BETTING ON BALANCE:
A NARRATIVE OF ABORIGINAL PROBLEM GAMBLERS

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SUPERVISORY AND EXAMINING COMMITTEE

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ABSTRACT

The basis for this study was founded on the results gathered from inquiry conducted at the master's level titled, "The Aboriginal Family Members' Experience of Problem Gambling" (Burnett, 2005), which explored the social, economical, and psychological experiences of Aboriginal family members of problem gamblers who resided in Regina. Results indicated that support services for Aboriginal problem gamblers and their families were insufficient and often times inaccessible. The rise in the prevalence of Aboriginal problem gamblers, combined with a lack of culturally specific supports, fosters the potential for the experience of significant life consequences. Furthermore, current literature indicates that Aboriginal people experience higher rates of ill health when compared to the general population and barriers to accessing mental-health services and supports are linked to such factors as social marginalization, gender, poverty, identity, and colonization. This study investigated the experiences of Aboriginal problem gamblers as they navigated access to addiction support services. Through the use of a narrative methodology, each participant provided a personal and historical context as it related to their experience with problem gambling, as well as perceived accessibility and effectiveness of potential support services. Recommendations are also included that identify ways in which better supports could be offered, ways that are more congruent with Aboriginal ways of healing. Postcolonial theory and critical race theory (CRT) provide context to the foundational, historical components of this work.

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DEDICATION

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CHAPTER 1

Focus of the Study

The following study investigates how First Nations and Métis problem gamblers experience support services for the treatment of their addiction, inclusive of both successes and barriers encountered through both mainstream and culturally inclusive services. Furthermore, the study provides insight into what "culturally appropriate" support services are presently available for Aboriginal[1] problem gamblers and their families within the Regina Qu'Appelle Health Region.

This research was founded on the results gathered from my inquiry conducted at the master's level titled, *The Aboriginal Family Members' Experience of Problem Gambling* (Burnett, 2005), which explored the social, economic and psychological experiences of Aboriginal family members of problem gamblers who resided in Regina. Results of the study found that support services for Aboriginal problem gamblers and their families were insufficient and often times inaccessible. Furthermore, current literature indicates that Aboriginal people experience higher rates of ill health when compared to the general population. Overall, they experience lower levels of life expectancy by 5-10 years, rates of suicide twice the national average, unemployment rates that are nearly five times the national average, income that is approximately half that of the general Canadian population income levels, and education deficits whereby Aboriginal people are twice as likely to have attained no degree, certificate, or diploma

[1] According to the Canadian Institute for Health Information (2004), the term *Aboriginal* is representative of three distinct groups of people: First Nations, Métis, and Inuit. First Nations peoples are inclusive of individuals registered under the *Indian Act* as Registered Indians or Status Indians. Additionally, individuals who are not registered under the *Indian Act* are referred to as Non-Status Indians and are not included under the First Nations title. The Métis are a distinct Aboriginal group, differing in culture and language when compared to First Nations and Inuit people. The development of the Métis people was a result of European and First Nations relations. Finally, Inuit people are primarily Arctic and coastal based geographically, and maintain their own language and cultural traditions.

and are four times less likely to obtain a bachelor's degree than non-Aboriginals (Canadian Institute for Health Information [CIHI], 2004). Additionally, Aboriginal people are less likely to access mainstream health services. The limitations for Aboriginal peoples accessing mental health services and supports are linked to such factors as marginalization, gender, poverty, identity/self-perception, and colonization (Bourassa, McKay-McNabb, & Hampton, 2004). In the Regina Qu'Appelle Health Region, very few culturally responsive resources are available for Aboriginal problem gamblers and their families (Regina Qu'Appelle Health Region, 2009**)**. There appears to be a significant disconnect among the appropriate levels of support services presently provided to Aboriginal problem gamblers, particularly as prevalent statistics continue to climb. The most recent data available (2003-04) indicate that Saskatchewan leads the country with 5.9% of the total population (aged 18 years and older) being at moderate[2] risk for becoming problem gamblers or are, in fact, problem gamblers presently (Azmier, 2005). Of this group, Aboriginal people are three times more likely to be at risk for a gambling problem than any other group.

In addition to the results of previously conducted research and the staggering data regarding the disparities facing Aboriginal people (CIHI, 2004; 2006; Smye, 2008; Statistics Canada, 2002), my investigation also has had a personal connection. As a Métis woman growing up in a family that was constantly struggling with addiction, work in this area became very important to me. Both my grandmother and my aunt had problems with gambling. They lost their financial stability, weakened their family units,

[2] Moderate problem gambling is identified through the use of a questionnaire, typically based on the Canadian Problem Gambling Index (CPGI). Questions are disseminated to participants to categorize them into sub-types including non-problem, low-risk, moderate risk and problem gamblers (Smith & Wynne, 2002)

and spent their last cent of integrity at the casino. In what seemed like an instant, our close-knit family unit was turned upside down and shaken to the core; as an angry child shaking the last penny out of their piggy bank, our family was rocked by the instability that addiction creates. Neither relative opted to seek help, despite the many pleas by various family members. Problem gambling, although an addiction like drug-or-alcohol abuse, seemed different. It was a very silent addiction. There appeared, at least in our family's experience, to be a heightened level of shame that accompanied the act of losing one's financial stability to a seemingly entertaining machine known as the Video Lottery Terminal (VLT). In fact, it was much more: Both my aunt and my grandma lost themselves to that machine. A means of escape ultimately became their demise. They lost trust, both from themselves and loved ones, and they lost their sense of reality, corrupted by the need to chase their loss, though I do not believe they could imagine or understand the scope of the loss at the time. The combination of shame and an unwillingness to truly acknowledge their addiction created a barrier to help. My grandmother died a problem gambler, losing her pension, her family relationships, and her dignity without ever having received help. This life experience motivated me to attempt to create dialogue and awareness regarding why First Nations and Métis people struggle to access support for problem gambling. Through sharing the experiences of First Nations and Métis participants, I hope to generate a more comprehensive understanding of the unique circumstances that potentially influence whether or not healing (treatment) is acquired. Healing is term that is more in line with Indigenous perspectives of health, where as the term treatment is predominantly utilized from a medical model, Western worldview. (Engel, 2002; Dieter & Otway, 2001).

