The Lived Experience of Volatile Substance Misuse: How Support Contributes to Recovery and Sustained Well-being

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This article examines the role of support in the lives, recovery, and sustained well-being of two long-term First Nations volatile substance misusers in Canada. Through the application of visual-arts-based and oral life history methodologies, support is conceptualized and analyzed from joint Indigenous and Western worldviews. With a culturally informed understanding of the types of connections that bring about support, insight is offered to those who are a part of the recovery and maintenance support systems of individuals who misuse volatile substances.

Keywords volatile substance misuse, support, recovery, First Nations, arts-based methodology, well-being, cultural healing

INTRODUCTION

The misuse of volatile substances can indicate unbalance in an individual’s life and can serve as a coping response to stressful life experiences. The literature recognizes solvent misuse as a global health problem, with growing understanding about who misuses volatile substances and the reasons for it (see Introduction, this issue). There remains, however, an absence of knowledge about personal recovery from solvent misuse (see Section 2: Understanding the Neuroscience and Health Impacts of Volatile Substance Misuse). This article provides a unique examination of the role of support in this relatively unexplored area.

Although not at the forefront of research and theory, the addictions field does variously acknowledge the meaning of support in individual recovery and well-being. The work of Granfield and Cloud (2001), for example, identified the importance of social capital in recovery from alcohol and drug dependence, experienced by individuals as social relations with benefits. Havassey, Hall, and Wasserman’s (1991) research concluded that both structural (e.g., social integration) and functional (e.g., social networks) support are significant factors for relapse prevention of alcohol, drugs, and tobacco addiction. The current work of Duncan and Miller (2008) forefronts interpersonal relationships as a valid indicator of client progress in treatment. In addition, we know from practice that support, including from friends, family, and the community at large, is a critical factor in an individual’s recovery process. This is well recognized, for example, through aftercare service provision in the National Native Alcohol and Drug Abuse Programs across Canada. Further, community-based recovery groups such as 12-step programs similarly recognize that fellowship/sponsorship is a key recovery principle. There is also a growing awareness that support can take on a specific role in recovery for females in comparison to males, and by other diversity factors such as culture.

This article examines the role of support in the lives, recovery, and sustained well-being of two long-term volatile substance misusers in Canada—Cynthia Shorting and Russell Bone. Cynthia (female) and Russell (male) are...
both in their 50s, are of First Nations descent, and misused volatile substances to a significant extent throughout their childhood, teen, and adult years. Both have been free from volatile substance and alcohol use for more than a decade. In the past year, Cynthia and Russell expressed a desire to one of the coauthors of this article (Colleen Dell) to share their written stories publicly in the hope to assist someone struggling with volatile substance misuse. It follows that they did not want to share in detail, at this point in their lives, the related emotions and feelings, but more so the overall “process” of their recovery and how it came to be. Applying visual-arts-based and oral life history methodologies, support in their lives, recovery, and sustained well-being is examined in this article from joint Indigenous and Western worldviews. The Western psychological work of Barrera (1986) was applied as a starting point to understand Cynthia and Russell’s experiences, centering on the function of their connections, their perceived ability to draw upon these connections, and the quality of the connections if accessed. An Indigenous worldview was then applied to more fully understand the types and nature of connections that brought about support. The culturally informed insight gained may be particularly helpful to those who are a part of the recovery and maintenance support systems of individuals who misuse volatile substances.

Our Stories
Cynthia and Russell were born in the disadvantaged core area of Winnipeg, Manitoba in Canada. Being of First Nations descent, both were impacted by colonizing government policies, contributing to their experiences of abject poverty, cultural dissociation, marginalization, and historical trauma. Russell’s parents died when he was a child, and he was shuffled between residential school and foster homes. He began misusing alcohol and tobacco at a very young age and volatile substances at the age of 14. With the onset of use, Russell became further distanced from his relatives and began living in abandoned houses. Petty theft financed Russell’s volatile substance misuse, and he was incarcerated on multiple occasions as a result.

