to practice their culture was fundamental to their well-being, including language, songs, legends, prayers, ceremonies, and art. They also shared that cultural practices assisted them with (re)building their identity and (re)claiming a sacred relationship to, for example, their kin, tribe, homeland, and the Creator.

To illustrate, the first participant explored her Aboriginal traditional culture by learning about traditional medicines, attending Sundances, and doing arts and crafts:

Getting back into, like back into our culture, when I'm back on the reserve I go pick Indian Medicine. I go to a lot of Sundances. I do a lot of arts and crafts. Like I do a lot of stuff. So I just left it that and then I started you know like going out picking medicine and picking medicine and doing art work like I need like medicine wheels.

After his initiation to ceremony, the third participant shared his memories of his desire to become a medicine man and continue his pathway to recovery by leading Aboriginal ceremonies:

You know I made that commitment right there in that mountain. I says, "I'm going back to learn about our heritage"... Healing means to heal your culture first... We have to heal our culture because that is where you're going to find all the foundation for your well-being... And they say there's no better way of gaining that understanding, by participating in Aboriginal ceremonies, dances, prayers, and songs... our language... medicine wheel is a great tool... not only recovery for your own well-being.

The fourth participant developed a renewed interest in Aboriginal traditional cultural practices after his 'awakening,' when he returned to his reserve. He promised himself that he was leaving the life that had replaced his cultural traditions. This transformative experience involved his decision to embrace his traditions to help his recovery:

Using the medicine wheel, I go to sweats, and listen to the Elders, and pray 'cause only man, only person that could ever change anything in you or within yourself is that man up there... You know I see the place where my, our people used to, there was a cave into a rock there, where they used to go and fast for days in that cave. I see that some places where they hung ribbon. But I didn't know nothing about the culture until I moved... I look at the medicine wheel, and I look at the animals. I danced the traditional grass dance. And I shut that down for fourteen years, I never touched my dancing outfit I never touched it for fourteen years I left 'alone 'cause I said I can't live this life... And these are things that the medicine wheel has helped me out so much... I'm very proud of who I am... Once a year I do a sweat, every season I do a sweat, that's it, that's good enough for me.

The fifth participant shared feelings about his Aboriginal language and emphasized the importance of practicing language to understand Aboriginal traditional culture:

It's a good thing that someone... refreshed my thoughts in my memory in regards to where I come from, what I used to see my grandfather do when he used to pray on his own, when my

mother's dad used to go to stretch on the lake, (location) and refresh my memory, because I remember my grandfather sitting in that tipi singing the songs that our Elder sang this morning. But I didn't get it, I didn't get it. He used to be playing on speakers (SINGING in Cree)... When my grandfather used to do ceremonies in sweat lodges... SPEAKING CREE... I learned how to speak my language.

3. Traditional values

The third key theme to emerge from the participants' narratives in relation to gaining increased Aboriginal traditional cultural understanding is learning traditional cultural values. As with the themes of Aboriginal identity and cultural practices, this was part of the participants' SR following a traumatic life event as well as maintaining their recovery. Learning traditional values, such as cultural practices, involved exploring the meaning and experience of spirit and spirituality.

The third participant shared how he was reacquainted with the traditional cultural values he had become dissociated from in his life:

You know you're going to find all your moral and all your spiritual values in the culture... harmony and the peaceful coexistence of all living beings and nature... I had forgotten the basics of health, giving and holiness. Those three elements are the foundation of developing our sacred relationship with our Creator and all of creation... We are talking about the physical world the stranger, the star, the plant beings, the flowers, the grasses, the fruits in the trees, the animal beings... Because that is where we get our values from.

The fifth participant advised that learning about values was crucial to his recovery:

I think there has to be value based and I take that person that realizes that something happen has to... have values and re-trigger those values... always have it...

The third participant underscored the spiritual foundation of his peoples' beliefs and values:

Aboriginal spirituality is necessary for the Aboriginal people to develop a positive identity and enables Aboriginal people to plan ahead and improve their quality of life. Your relationship with God is your spiritual foundation, and you can only achieve contentment through your spiritual foundation.