I have always had the desire and drive to become educated to work within the helping profession. Through practice and research in conjunction with my Aboriginal community, I hope to help initiate change. I hope to be able to assist in the improvement of support services for Aboriginal problem gamblers and their families. It is also my hope that this investigation will be a catalyst in creating awareness with regards to the legitimization of culturally appropriate supports and services for Aboriginal people that would be accessible through our health-care system, beginning with the Regina Qu'Appelle Health Region (RQHR). To ensure awareness of this work, the dissemination of the results will be shared with various local First Nations and Métis community organizations, such as the Federation of Saskatchewan Indian Nations (FSIN), the Métis Nation – Saskatchewan, as well as various government agencies such as Saskatchewan Health and the Regina Qu'Appelle Health Region.

The transfer of research and knowledge to the creation of health policy and decision-making is very important. It is my belief that research conducted in this area must be supportive of a holistic perspective, which is congruent with First Nations' and Métis health philosophy wherein the physical, mental, emotional and spiritual components of life intersect to comprise health. Investigation from this perspective supports the inclusion of representatives from marginalized populations experiencing health disparities, such as Aboriginal people affected by problem gambling. It is important to emphasize the value held within the perspectives of individuals that directly experience such disparity on a daily basis. Their insights can provide a wealth of understanding to inform helping professionals to better address and support the

potentially unique needs of Aboriginal people. As this study will explore, Aboriginal people have been historically marginalized, and through the banishment of language, culture, and traditions struggle to maintain an identity and a sense of self. Despite the reported levels of disparity experienced by Aboriginal people, they consistently face barriers when accessing care and are misinformed of or denied the opportunity to participate in culturally appropriate care. Value must be given to the evaluation of the unique circumstances that Aboriginal people face such as the present state of the social determinants of health, inclusive of the impact of colonialism, racism and social exclusion. As Reading and Wein (2009) point out:

> The impact of social determinants is manifest differently among the distinct Aboriginal groups in Canada, which are themselves distinct from other Indigenous groups globally. Among Aboriginal peoples, there are a number of similar historical and contemporary social determinants that have shaped the health and well-being of individuals, families, communities and nations. Historically, the ancestors of all three Aboriginal groups underwent colonization and the imposition of colonial institutions, systems, and lifestyle disruption. However, distinctions in the origin, form and impact of those social determinants, as well as the distinct peoples involved, must also be considered if health interventions are to be successful. For example, while the mechanisms and impact of colonization as well as historic and neo-colonialism are similar among all Aboriginal groups, particular policies such as the Indian Act have been patently deleterious to the lives and health of First Nations people. First Nations are unique in their relationship with the Canadian government with respect to provisions made under the Indian Act of 1876, which included health-care. The contemporary outcome of the colonial process can be seen in political, social and economic domains. (p. 2)

The acknowledgement of these histories and insights, particularly the present-day realities of colonization evident in the racism and social exclusion experienced by Aboriginal people, is essential. The creation of programming and health-delivery services that ultimately affect health status outcomes for Aboriginal people will require

careful consideration and evaluation of these multiple factors that influence the health of a people.

Problem Gambling – A Preface

Problem gambling is defined as any gambling behaviour that adversely affects a person's physical or mental health or that creates problems in an individual's life, including difficulties with family and marital relationships, employment, finances, and overall health (Centre for Addiction and Mental Health, 2009). A subset of problem gamblers can develop and experience intensified behaviour that includes persistent or recurrent gambling conduct that disrupts family, personal, or vocational pursuits wherein there is a general progression in the amounts wagered and in the frequency of play and preoccupation. Pathological gambling is considered an impulse-control disorder and is characterized, according to the Diagnostic and Statistics Manual-IV (American Psychiatric Association, 2000), by the following criteria: (a) preoccupation with gambling, (b) need to gamble with increasing amounts of money to achieve desired excitement, (c) repeated, unsuccessful attempts to control/stop gambling, (d) restless/irritable when attempting to stop, (e) gambles to escape problems or relieve dysphoric mood, (f) chases losses, (g) concealment of gambling behaviour, and (h) committing illegal acts to continue behaviour (American Psychiatric Association, 2000)

Problem gambling is a behaviour that transcends age, gender and race. It is powerful enough to affect not only the individual problem gambler, but also related families and local communities. While local governments and private corporations enjoy the benefit of significant monetary gain, the potential social, financial, and psychological cost to those battling a gambling addiction can be devastating. As noted, 5.9% of adults

residing in Saskatchewan are either at-risk for becoming or are presently problem gamblers (Azmier, 2005). Aboriginal people, however, are considered to be a high-risk population, with 34.7% found to be significantly more at risk for developing problem gambling tendencies, as well as more likely to self-identify as problem gamblers (12%) than any other minority (Wynne, 2002). In this province, similar to many other provinces across Canada, in comparison to total revenues generated, a small amount of funds from the revenues generated from gaming are put back into prevention, education, and treatment. For example, in 2007-2008, The Saskatchewan Gaming Corporation recorded a net profit of 43.8 million dollars; however, only approximately 2.5 million dollars was invested back into prevention, education and treatment for problem gamblers and their families (Government of Saskatchewan, 2008). Furthermore, as discussed in Chapter 3, support services that are specific to the unique needs of Aboriginal people are also quite scarce, particularly when one considers the alarming rates at which Aboriginal people are problem gambling in Saskatchewan.

Problem Gambling: Who's Cost? Who's Benefit?