During Russell’s brief periods of incarceration, he participated in mandatory substance use programming, but continued to misuse volatile substances when released into the community. He tried on several occasions during this period of his life to stop on his own, but was not successful. Just over 10 years ago, Russell was sniffing a volatile substance alone in his house when it accidentally ignited and there was a house fire. Seventy percent of his body was severely burned. Russell’s leg was amputated and he spent several months in the hospital recovering.

Cynthia began using volatile substances and alcohol at a young age as well, in part to cope with a home life threatened with physical and emotional violence and problematic substance use. Cynthia’s misuse of volatile substances impacted her school attendance, and she began running away from home during her teen years. By the age of 18, Cynthia had spent a significant amount of time in female delinquency homes, as well as 9 months in a women’s jail. Cynthia gave birth to two sons in her early 20s and relinquished their custody to her mother. For the next two decades, Cynthia continued to misuse volatile substances and was admitted on numerous occasions to treatment programs, hospitals, and psychiatric wards. After losing her brother in a tragic death, Cynthia jumped off a 67-foot bridge while intoxicated by volatile substances in a suicide attempt; she was severely injured and spent 8 months recovering in a hospital.

Cynthia met Russell at the hospital where they were both patients; when Russell dropped a package of gum at a vending machine, Cynthia picked it up for him. They spent approximately 4 months visiting one another during their hospital stays. Upon release, both Cynthia and Russell resumed using volatile substances and alcohol to cope. Medical complications led to the amputation of Russell’s second leg, and another lengthy recovery process commenced. Cynthia returned to the bridge for a second attempt at ending her life while under the influence of volatile substances, but was stopped by her son and admitted to a psychiatric ward. While there, Cynthia’s other son was admitted to the adjoining hospital with an erupting ulcer. Two months later, Cynthia made the decision to leave Winnipeg and go to her father’s home reserve in Manitoba to live with Russell; she has not used volatile substances or alcohol since her arrival. Russell has also not used volatile substances or alcohol since Cynthia joined him on the reserve. This was more than 10 years ago. Cynthia and Russell are engaged to be married.

Understanding Support: Western and Indigenous Worldviews
In Western health systems, an individual’s physical well-being is typically focused upon, and therefore oftentimes isolated from the social context in which life is experienced. For example, an addictions treatment center may focus its programming on the physical impacts of substances on the body, including mandatory abstinence, but a consideration of the etiology of misuse is oftentimes incomprehensive. To illustrate, a widespread criticism of women’s treatment programming is that it does not integrate the impact of violence and trauma in women’s misuse of substances. The prioritizing of physical status in a Western model of care also diminishes the role of an individual’s emotional, mental, and spiritual well-being. The work of Gladwell (2008) criticizes this individual-centered view and argues for the ways in which individual behavior is better explained by social networks and forces than the common assumptions of individual effort or blame. That said, it must be acknowledged that Western models of care are increasingly acknowledging the benefits of a biopsychosocial approach to treatment, although oftentimes limited in its application.

Within an Indigenous worldview, an individual is understood collectively as a physical, emotional, mental, and spiritual being. This is contextualized within a larger state of being, including connections to the land, others, and community; it is a way of life. The work of Banai (1979) speaks of everything being related within an Indigenous...
approach—rocks, plants, animals, and people; all must live in harmony with one another. Individual well-being is situated within a complex web of interdependent relationships; “w[hat]ever happened with one thing rippled out to touch and affect all other things” (Ross, 2004, p. 5).

Numerous non-Western cultural traditions view the individual as a relational, interdependent entity (Manson, 2000), which is in sharp contrast to the conventional Western biomedical view that characterizes people as unique, separate, and autonomous beings (Beiser, 2003). Among the Dene people, for example, an individual’s addiction is seen as being shared by all community members. Everyone in the community shares the responsibility and has a duty to contribute to the individual’s healing (Francis, 2004). This said, it must be acknowledged too that “Indigenous knowledge is different things in different places to different people” (Nakata, 2002, p. 283); there is no homogeneous Indigenous worldview, although there are central concepts that overlap between Indigenous knowledge systems. This understanding is as applicable within a specific country as it is globally.