Discussion

In this study, we examined self-reports of SR among Aboriginal peoples in Canada. Adhering to a decolonizing methodology, we employed participant engaged thematic analysis from a non-Western paradigm (Kovach, 2009) to develop a prospective model of SR to help inform the extant literature and treatment and intervention policy. Prior to the study, there had been limited empirical documentation of SR among Aboriginal peoples. The results of this study, acknowledging its limitations, support that SR from substance abuse is initiated through an 'awakening' that is triggered by a traumatic life event. This, in turn, leads to an individual's abstinence. At the same time, the embracing of Aboriginal traditional culture contributes to SR and sustained well-being. This model highlights the need for substance abuse treatment and intervention policy to consider culture as a determinant of health. Just as it is important

to understand how recovery is maintained in Aboriginal peoples, it is equally important to understand how various individuals come to recovery in the first place (Bezdek & Spicer, 2006).

The finding that major life events leading to SR were 'traumatic' in nature for the participants in this study, as well as participants in Mohatt et al.'s (2008) study, should be considered alongside the historical impact of colonization upon Indigenous peoples globally. This includes the interplay between colonization (i.e., intergenerational trauma) and its etiology in individuals' SR from substance abuse. Additionally, for some participants in Mohatt et al.'s (2008) study, their experiences centred on life, through birth (e.g., grandchild), and this should be explored as well. Further insight into SR should also be gained from the distinct spiritual experiences expressed by two of the participants in this study and others in Mohatt et al.'s (2008) study. They recognize that spirituality cannot be separated from other aspects of the self and cultural being, as it is in Western understanding. Further inquiry should examine the experience and construction of spirituality and/or a 'spiritual awakening' in relation to SR and recovery maintenance in Indigenous and other spiritual and religion traditions.

The findings build upon earlier research that suggests cognitive appraisal is integral to the SR process (Hazel & Mohatt, 2001; Sobell et al., 1996). Primary cognitive appraisal, that is, consideration of the impact on personal well-being, was a direct outcome for the participants by living through a traumatic life event. A unique contribution of this study is that cognitive appraisal extended beyond the self to others and not wanting to cause further harm. This supports an Aboriginal understanding of self, which is understood in relation to others (McCormick, 2000). This connection to others was also evident in secondary cognitive appraisal, in which seeking social support and participants' motivation were key; both are discussed below. This understanding, alongside the two participants' spiritual experiences, supports a holistic view of recovery that transcends the individual, which is non-characteristic of Western bio-medical models of health and wellness (Dell et al, 2011).

Like Mohatt et al. (2008), the findings of this study revealed that coping strategies, or secondary cognitive appraisal, were central to the participants' SR process. Secondary cognitive appraisal is understood in the mainstream literature as considering an alternative coping response to substance abuse in reaction to a major life event. All participants in this study chose to seek social support, to varying degrees, as an alternative coping mechanism. The literature identifies the seeking of social support, such as with close family and friends, in a healthy environment as an effective coping strategy from substance abuse (Carey et al., 1989; Klingemann, 1991; Sobell et al., 2000; Tuchfeld, 1981; Waldorf et al., 1991). Interestingly, the participants' support networks included family and community members, which for some were unresolved sources of pain in their lives. It was also crucial to the participants that their support networks involved Aboriginal peoples. Likewise, this is identified as important in healing among Aboriginal peoples in the work of McCormick (2000) and Dell et al. (2010). The participants' coping strategies provide additional insight into the role of Aboriginal traditional culture as a determinant of well-being.

The substance abuse literature also highlights the role of motivation in recovery (Klingemann, 1991; Miller, 1999; Sobell et al., 2000). Motivation was linked in this study to participants' consideration of their own well-being and that of others after experiencing a traumatic life event. In support, the work of Osher and Kofoed (1989) with high complex need patients maintains "a model that combine[s] pragmatically internal and external methods of engagement, persuasion and relapse prevention" (cited in Sellman, 2009, p. 9). Such an interpretation of motivation in recovery is consistent with the Western (Connors et al., 2001; Klingemann, 1991;) and Aboriginal (Leung et al., 1993) literature.

A new or renewed interest in Aboriginal traditional culture was evident in the participants' experiences of SR and recovery maintenance. As relayed, it is critical to understand these three 'themes' from a lateral rather than linear Western perspective; within the whole of traditional culture, together they represent 'one existence.' This is particularly important in consideration of the extent of available supports and services to Aboriginal peoples healing from substance abuse in Canada. This finding is also

congruent with the existing literature, where it is well sourced that cultural understanding is foundational to the well-being of Aboriginal peoples and communities (First Nations and Inuit Health Branch, 2010; McCormick, 2000). This was evident in historical examples of communal healing, such as in Alkali Lake, British Columbia, Hollow Water, Manitoba, and Lac La Ronge Indian Band Health Services, Saskatchewan, where Aboriginal traditional culture was the mainstay of their accomplishments. Although treatment-specific, as mentioned, the renewal of the National Native Alcohol and Drug Abuse treatment system has identified the centrality of culture to service provision.