Early examples of gaming, in what is now Canada, were perceived by Aboriginal people as a culturally accepted and community-oriented pastime prior to contact with the Europeans. Gaming was pursued for social, spiritual, and cultural interaction purposes. Games and gambling were utilized to prophesize future events, exemplify spiritual experiences, contribute to the ceremonies of hunting and harvesting, as well as play a role in funeral customs (Belanger, 2011). There is an extensive history of gambling within Aboriginal tribes across North America, including games of physical skill such as archery

and lacrosse, games of chance, including guessing games, as well as dice games. As Williams, Stevens and Nixon (2011) discuss, it was believed that:

> Supernatural forces influenced the outcomes of unpredictable events…gambling games were sometimes used to divine the future or to ascertain the appropriate course of action. It was also common to do things to cultivate favour with these supernatural forces, and for gambling success to be interpreted as evidence of having this spiritual support. (p. 167)

Additionally, Belanger (2011) argues that historic gaming in Indigenous communities expanded beyond ceremonial and religious importance, noting that "Few economic and political histories have been produced explicating the importance of gaming to trade, inter-nation diplomacy, military ideologies, or education and social development" (p. 10). Belanger goes on to argue that further inquiry is required to truly understand and interpret gaming from the perspective of Indigenous peoples pre-European contact, stating:

> When communities gathered for trade and political meetings, and gaming was common, what rules were utilized to ensure peaceful interface? Why did games like lacrosse become popular intercultural encounters between nations previously at war? Why was the outcome of these matches so important to all involved that occasionally deaths occurred in the field, and communities wagered everything they owned with their rivals? Drawn from a review of the extant literature examining Indigenous gaming, these and similar questions suggest games were central features of diplomatic, economic, social, and political practices…in addition to being essential ceremonial and religious features. (p. 11)

However, as discussed further in Chapter 2, through the oppressive acts of colonialism, Aboriginal people's way of life, traditions, language and identity were eroded following the invasion of the Europeans. As with many Aboriginal cultural traditions, Aboriginal gaming was banned by European missionaries and, after Confederation, the federal government prohibited gambling in Canada, making it illegal (Belanger, 2006; 2011). In 1985 an amendment to the *Criminal Code of Canada* (Minister of Justice, 2012), provided all provinces in Canada exclusive rights to all

gambling devices and products, including permanent casinos, slot machines, VLTs, bingo events, and horse-racing tracks (Korn, 2000). Since that time, gambling has become one of the most lucrative commodities in the entertainment and leisure sectors. As Belanger (2011) argues, gaming has become "Eurocentric" in nature, moving from what was a tradition within Aboriginal culture to a viable commodity driven by the dominant culture. Wynne (2011) also supports this notion, arguing that the expansion of gambling in Canada, inclusive of Aboriginal communities, is "a public policy issue," one that is governed and directed by "a political process wherein power elites often make decisions based on their own special interests" (p. 95). Not only is gambling legitimized through its entertainment value but also, more importantly, through the way in which casinos across Canada help to generate revenue for provincial governments/jurisdictions on an annual basis. Between 1992 and 2006, net revenue from government-operated lotteries and casinos rose from 2.7 billion to 13.3 billion dollars. During the same time period in Saskatchewan, revenues have increased from 62 million to 490 million (Statistics Canada, 2007). In 2008-09, The Saskatchewan Indian Gaming Authority (SIGA) recorded a net profit of approximately $59.9 million (Government of Saskatchewan, 2009a). Net profits from SIGA casinos are divided as follows: 50% to the First Nations Trust, 25% to the Government's General Revenue Fund, and 25 % to Community Development Corporations. The First Nations Trust supports economic development, social development, justice, health, education, culture and other First Nations initiatives. The government's General Revenue Fund helps fund essential programs and services for all Saskatchewan people in areas such as highways, health-care and education. Community Development Corporations support charities in and around the communities

where these casinos are located (Government of Saskatchewan, 2009a). Gaming revenues continue to be one of the top sources of income for provincial governments across Canada.

Because a significant portion of the population can participate in gambling without incident, gambling has become a socially acceptable form of entertainment as well as a way to create national revenue without increasing taxation (Korn, 2000). As exemplified with SIGA, gaming funds provide the governments and organizations with revenue to aid in the development of social and economic programming in the form of health, education and infrastructure that is intended to aid Aboriginal communities. Revenues are also used to support community development, funding cultural, sport and recreational activities in each province, again, many of which support Aboriginal youth (Government of Saskatchewan, 2009a). However, as Belanger (2006) notes, Aboriginal gambling, in the form of Aboriginal-run casinos, looks more like the adoption of the profit-seeking gambling model that has been led by the provincial governments in Canada and less like an evolution of the culturally accepted and authentic Aboriginal gaming that was previously practiced within Aboriginal communities prior to contact with Europeans. Colonialism transformed the traditional games and forms of gambling that Aboriginal people participated in (Williams et al., 2011). None of the Aboriginal-operated casinos in Canada offer traditional Aboriginal games. Rather, they duplicate the same games of chance that non-Aboriginal casinos provide often rely on non-Aboriginal populations to populate their casinos as well as to help them operate and manage. As Wynne (2011) points out, “To date, no Aboriginal community in Canada has ever conducted a thorough socioeconomic impact gambling assessment prior to introducing a

gambling initiative" (p. 95). It appears that the imperial and colonial interests of the dominant group in Canada have continued to expand at the expense of Aboriginal people. The expansion of gaming within Aboriginal communities without investigation of the residual impacts on the people is a modern day reflection of the colonial past. Regrettably, the subscription to gaming in many Aboriginal communities has led to heightened mental health and health issues, and socioeconomic disparity, in addition to the erosion of family life (Belanger, 2006). Understandably, there is a concerning disconnect between the draw of opportunity for Aboriginal communities through gaming revenue and the inherent personal, social, and financial risks.