To understand the role of support in the lives, recovery, and sustained well-being of Cynthia and Russell, we began by drawing upon the influential Western work of Barrera (1986) on support. He defines support as having three psychological components: (1) Social embeddedness—the connections that individuals have to significant others in their social environments (e.g., marital status, community organizations, siblings, contact with friends). It is identified as fundamental to an individual’s psychological sense of community. (2) Perceived social support—the cognitive appraisal of being reliably connected to others. This includes individuals’ willingness to seek out support and others’ ability to offer it. Focus is on the individual’s confidence that the support will be available if needed. This category has shown to be the most strongly associated with psychological well-being (Barrera & Baca, 1990; Cohen & Pressman, 2004). (3) Enacted support—actions of others when assistance and support are requested in the face of stress. Without adequate psychological support, when individuals experience a threatening or otherwise demanding situation, the stress can result in the manifestation of problematic substance use as a coping mechanism (Cohen & Wills, 1985). Next, we applied an Indigenous worldview to more fully understand the types of connections that bring about support, with the understanding that connections transcend the individual to others, the land, and the community. Wellness is not only about individuals but also about the “social structures outside the person that teach practices for maintaining, supporting and restoring balance” (Musell, 2006, p. 3).

**METHODOLOGY**

Our team undertook this research with the intent to decolonize its methodological approach. The history of research with Indigenous people in Canada is fraught with historical injustices and incompatibilities with Indigenous ways of knowing. For example, social research in Canada has been described as taking a “helicopter approach,” in which researchers fly into an Indigenous community and take information with no regard for the individuals or community providing the information. When the researchers have the information they desired, they leave the community and do not return to share the findings, or just as important, to gain understanding about the context in which to situate the findings (Smylie & Anderson, 2006).

Two fundamental considerations led our team to prioritize a visual-arts-based methodology as a decolonizing approach. First, one of the ways that Indigenous knowledge has historically been communicated is with visual artifacts, including paintings, carvings, and beadwork. This approach is compatible with an Indigenous way of knowing in Canada. Second, Cynthia and Russell’s low literacy level was identified as a potential barrier to their full contribution. In turn, it was decided that reflecting on a picture—in this case an artist’s rendition of their lived experiences with volatile substance misuse—would place their voice at the center of the discussion. Arts-based approaches, including visual methodologies, are not commonplace in Western research, but they do have a lengthy academic tradition (T. Prentice, personal communication, December 12, 2010). It should also be noted that the authors of this article are both Indigenous (Russell, Cynthia, Michelle) and non-Indigenous (Colleen, Monique). Our team views this as an inherent strength because the diversity of our collective experiences, with a prioritizing of those of our Indigenous colleagues, contributes to a comprehensive framework for understanding.

The research process began with the collection of life histories through personal interviews, referred to as storytelling events, in honor of the oral tradition of Indigenous people in Canada. These were collected at a 3-day gathering in August 2009 of First Nations community members and non-First Nations researchers discussing academic and experiential knowledge about recovery from addictions. This was explored under the guidance of First Nations Elder, Campbell Papequash.

As the visual artist, Monique Koskie received audio, video, and written transcripts of Cynthia and Russell’s life stories recorded at the gathering. In processing her review of the stories, Monique visualized abstract representations of Cynthia and Russell’s experiences, and committed them to paper in a drawing (see the journal cover). Monique describes her talent as “a visual translation from the written or spoken language into a communication medium that transcends words.” Although the life histories were able to provide detailed information about Cynthia and Russell’s lived experiences, their volatile substance misuse, and the central role of support in recovery from it, the pictures developed by Monique focused specifically on the role of support in Cynthia and Russell’s initial and continued recovery.