In concert with existing research on recovery from substance abuse, the findings of this study suggest that understanding and recognizing one's own Aboriginal identity is fundamental to SR (Gone, 2006; Spicer, 2001; Westermeyer & Neider, 1985). Among the participants, redefining their identity was essential to reconciliation with their Aboriginal heritage. All claimed to have sought increased Aboriginal traditional cultural understanding following their traumatic life event and that it increased their sense of identity. Introduction to their Aboriginal traditional culture helped participants to regain what was lost through colonization (e.g., residential schooling, child welfare practices, criminalization) and what had directly or indirectly (e.g., intergenerational impacts of trauma) initiated their abuse of substance. Smillie-Adjarkwa (2009) recognizes the loss of identity as a direct consequence of being unable to practice culture and learn traditional values, among other atrocities imposed upon Aboriginal peoples in Canada. Practicing culture in this study included language, songs, legends, ceremonies, traditions, and art. Learning traditional values included exploring the meaning and experience of spirit and spirituality, and incorporating them into one's life. Acknowledging the central place of Aboriginal traditional cultural practices and traditional values, together rendering an Aboriginal identity, in the experience of SR among a group of Aboriginal peoples in Canada is an important contribution to the SR literature.

Limitations of the Study

This study was limited in four ways, and one additional issue requires specific consideration. Firstly, the participants represented their personal experiences and views. The Aboriginal community is diverse in Canada and among Aboriginals in the Prairie provinces; different subcultures may report different pathways to SR than those in the current study (Baruth & Manning, 1991; Blue & Darou, 2005). Implications for future qualitative research include using a stratified sampling selection in which various Aboriginal cultures provide a more representative sample. The second related limitation of this study is its limited sample size and convenience sampling method. These constraints curtail the applicability of the findings and their translation into policy. It does, however, provide insight and direction for future research and policy considerations. Third, based on the sample, this study was not able to consider SR and maintenance for the different genders; this is a necessary consideration in any future study with a larger sample size. The process of healing, and in particular the role of trauma, is well identified in the literature to be distinct for females and males (Covington, 2008). Fourth, the retrospective self-reports in this study may be confounded by age and latency of recall, resulting in recall bias. To help reduce this limitation, this study employed well-trained interviewers and experts in the field of addiction and mental health, including Aboriginal clinicians involved in the participants' recovery. Central was that the gathering was led by an Aboriginal Elder.

Of interest in this study is the finding that all participants experienced SR at a later stage in their lives. This suggests that developmental trends may be a unique moderating condition between critical life events and an 'awakening.' In Quintero's (2000) study on the Navajo population in the US, he identified an "aging out" phenomenon in which participants were more likely to experience remission with the advancing of age, typically in their late thirties. Interestingly, all participants in this study reported experiencing SR during their late thirties and early forties. In addition, it must also be

considered that as age advances, individuals may develop new social and family networks (Moos & Moos, 2007) that can play a role in their recovery. These points require further attention in future studies.

Conclusion

Through the findings of this study, a prospective model of SR was developed that suggests an 'awakening' through a traumatic life event leads to abstinence, and that the embracing of Aboriginal traditional culture contributes to SR and sustained well-being. This model is a contribution to the limited SR literature and the substance abuse literature generally, which emphasizes that cultural understanding is foundational to the well-being of Aboriginal peoples. It can also potentially assist with informing treatment and intervention policy on the interaction between culture, SR, and maintenance. Such an understanding contributes to the growing literature that recognizes culture as a key determinant of health and well-being (Newbold, 1998; Reading, n.d.). In turn, the findings can be used to re-visit policy in mainstream substance abuse treatment models, which have been historically supported as the main form of recovery for Aboriginal peoples who problematically use substances. Larger-scale studies, drawing upon the prospective model of SR identified in this study, could lead to better informed policy. The findings of this study also challenge practitioners in the field to consider its common understanding of SR and recognize that past and future experiences are, at least for the participants in this study, an integral part of an individual's inherent experience with abruptly stopping their problematic use of substances and maintaining their recovery. Further analysis of the role of Aboriginal traditional culture in recovery may help to inform more effective treatment for those from other cultures, or those seeking to redefine their life beyond their substance dependence.

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