Monies generated by gaming continue to be relied upon by various organizations nation-wide as means to support local and regional programming. Economic development is also supported through the expansion of casinos across Canada by means of job creation, which helps to employ many Canadians. In Canada, employment in the gaming industry rose from 11, 000 in 1992 to 40,000 in 2006 (Statistics Canada, 2007). In Saskatchewan, nearly 3,000 individuals are employed at provincial casinos. SIGA has six First Nations casinos in the province and employs over 2,100 people, 82% of which are Aboriginal. The Saskatchewan Gaming Corporation operates two casinos and employs nearly 1,100 staff across the province (Government of Saskatchewan, 2009a). Despite the large revenues generated from gaming, and the research that confirms that Canadians are gambling, with 6.3% of the adult population considered at risk, few resources are provided to help those individuals and their families experiencing problematic gambling behaviour (Azmier, 2005). As noted, research conducted in Saskatchewan also confirms that both the general population, as well as the Aboriginal

population, are more likely to be at-risk for problem gambling behaviour than the national average in Canada (Wynne, 2002).

While governments profit, many individuals and their families lose. Statistics Canada (2007) recently reported that Canadians lost 13.6 billion dollars to gambling in 2007, spending five times more than they did just 15 years earlier. Although the richest households were most likely to gamble and spend the most money gambling, the poorest households spend the largest portion of their income on gambling activities (Statistics Canada, 2007). The average amount of money spent by Canadians on gambling in 2007 per capita was $524 dollars. Saskatchewan, Manitoba and Alberta were above the national average at $696, $624, and $890 dollars, respectively (Statistics Canada, 2007). However, nearly two-thirds of problem gamblers in Canada spend *at minimum* $1,000 per year on gambling. Sixty-two percent of these people reported they spent more money than they wanted to, and 85% said they spent more money than they could afford (Marshall & Wynne, 2004). The continued pattern of uncontrolled spending can ultimately lead to significant financial stress, as well as emotional and family/relationship difficulties. The loss many problem gamblers face extends far beyond the quite obvious financial strain involved with their behaviour. In a 2004 study, 42% of problem gamblers surveyed reported experiencing extreme stress and were three times more likely to be considered "highly distressed" (Marshall & Wynne, p. 28) than their non-gambling counterparts. Problem gamblers are also six times more likely to contemplate suicide than individuals who do not gamble (Marshall & Wynne, 2004). It is clear that the physical, mental and emotional health of the problem gambler, their family, and their community is at an elevated risk for serious loss when games of chance are bet on.

The Prevalence of Problem Gambling

The prevalence of at risk and problem gambling individuals continues to rise. The most recent data available (Kauffman & Mun, 2004) indicate that Saskatchewan leads the country with 5.9% of the total population (aged 18 years and older) either at moderate risk for becoming problem gamblers or are, at present, problem gamblers. Alberta and British Columbia followed closely at 5.2% and 4.6% respectively (Kauffman & Mun, 2004). In addition, youth and seniors are two of the fastest growing populations participating in gambling and subsequently experiencing negative effects. Specifically, Aboriginal youth are a group that is rapidly growing. On the whole, the Aboriginal population of Saskatchewan is much younger than the non-Aboriginal: 49.9% (in 2001) is under 20, compared to just 26.5% of the non-Aboriginal population; and only 3.2% is over 65 years of age, compared to 15.9% of the non-Aboriginal population. Population projections in Saskatchewan see the Aboriginal population nearly doubling in the next 20 years (Government of Saskatchewan, 2009b). Unfortunately, Aboriginal populations are also at an elevated risk for gambling problems. Off-reserve Aboriginal gamblers are more than twice as likely to be at risk for problem-gambling behaviour than non-Aboriginal gamblers (Marshall & Wyne, 2003). As will be further discussed in Chapter 2, the influential factors perpetuating health disparity, such as addiction, can be better understood through the acknowledgement of the experiences of colonization and the impact that has had on Aboriginal people over time and in present day.

In general, the incidence of problem gambling is three to seven times greater in contemporary North American First Nations communities than in the general public (Marshall & Wynne, 2004; Oakes, Currie & Courtney, 2004). In Saskatchewan, 82.4%

of adult Aboriginal respondents surveyed admitted to participating in gambling activities within the past year. Furthermore, Aboriginal gamblers were found to be significantly more at risk for developing problem gambling tendencies (34.7%) as well more likely to self-identify as problem gamblers (12%) than any other ethnic group (Wynne, 2002). Albertans do not fare much better than Saskatchewanians. A study conducted in Alberta in 2000 found that of the respondents surveyed, 99% of the Aboriginal participants reported they had gambled in their lifetime, and 88% had gambled in the past year. Eight percent of participants in this study experienced some problems with gambling and 17% were identified as probable pathological gamblers. The pathological problem gamblers were likely to be between the ages of 36 to 55, have less than high school education, have an annual household income between $15,000 and $30,000 per year, live on reserve, and be married (Auger & Hewitt, 2000). The findings of this study further support the inference that Aboriginal populations face diverse problems such as poverty and lack of education, which are significant when considering the implications of problem gambling behaviour (CIHI, 2004). These conditions of oppression will be explored more thoroughly through critical race theory (CRT) and postcolonial lens in Chapters 2 and 3.

The work of Wardman, el-Guebaly, and Hodgins (2001) provides insight into the cost and benefit of gambling. Their study investigated several American Indian tribes and found that both economic benefit and social cost coexist following the introduction of gaming in North Dakota. Despite job creation and economic growth, many tribe members faced increased suicide rates, lack of education, alcohol-and-drug abuse, and tribal government corruption either initiated or perpetuated by the introduction of gaming

in their community. Recently in Canada, a study conducted by Smith, Currie, and Battle (2011) investigated the socioeconomic impacts of two neighbouring Alberta First Nations communities - the Samson Cree Nation and the Ermineskin Cree Nation. In the study, The Samson Cree Nation had been approved by the Alberta Government for casino development; however the community was undecided about whether or not to proceed. Likewise, the adjacent community of Ermineskin Cree Nation was examined for the purposes of comparison. The researchers included representatives from each community to be a part of the research team, working collaboratively through the process. Fifty adults from both communities, all self-identified as First Nations members with full treaty status, participated in the study. Results indicated high participation in gambling activities within the two communities, identifying only one participant who had not gambled in the past 12 months. More than half the Ermineskin Cree participants and two-thirds of the Samson Cree participants were identified as problem gamblers. These problem gamblers were more likely to be female, married, and live in households with earnings of less than $20,000 per year. The study also reported that only 11% of the identified problem gamblers from both communities accessed support for their problem gambling, citing a "lack of resources for problem gambling treatment within or around their community" and "not knowing where to seek help" (Smith et al., 2011, p. 127). Another interesting finding from this research was the noted historical impacts of gambling on the participants. More than half the respondents reported being negatively affected by a family member's gambling during childhood. Among the identified problem gamblers in the study, 58% reported having one or both parents with a gambling problem as a child. Despite this, participants equally reported their desire for the

development of a casino in their community, noting that it would bring economic growth and jobs.