It is important to acknowledge that Monique’s work as an artist is from a non-First Nations perspective. However, central to this visual-arts-based methodology is that the pictures are “reflected upon,” “responded to,” and “interpreted” by Cynthia and Russell, as discussed further in the
following sections. Cynthia and Russell were encouraged to point out how the pictures did not resonate with their own accounts of their lives.

Monique’s visual entry into Cynthia and Russell’s lives produced two pictures—one of Cynthia’s experiences regarding support in her life, recovery, and sustained wellness from volatile substance misuse, and the other of Russell’s. The pictures were presented to Cynthia and Russell at a day-long meeting in April 2010 to initiate the discussion. Over the course of meeting, Cynthia and Russell reacted to the picture, reflected on it, and fielded questions from the researchers who attended the original gathering where they shared their life histories. Describing this process, Monique explains:

I do not try to explain the symbols I first see in my interpretation. I allow the person who told me their story to explain why I might have seen these images while I was listening to what they were trying to explain/show me . . . It is important not to dishonor a person’s story by relating their journey to one traveled by myself.

This fits with Vannini and Gladue’s suggestion that the process of decolonizing the research design requires “learning to feel one’s research” (2008, p. 140).

As anticipated, this visual-arts-based process alleviated language, literacy, cultural, and cognitive barriers (Liamputong, 2008; Wang, 2008). Our team was aware of these potential barriers based on Colleen’s relationship with Cynthia and Russell. Similar to Packard’s (2008) experience, we found that this process contributed to conversations and information transfer that we are confident would not have occurred to such an extent otherwise; it tapped into a rich reservoir of information gathering. We are confident in this observation because prior to our visual-arts-based discussions, the “standard” interview that was held with Cynthia and Russell about supports in their lives—past, present, and future—relayed significantly less information in comparison to the conversation surrounding the drawings. To illustrate, Russell described in his storytelling event about the shame associated with his leg amputations. However, in response to a representation of a tree within the drawing presented to him, he spoke in animated detail about a dream he had in which there were three trees representing his leg loss. He shared his associated emotions, cultural interpretation, and the insight the dream provided into his experience of shame.

On the basis of Cynthia and Russell’s reflections, Monique produced a third picture in which Cynthia and Russell’s collective story was represented, and a discussion about the picture was once again held with them. Our team’s initial understanding of support in their lives was confirmed, and new and expanded areas were uncovered and discussed. The cumulative information collected throughout the research process was recorded and analyzed collectively among our team members based on the joint Western work of Barrera and an Indigenous worldview of the connections that bring about support. This included researcher member checks and verification of the themes and findings with Cynthia and Russell.

RESULTS

Applying Barrera’s concept of support to the lived experiences of Cynthia and Russell highlights their significant lack of access to individualized supports during their formative childhood, adolescent, and early adult years. Psychological connection to others was not meaningfully developed and therefore was not sufficiently available to draw upon during times of psychological distress. Their lack of connections to others in turn negatively impacted on their perceptions of support available from others and a willingness to draw upon them (Barrera, 1986; Barrera & Baca, 1990). Further, when supports were accessed, they were most often not culturally meaningful. Considering Cynthia and Russell’s life experiences from within an Indigenous worldview brings to light the absence of culturally based communal supports in their lives while growing up (e.g., understanding their cultural identity), as well as the harmful impacts of colonization (e.g., experienced as abject poverty) and imposed Western “supports” (e.g., placement in residential school system).

For both Cynthia and Russell, Barrera’s concept of support surfaced with a major event in their adult lives. For both of them, this was tied to their long-term hospitalization, and for Cynthia, it was also experienced as a result of her mothering role. The support that both Cynthia and Russell received as a consequence of these events provided a point of reference upon which further connections were experienced, understood, and accepted. An Indigenous worldview highlights the importance of Cynthia and Russell’s connection to themselves (e.g., cultural identity), the land (e.g., traditional medicine and ceremonies), and their community (e.g., communal support in the rebuilding of Russell’s home). There is also the understanding that with everything being interconnected, support is reciprocal; it is both accepted and offered back. This understanding is central to Cynthia and Russell’s sustained well-being.