The studies conducted by Wardman et al. (2001) and Smith et al. (2011) are worth serious consideration, particularly in the prairie provinces where First Nations are developing and operating casinos and the prevalent rates for problem gambling behaviour are roughly two to three times the national average. As casinos continue to expand, there is the potential for increased levels of problem gambling within individual First Nation communities. As in mainstream society, casinos will provide benefits in the form of revenue and job creation in First Nation communities that are in dire need of economic development and prosperity (Kelley, 2001). Unfortunately, this "opportunity" that provides access to gambling facilities on reserve may also be a catalyst for increased problem gambling behaviours (Belanger, 2006). Although a portion of revenues are devoted to education, prevention and treatment, more research will need to be completed by working with First Nations groups to track potential increases in prevalence with proximity to on-reserve casino establishments, increases in community mental health and addiction issues, individual financial stress, social and familial disruption, as well as access to adequate supports for such needs.

CHAPTER 2

Historical Influence

First Nations and Métis people have long experienced disparities in the areas of health, education and socioeconomic status. Although the historical realities differed between First Nations and Métis people, the experience of oppression and marginalization was not exclusive. Rooted in a history of colonization and colonial policies, Aboriginal peoples' rights and privileges have, and continue to be, oppressed and undermined by the dominant White settler culture in Canada. Canadian government systems have been structured to designate Aboriginal people as marginal or as the "Other" and, therefore, continue to subscribe to the colonizing practices of generations past. For example, while these practices have become less overtly racist, they are no less damaging to Aboriginal people. In the 21st century, it is no longer acceptable to commit blatant and brutal forms of oppression for the common good of the majority people. Rather, governments have learned to create an environment where a tired people, stripped of their basic rights (language, culture and religion) are better controlled through dependence. Neocolonialists, critics of contemporary acts of colonialism and imperialism, argue that existing or past political, economic, and social arrangements created by former colonial powers are still used to maintain control of their former colonies (Aboriginal people) and maintain a legacy of dependencies (Warry, 2007). Residential schools, broken treaties, and the *Indian Act* (Minister of Justice, 2011) are examples of how legislation has worked to impose government defined 'identities' for Aboriginal people. The process of assimilation and historical attempts at cultural genocide has resulted in a damaged Aboriginal population that experiences higher rates

of illness and disease, suicide and addiction, as well as lower levels of education resultant in lower levels of income and higher rates of unemployment (Statistics Canada, 2006). The following chapter discusses the historical impact of colonization on Aboriginal people in Canada and my home province of Saskatchewan, inclusive of health, education and socioeconomic status through the lens of both critical race theory and postcolonial theory. Critical race theory lends to the deconstruction of oppressive and racialized discourses in society, reconstruction and construction. According to Ladson-Billings (2003), critical race theory aims to deconstruct and bring awareness to "the racialized context of public and private spheres in our society" (p. 10). Furthermore, it seeks to use the stories and experiences of marginalized and oppressed groups of people to further articulate the inequalities that have become so normative in society. CRT represents "theoretical and epistemological liberation" (Ladson-Billings, 2003, p. 11) whereby a deeper understanding of social phenomenon is sought and shared through a variety of ways, such as biographies, narrative analysis, even humour to reveal an engrained racist norm that is so often ignored in today's world. Complimentary to CRT, postcolonial theory provides a unique context acknowledging the influence of a people's history on present-day experiences. Postcolonialism works to understand the impact of oppression and marginalization as experienced through the process of colonization and how those histories have relevance in contemporary ideologies, permeating many social, economic, political and cultural entities. These theoretical approaches will help to provide insight on present-day inequalities that Aboriginal people experience and how those inequalities contribute to Aboriginal peoples' susceptibility to ill health, including addiction.

Colonization in Canada: An Attempt at Cultural Genocide

Prior to contact, Aboriginal people had established societies and forms of government. They lived off the land and experienced a comfortable level of health and well-being (Royal Commission on Aboriginal Peoples [RCAP], 1996). At the time of contact between European explorers and the Aboriginal people that occupied the land (now known as Canada), a landscape of traditional living was polluted by the need for dominance: The roots of colonization in Canada had been established. European settlers were undoubtedly here to conquer and overcome the Other. They were in search of land to expand economic gain and prosperity. Furthermore, the inhabitants who the Europeans encountered did not fit the White, capitalist, Christian worldview to which they subscribed. The settlers were so astonished at how different the Natives appeared, that they questioned whether they were to be considered human (Bourassa et al., 2004; Boyko, 1998). As Thobani (2007) points out, several claims were made by the Europeans about the original inhabitants of the land: they were not civilized, they had not evolved, they were doomed to extinction by history and progress, they had no recognizable legal systems or concepts of property rights and were thus lawless, and they did not cultivate the land. Such ideologies legitimized the brutal efforts of colonization on Aboriginal people. As explored further in this paper, the concept of race is a social construction and is a necessary component of colonialism. In his book, *The Colonizer and the Colonized*, Albert Memmi (1967) argues that racism is embedded in the actions and institutions that reside within the social and political structures of the colonizer. Such institutions and regulations work together to ensure that control and power are sustained within the colonizing body. Memmi states that the colonizer enjoys the

"democratic rights that the colonialist system refuses to the colonized native"(Memmi, 1967, p. xxiv). The Europeans attempted to extinguished the rights, cultures, traditions and languages of Aboriginal people and created an environment of hopelessness and despair in a system where Aboriginal people no longer fit.