Past—Individual Lives

Russell. Barrera’s three forms of psychological support were limited in Russell’s life story. He experienced few social connections throughout his childhood and teen years. Having lost his parents when he was young, connections to significant others were difficult to make as Russell was transferred between residential school and government foster care. When Russell initiated solvent misuse at 14 years of age, he increasingly isolated himself so that he could misuse volatile substances. As it began to overtake his life, existing connections to others were further denigrated—his experience with social embeddedness was limited. Russell shared that while growing up, he did not feel that he had reliable connections with individuals and organizations. His perceived social support was very limited. As a ward of the state, Russell had little opportunity to develop meaningful connections in his life. He shared that he turned to volatile and other substances to help him cope. Given that Russell did not have reliable social connections, it follows that enacted support was
likewise limited in his upbringing. Russell did receive some forms of support when he asked for it, such as social assistance; however, it was minimally grounded in established and meaningful connections. Further, supportive “services” were often imposed upon him. For example, as an adult, Russell “participated” in mandatory programming during his prison incarcerations, but he never actively sought support for his volatile substance misuse.

The evidence of Barrera’s three forms of psychological support began to surface as a consequence of Russell’s long-term hospital stay as an adult. During his recovery from the loss of his legs, enacted support was available to Russell in various rehabilitative programs and groups. Russell found himself in a situation where he was forced to ask others for assistance to help him heal physically, as well as cope emotionally, mentally, and spiritually, and some support was available. The elimination of his substance misuse, 24-hour care, and a safe environment also removed many of the daily stressors he had to face while living on the streets. Russell’s perceived social support likewise improved as he accessed individuals and services and found them helpful, though he shared that he had a very difficult time adjusting to the idea that they could assist him. This was compounded by his personal shame and reluctance to talk about how he lost his legs. Part way through Russell’s initial hospital stay, he became friends with Cynthia. Dealing with volatile substance misuse herself, and the shame surrounding her own hospital stay, she became an important source of empathetic, relevant, and knowledgeable support for Russell. Social embeddedness became meaningful for Russell, and possibly for the first time in his life in a significant way.

From an Indigenous worldview, Russell was deeply disconnected from his cultural heritage as a child, a youth, and an adult, including knowing himself as an Indigenous man and understanding his communal connections. His forced placement in residential school, as an example, was intended to “take the Indian out of the child,” and to some extent it was successful.

Cynthia. Barrera’s three forms of psychological support were also limited in Cynthia’s life story, although they did emerge to some extent when she became a mother. Cynthia experienced limited connections in her social environment while growing up. Unlike Russell, Cynthia’s childhood consisted of a single-family residence, but connection to her parents and siblings was strained due to violence and extensive problematic substance use in the home. Outside her home, Cynthia’s social embeddedness was further weakened when she stopped attending school in her early teens and began using volatile substances heavily. It was not until her 20s that Cynthia developed some valuable social connections with the birth of her children. Cynthia also shared that she did not have a strong sense of perceived social support that could be counted on while growing up. In fact, Cynthia learned at a young age that support was often undesirable when it was accessed, such as government child protective services and the threat of removal from her home and in particular as an Indigenous child for whom apprehension rates were high.

However, with the birth of her children, Cynthia perceived that there was support for her as a mother from organizations as well as her own mother.

Similar to Russell’s experience, Cynthia spent considerable time in juvenile delinquency facilities growing up and was provincially incarcerated, where she participated in mandatory “supportive” programming. She identified these experiences as “useless,” mainly because her limited education prevented her from participating. For example, many of the programs assigned homework, but Cynthia’s grade 3 level prevented her from reading and writing. She also shared that when she did seek treatment for her misuse of volatile and other substances, it was primarily in response to her lack of basic resources, including food and shelter. Cynthia did recall one experience in which social support was enacted. Through a court-mandated order, Cynthia attended a parenting program in which she developed an authentic relationship with a counselor. This was contrary to her numerous experiences with “mandatory” supports in the past. These experiences were described as different because, as she said, “I could tell that this counselor really cared about me, not what I had done, but me as a person.” Also, she spoke about the support she received that was associated with her role as a mother, in particular Cynthia’s own mother assuming legal guardianship for her two children.