The quest for sovereignty over Aboriginal peoples was also espoused by the "divine" (Thobani, 2007, p. 42) Christian beliefs of the Europeans, labelling Aboriginal people heathens and savages that needed to be converted or exterminated. Although the French and the British both staked claim to what was once Aboriginal land, their relationships with Aboriginal people were slightly different. The French settlers were attempting to acquire and exploit land and available resources from across North America. Their experiences with Aboriginal peoples were primarily peaceful as the French relied on Aboriginal people for survival. Eventually, intermarriage between French trappers and Indian women became commonplace. The French government saw this as advantageous and used the opportunity to maintain relations with the Aboriginal people, so as to benefit from the economic prosperity of the fur trade (Frideres & Gadacz, 2001). Despite the approach of the French, their agenda was similar to the British: Acquire land, civilize Aboriginal people (partially through the introduction of Catholicism), and ensure adoption of the dominant values and customs. Assimilation would prove to be the ultimate goal.

The British invasion upon Aboriginal people did not spare any violence. In the Charter of Charles I, authorization from the state gave permission to "collect troops and wage wars on the barbarians, and to pursue them even beyond the limits of their province and if God shall grant it, to vanquish and captivate them; and the captive put to death"

(Frideres & Gadacz, 2001, p. 16). Bounties were offered for the scalps of Indians, food and blankets were contaminated with small pox and given to many Aboriginal communities in an attempt to eradicate them, and starvation and deception were used to coerce Aboriginal people into signing treaties that were never fulfilled (Boyko, 1998; Thobani, 2007; Tuhiwai Smith, 1999). However, as British and French forces clashed, and the fur trade began to dwindle, colonization of Aboriginal people became the primary focus of British forces, and they resorted to policy rather than violence to control Aboriginal people through the use of treaties, residential schools, and eventually, the *Indian Act*[3] (Minister of Justice, 2011). The British did not want to risk losing human resources, as the French had experienced in the south, and realized quite quickly that they would have to use a different approach in their quest to acquire land from the Aboriginal people.

The English also worked to segregate Aboriginal people by setting up a reserve system. Indian agents were appointed to control the reserves, and Aboriginal people became "wards of the state" (Frideres & Gadacz, 2001, p. 16). Essentially, acquisition was accomplished through 'legitimized' doctrine. As Miller, Ruru, Behrendt, and Lindberg (2010) discuss, the British explored and exploited the indigenous peoples of what is now known as Canada, through the 'Discovery Doctrine,' which legally posited that,

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[3] The *Indian Act* is a Canadian federal legislation, first passed in 1876, and amended several times since. The Act sets out certain federal government obligations and regulates the management of Indian reserve lands, Indian moneys and other resources. Among its many provisions, the *Indian Act* currently requires the Minister of Aboriginal Affairs and Northern Development Canada to manage certain moneys belonging to First Nations and Indian lands and to approve or disallow First Nations by-laws. In 2001, the national initiative, Communities First: First Nations Governance, was launched to consult with First Nations peoples and leadership on the issues of governance under the *Indian Act*. The process will likely take 2 to 3 years before any new law is put in place (Aboriginal Affairs and Northern Development Canada, 2010).

> A discovering European country gained exclusive property rights that were to be respected by other Europeans and which pre-empted other Europeans from the same right. According to the Doctrine of the Court, the discovering European nation gained real property rights to native lands and sovereign powers over native and governments merely by finding lands unknown to other Europeans and planting their flag in the soil. (p. 4)

It was a means of domination, couched within the ideology of the dominant culture, such as religion, which boosted its legitimization in society.

In 1763 the British issued the *Royal Proclamation*, which was intended to 'protect' Indians from 'unscrupulous' Europeans. The British claimed they were trying to manage the fraudulent trading practices and land acquisition that was typical of Indian-White economic dealings (Bourassa et al., 2004; Thobani, 2007). Furthermore, within the *Royal Proclamation* the British Government also signed eight "Peace and Friendship Treaties" that would infer the "sovereignty of Native nations" (Boyko, 1998, p. 188). However, this process of bureaucracy would be shadowed in deceit, as a means to politely acquire Aboriginal land. As land acquisition for the British expanded, First Nations people saw their signed treaties manipulated. Even today, there is debate about what the treaties represented to First Nations people, with particular discrepancy between both written and verbal agreements. For example, as Wotherspoon and Satzewich (2000) point out, "In some treaty negotiations, particularly Treaty 8, Indian people felt that the government agreed to provide them with medical care and education for their children, but no such provisions were included in the written text of the treaty" (p. 22). In the process of negotiating with the British, and what was to eventually become the Government of Canada, Aboriginal people found themselves surrendering their land and, inevitably, a piece of their culture that had once made them a unique, indigenous people. However, many of the treaties signed were actually initiated by Aboriginal people. In the

West, for example, food was becoming scarce and tribes were looking for alternative ways to support their people. As Miller (2009) discusses, Aboriginal people entered into treaties with the British as a means of sustainability, not assimilation. Furthermore, they saw treaties as a peaceful way to ensure the respectful use of their land by the White settlers. As Miller (2009) states;

> The message that these [western] First Nations sent was unmistakeable. By actions, gestures, and words, they made it clear that territories in which they resided were theirs, and that the Crown had to take action to secure their agreement before strangers could use their resources. At the same time, most of the First Nations who asserted their rights in these ways…bore no ill will to the government or the people who wanted to enter their territory…they expressed frustration at the dilatory way the Crown approached the task. (p. 153)

At the time, treaties, particularly in the West, appeared to be the best option for both the residing First Nations and the Crown; however, many of the resulting treaties were never fulfilled and were clouded in uncertainty through the "misinterpretation" of what was to be agreed upon by both parties.

As colonial efforts expanded, an assimilation policy was directed towards all Aboriginal people in Canada in an unofficial manner; however, it would be directly applied to Status Indians[4] formally in 1876 with the *Indian Act* (Minister of Justice, 2011). The newly formed Canadian government would justify their assimilation through policy based in colonial ideology (Cairns, 2000). In an 1873 speech, Indian Commissioner J. A. N. Provencher stated, "Treaties may be made with them [Indian people] simply with a view to the extinction of their rights, by agreeing to pay them a sum, and afterwards abandon them to themselves" (Boyko, 1998, p. 188). Assimilation

[4] Status Indians are people who are entitled to have their names included on the Indian Register, an official list maintained by the federal government. Certain criteria determine who can be registered as a Status Indian. Only Status Indians are recognized as Indians under the *Indian Act* and are entitled to certain rights and benefits under the law (Health Canada, 2009).

of Indian people would be official government policy from 1876 to 1973 when the Minister of Indian Affairs, Jean Chretien, announced that the policy of assimilation was officially abandoned (Cairns, 2000). Until 1960, unless Indian people became enfranchised[5], they were not considered citizens, a fact that was encouraged by the Canadian government through legislation and policy. Essentially, the1876 *Indian Act*[6] (Minister of Justice, 2011) would be an instrument of assimilation and, as previously noted, is a strong example of racism as ideology and the practices of racism through official policy.

A driving force behind the British and French colonial quest to conquer the "Native Nation" (Boyko, 1998, p. 187) was not only for the acquisition of land and resources, but also for power and domination. Hence, it became a mission based on race but founded in ideology, a mission to conform the Other. Constance Backhouse (1999) argues that although the concept of race has historically been used to differentiate humans, racism has used racial categories to craft, explain, and perpetuate inequalities. Backhouse goes on to say that the notion of inequality is true with all oppressed racial groups except for those who are fortunate by virtue of their skin colour to be racialized as White. Therefore, race is typically understood as something that is attached to marginalized groups alone. Peggy McIntosh (1988) refers to this as the process of *Othering* or the social construction of the *Other* (p. 24). As Boyko (1998) notes,

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[5] The *Compulsory Enfranchisement Act,* based on an 1869 Act passed by the Government of Canada, was a completely voluntary process by which Indian status could only be lost at an individual's choosing. Under the 1869 Act, however, Aboriginal women who married non-Aboriginal men automatically lost their Indian status, regardless of whether or not they so desired it. Moreover, any children resulting from the marriage would also be denied Indian status. This provision continued with the strategy of assimilation as many Aboriginal women and their children forcefully lost their Indian status and gained Canadian citizenship (Lawrence, 2004).

[6] The *Indian Act* is Canadian federal legislation that sets out certain obligations of the federal government toward First Nations people. It also regulates the management of Indian reserve lands. The Act has been amended several times, most recently in 1985 (Health Canada, 2009).

Canadian government officials never attempted to hide their contempt for their intention to eradicate and/or assimilate Aboriginal people. Boyko quotes Duncan Campbell Scott, Deputy Minister of Indian Affairs from 1913 to 1932, who said,

> The happiest future for the Indian race is absorption into the general population, and this is the object of the policy of our government…our object is to continue until there is not a single Indian in Canada that has not been absorbed in the body politic. (p. 187)

Aboriginal people threatened the "master narrative of the nation" (Thobani, 2007, p. 4). By that, Thobani (2007) infers that Aboriginal people were a threat to the ideology of the Europeans and eventually to the ideologies of Canada as a nation. Therefore, it was the law-abiding, moral nationals that had to overcome these "challenges" (i.e., taming and assimilating the Aboriginal population). As Thobani states, "the failings of outsiders however, are seen as reflective of the inadequacies of their community, of their culture, and indeed, of their entire race" (p. 6). Aboriginal people were deemed failures from first sight and, therefore, their culture, traditions, way of life, their identity, were to be extinguished for the common good of the land and eventually of the nation. The ideologies of the dominant group became a justification of all acts believed necessary to gain control of and eliminate the 'threat.' A present-day example is reflected in the work of St. Denis (2011), who writes of her experience in the education system in Saskatchewan and the silencing of Aboriginal histories and curriculum through the integration of such material into a multicultural discourse. She argues that introduction of multiculturalism has been a political platform by which the government can "manage and silence competing interests within the nation" (St. Denis, 2011, p. 308). Furthermore, she argues that multiculturalism undermines Aboriginal sovereignty and reflects the "deep structures of colonial discourse" (St. Denis, 2011, p. 309) that exist in historical, political

and educational practice. It is evident that the "threat" of Aboriginal people that Thobani (2007) discusses is ever present in today's society. In fact, as St. Denis (2011) argues, existing Canadian policy creates little to no opportunity to address or acknowledge colonialism, past or present.

> This leads to the trivializing of issues, to attempts to collapse Aboriginal rights into ethnic minority issues, and to forcing Aboriginal content into multicultural frameworks. All of these practices deny the reality of Canadian colonialism and reduce efforts for Aboriginal sovereignty and education…dominant cultures regard efforts to address inequality and diversity as a rejection of, and even an intrusion into, broad understandings of self and nation, and so they therefore resist and resent Aboriginal knowledges and history. (p. 315)

From this perspective, it is clear that Aboriginal people still pose a threat to the ideologies of the dominant culture in Canada and, as such, still experience more modern forms of oppression through existing policy and legislation.

Race: A Barrier to Rights?

Henry, Tator, Mattis, and Rees (1998) describe *race* as

> A socially constructed phenomenon based on the erroneous assumption that physical differences such as skin colour, hair colour and texture and facial features are related to intellectual, moral, or cultural superiority…it [race] has no basis in biological reality and no meaning independent of its social definition. (p. 5)

The concept of race is truly a social construction used to "reinforce unequal relations between dominant and subordinate groups" (Fleras & Elliott, 2003, p. 386). Conscious or unconscious, the ideology of race has the power to saturate social and political institutions. Furthermore, racism refers to "the assumptions, attitudes, beliefs and behaviours of individuals as well as to the institutional policies, processes, and practices that flow from these understandings (Henry et al., 1998, p. 5). Thus, Canada has been

building political, social and economic systems on ideologies of a dominant race, whereby inequalities for the Other will inevitably (and knowingly) exist.