In addition to supportive experiences associated with motherhood, Barrera’s three forms of psychological support surfaced as a consequence of Cynthia’s long-term hospital stay. Elements of enacted social support were experienced with Cynthia’s 24-hour physical care, psychiatric care, and the availability of valuable services to assist with her physical recovery. Cynthia’s perceived social support likewise extended, including new-formed and reliable connections with her sisters Leona and Suzette. Reliance upon her mother’s support extended through the care of Cynthia’s children. In meeting and sharing her experiences with Russell, his own lived experiences enabled him to become a relevant and trustworthy connection for Cynthia—a significant form of social embeddedness.

From an Indigenous worldview, Cynthia was deeply disconnected from her culture on a personal and communal level by growing up in an urban environment. Cynthia was not educated on her cultural background and identity as an Aboriginal woman. The impacts of colonization also negatively influenced her life, including experiences with poverty, marginalization, and problematic substance use.

Present—Interconnected Lives

Today, Russell and Cynthia have been free from substance misuse for more than 10 years. In describing their current lives, Barrera’s forms of psychological support—connections, perceived ability to draw upon connections, and the quality of the connections—are appreciably evident. When asked about their most powerful and meaningful support, Cynthia and Russell both identify one another. Social embeddedness for Cynthia and Russell today extends further to their family and relations, including with Cynthia’s children (one of whom is living...
with Cynthia and Russell), their immediate and extended families, close friends living on the reserve and off, and a local medicine woman.

From an Indigenous worldview, Cynthia and Russell’s connections within their social environments have been extended to include a relationship with their cultural teachings and medicines, the Earth, and the animals that surround them. With an increasing and reliable presence of Elders, friends, and family in their life, they began to reclaim their Indigenous way of understanding their existence in relation to their worlds. Russell and Cynthia’s connections to culturally based communal supports serve as a critical foundation for their sustained well-being.

Cynthia and Russell’s perceived social support has likewise increased substantially. They both identify the connections in their lives that they can ask for support from and rely upon both as individuals and a couple. This ranges from requesting funds from the Band Chief to make Indigenous crafts to asking for advice from a family relation. Possibly, the most notable illustration of Cynthia and Russell’s increased feeling of reliable connectedness to others is the Band members’ renovation of Russell’s home after the fire and outfitting it as wheelchair accessible. This made Russell, and later Cynthia, feel very welcomed in and connected to their community.

Russell and Cynthia shared their belief that support exists within their community relations, and this understanding is based on their growing cultural awareness. Cynthia picks traditional medicinal herbs and plants with an Elder and Russell helps to prepare them. This is particularly meaningful to Russell because his father was a medicine man. Russell also participates in traditional singing and drumming and Cynthia attends sun dances. Together, Cynthia and Russell craft cultural beadwork and are now teaching Cynthia’s son. Cynthia has also expressed interest in learning her native language. Within an Indigenous worldview, Russell and Cynthia are both perceiving and receiving support from their culture in the form of identity and understanding who they are through traditional cultural practices. This is evident in their expressed pride in who they are today, as Indigenous people and a family. For Cynthia, this includes her role as a caregiver and a mother to her sons.

With their social embeddedness and perceived social support in place, Cynthia and Russell also spoke of enacted support in their lives. For example, Russell attends a burn conference support group twice a year to receive support and also offer it. He spoke of how it strengthens him to learn from others, and to share with them what he has learned. This is likewise reflected in Russell’s relationship with Cynthia and other connections. For example, when Russell and Cynthia have a flashback and feel the desire to sniff again, they turn to one another for support and to talk it through; they are able to reach out for support and receive it from multiple and meaningful connections in their lives, beginning with each other. As Russell has shared, “She knows me, where I have been, what I am going through, and that is really important. I do the same for her. We really do know each other well.”

Both Russell and Cynthia’s current stories share an overriding theme about “giving back,” and its interconnection in their lives. For example, Cynthia speaks about not using volatile substances, so she will not further hurt her boys. Russell shares how making Indigenous crafts and preparing traditional medicine helps others. He also shares how he used to be a street fighter (physically), but now that he no longer has legs, he is a different kind of fighter, and he fights with his whole self (physical, mental, emotional, and spiritual) for both himself and others. As relayed, an Indigenous worldview relates an individual to everything that surrounds him. An individual simply cannot exist without these relationships, whether they are acknowledged and understood, or not. This differs from a Western worldview, in which it is generally considered unhealthy to exist without supportive connections, but it is not impossible. Barrera’s understanding of enacted support is extended within an Indigenous worldview; support is reciprocal, it is about receiving and giving back (Barrera, 1979).

CONCLUSION

The work of Hopkins and Elder Dumont (2010) on cultural healing practices and medicine for First Nations in Canada provides a thoughtful illustration of the depth and complexity of the disconnection between Western and Indigenous worldviews and the need for a collaborative understanding. They state, “[t]he Midewiwin teaching is that all Creation stories are true. A Western perspective would perceive the variation in stories as conflicting, while an Indigenous perspective would find links, similarities and patterns amongst the stories” (p. 6). The importance of considering the topic of this article from a joint Western and Indigenous worldview is illustrated in their unique and collective contributions to the understanding provided. It is also reflective of the dual worlds in which Cynthia and Russell live; they have experienced living with “a foot in each world,” acknowledging that the emphasis changed over time (from Western to Indigenous) in sustainment of their well-being.

There should be caution, however, in thinking that we can easily “combine” worldviews for a complete or holistic understanding. There can be overlap between worldviews, but there are also distinctions that at times are contradictory, such as in the example above. In addition, there are far-reaching implications in jointly applying worldviews. The work of Nakata (2002) refers to this as a “cultural interface,” and cautions that:

[w]hat the future Indigenous information context will look like is speculative. What can be certain is that the intersections of different Indigenous [k]nowledges, systems, concerns, and priorities will converge to inform and develop new practices in this area. As this unfolds, I would hope that the information profession would be mindful of just how complex the underlying issues are and just how much is at stake for us when the remnants of our knowledge, for some of us all that we have left to us, are the focus of so much external interest. (p. 289)
In this article, we applied one point of interface—support—between the two worldviews to assist with the understanding that how it contributes to the lives, recovery, and sustained well-being of Cynthia and Russell’s lived experiences with volatile substance misuse. Applying Barrera’s concept of support to the lived experiences of Cynthia and Russell highlighted their lack of access to supports during their formative childhood, adolescence, and early adult years. An Indigenous worldview offered an additional understanding about the absence of culturally based communal supports in their life. For both Cynthia and Russell, Barrera’s concept of support surfaced with a major event in their adult lives; the support they both received as a consequence of this event provided a point of reference upon which further connections were experienced, understood, and embraced. An Indigenous worldview extended this understanding to include connections for Cynthia and Russell with their cultural identity, the land, and the community. There was also an appreciation of support being reciprocal.

It was important in this article to consider the methodological process for examining support from both a Western and Indigenous knowledge base. As a decolonizing approach, our team applied a culturally significant arts-based methodology to address some of the barriers that the legacy of a traditional Western scientific perspective has imposed through its disempowering research with Indigenous people and communities. We also applied a culturally appropriate oral life history method.

And finally, as mentioned earlier, it is important to acknowledge the impact and intricacies of diversity within populations. It was apparent, for example, that Cynthia had a greater number of connections and entry into support based on her mothering role. And, as mentioned, for both Cynthia and Russell, such opportunities also surfaced with a traumatic life event. The key message to be taken from this, for those who are a part of the recovery and maintenance support systems of individuals who misuse volatile substances, is that we need to identify the ways in which we can capitalize upon opportunities and offer culturally adept responses, before a significant life event takes place. It is critical that individuals working with Indigenous people from a Western knowledge base do not prioritize their own understanding of the world, so that important connections with their clients and relations can be made. Equally important is that they recognize that such interconnections with Indigenous populations include “the physical, mental, emotional, and spiritual aspects of individuals with every living thing, and with the Earth, the star world, and the universe” (Lavallee, 2009, p. 23). Without this understanding, only part of an individual’s lived experiences and collective knowledge is recognized.

**Declaration of Interest**

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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**THE AUTHORS**

**Russell Bone** was raised in foster homes throughout Western Canada and is a survivor of residential schooling. He also survived a terrible accident in which he lost both his legs due to the misuse of volatile substances. With vigorous rehabilitation, personal determination, and a solid base of social support, Russell is able to walk on his prosthetic limbs. Russell’s many years of battling and conquering his addictions have provided him with unique insights into personal well-being. Russell is currently serving on the Advisory Committee for a research project undertaken by the Saskatoon Team for Research & Evaluation of Addictions Treatment and Mental Health Services.

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**Monique Koskie, B.A.,** is an artist and undergraduate student at the University of Saskatchewan and has practical experience in the area of chemical technology, in which she is working toward her diploma. Since being assessed with a learning disability and attention deficit hyperactivity disorder (ADHD) a few years ago, she has drawn upon art to visually represent her own and others’ stories. Monique has volunteer experience as a Student Ambassador and with the Sexual Assault Information Center at the University of Saskatchewan. She also hosts a local radio show, titled “Let’s Be Real”; her show talks about coping strategies for life stressors. Monique currently serves on the Advisory Committee for the Saskatoon Team for Research & Evaluation of Addictions Treatment and Mental Health Services.
Michelle Kushniruk, B.A., is the Research Coordinator of the Saskatchewan Team for Research & Evaluation of Addictions Treatment and Mental Health Services. She recently obtained her 3-year B.A. from the University of Saskatchewan and completed the Aboriginal Justice and Criminology program that is offered by the Department of Sociology. Michelle has volunteer experience with the Saskatoon Food Bank, CHEP, Quint Development, and Saskatchewan Abilities Council, as well as practical academic experience at the Prince Albert Grand Council Spiritual Healing Lodge on Waphekon First Nation, and the Research Department at the Regional Psychiatric Centre in Saskatoon.

Cynthia Shorting was raised in a home where domestic abuse and alcoholism were an everyday part of her world. As an adult, Cynthia underwent a lengthy recovery and rehabilitation period following a 67-foot fall. Cynthia has battled and overcome a life-long addiction to volatile substances, and her experience has provided her with a unique perspective on the topics of addictions, treatment, and recovery. Since returning to her home reserve nearly a decade ago, Cynthia has gained great knowledge of her Indigenous cultural arts and spiritual practices. She is currently serving on the Advisory Committee for a research project undertaken by the Saskatoon Team for Research & Evaluation of Addictions Treatment and Mental Health Services.

GLOSSARY

Historical trauma: “Intergenerational or multigenerational trauma happens when the effects of trauma are not resolved in one generation, allowing patterns of abuse to continue. The patterns of abuse that are passed from one generation to the next include not only physical and sexual abuse but also low self-esteem, anger, depression, violence, addictions, unhealthy relationships, fear, shame, compulsiveness, lack of good parenting skills, body pain, and panic attacks” (Aboriginal Healing Foundation, 2005, p. 26).

Residential school: The residential school system in Canada attended by Aboriginal students. This may include industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students, or a combination of any of the above (Aboriginal Healing Foundation, 2006). Historical trauma is a consequence of the residential school system in Canada.

Sun dance: A cultural ceremony involving preparation, fasting, dancing, feasting, and visioning. Practices and protocols are specific to each tribe.

REFERENCES