However, these acts have also been historically anchored in ideological assumptions that uphold the White race as superior and, as such, provide White people inherent rights over the Other. A present-day example of the elusive nature of such privilege is exemplified in the work of Peggy McIntosh, an educator, scholar and author who conducts her work reflectively, from the position of a privileged White woman. An autobiographic article written by McIntosh (1988) discusses her experience of having White privilege in contrast to her African American counterparts, whereby she lists 46 ways she experiences unearned advantages; she states,

> I did not ask for the unearned advantages that I put on my list. They came to me because of my placement within systems of privilege and disadvantage that do not have to do with merit. I had come to see White privilege as an invisible package of unearned assets that I could count on cashing in each day but about which I was meant to remain oblivious. White privilege is like an invisible, weightless knapsack of special provisions, maps, passports, code books, visas, clothes, tools, and blank checks. Seeing this, which I was taught not to see, made me revise my view of myself, and also of the United States' claim to be a democracy in which merit is rewarded and life outcomes are directly related to deservedness. (p. 1)

McIntosh's article was not intended to lay guilt or blame on the privileged, rather it was shared to create a sense of awareness about the existence of power and privilege for those racialized as White: Canada has been building political, social and economic systems on ideologies of a dominant race, whereby inequalities for the Other will inevitably (and knowingly) exist. (p. 1). Critical race theory (CRT) helps to provide understanding of such ideology. CRT was formed out of the need for minority populations to not only raise awareness of race and racism (typified by characteristics such as skin colour) but also to generate more in-depth discussions about the ways in which racism are entrenched

within the framework of society and within ideologies (Parker & Lynn, 2002). As Delgado and Stefancic (2001) note, *CRT* is

> A collection of activists and scholars interested in studying and transforming the relationship among race, racism, and power...it not only tries to understand our social situation, but to change it; it sets out not only to ascertain how society organizes itself along racial lines and hierarchies, but to transform it for the better. (pp. 2-3)

Critical race theory argues that race is a social construction, not a biological characteristic. Race is an idea, a discourse, a system that ensures some people in society have an advantage over others. In other words, it is characterized by having supremacy over another. Race is a social construction that has profound consequences for material well-being in daily life and for the construction of one's identity through lived experience. Critical race theory makes race visible and empowers those who have been oppressed through the process of Othering and racialization by recognizing that social norms have been constructed to serve the interests of the privileged. The goal of critical race theory is to eliminate racial oppression. It does this, in part, by acknowledging that racism exists and is grounded in history. CRT articulates racism as normalized not only at the individual level, but also at a more societal, systemic level. Through the creation of awareness and acknowledgement comes change (Delgado & Stefancic, 2001; Green, 1995; Henry & Tator, 2002; Parker & Lynn, 2002).

CRT also acknowledges the nature of ideology, which is grounded in a consensus of beliefs, values, assumptions and perceptions that provide a group with understanding and a lens through which to view the world (Delgado & Stefancic, 2001; Henry & Tator, 2002). However, ideology is more than a platform for explaining one's surroundings, it is a regulator of social practices. Dominance and power are derived and fed from

ideologies that posit collective statements that provide a framework for which to uphold the group's own ideals and goals. According to Delgado and Stefancic (2001), there are two central understandings of CRT. First, that racism is ordinary and is a common way in which the dominant group in society operates daily. Second, that through "material determinism" or the advancement of the elite, dominant group in society, there is little incentive to change the status quo or ideologies that support a comfortable way of life. Europe is a good example of how the ideals and shared belief system of a people can work to eradicate those that contradict the norm. The domination of Western ideology has historically worked to oppress the values or beliefs of the minority, not only for the acquisition of land or territory, but also for the acquisition of power: to control the "inferior" through the creation of a superior race. *Eurocentrism* is an evolving ideology that has historically been preserved and promoted. This core system defends the status quo and normalizes racist ideologies within (Blaut, 1993). As Blaut (1993) notes:

> The wealth obtained from non-Europe, through colonization in its many forms, including neo-colonial forms, has been a necessary and very important basis for the continued development of Europe and the continued power of Europe's elite. For this reason, the development of a body of Eurocentric beliefs, justifying and assisting Europe's colonial activities, has been, and still is, of very great importance. Eurocentrism is quite simply the colonizer's model of the world. (p. 10)

Acknowledging the common sense of the dominant group, or the narratives to which they subscribe, is also to acknowledge the stories and/or counterstories of the minority. In CRT, the "outgroups" or minorities "define[s] the boundaries of the mainstream and provides a perspective of reality that has typically been denied and silenced. Essentially, it is a 'counter reality'" (Delgado, 1989, p. 60) to the ideologies of the dominant group. It is within these stories and narratives that marginalized and

oppressed people achieve a sense of cohesion and understanding of their reality, an expression of defiance against the mindset of the majority, the oppressor. As Delgado (1989) writes,

> Stories build consensus, a common culture of shared understandings, and a deeper, more vital ethics. But stories and counterstories can serve an equally important destructive function. They can show that what we believe is ridiculous, self-serving, or cruel. They can show us the way out of the trap of unjustified exclusion. They can help us understand when it is time to reallocate power. They are the other half - the destructive half – of the creative dialectic. (p. 61)

Within CRT, stories and counterstories create an opportunity for ignored realities to emerge. Although divergent stories exist between the dominant and the oppressed, it is the experiences shared through story that are a constant within both realities. As Delgado and Stefancic (2001) state,

> Literary and narrative theory holds that we each occupy a normative universe or 'nomos' (or perhaps many of them), from which we are not easily dislodged. Talented storytellers nevertheless struggle to reach broad audiences with their messages…the hope is that well-told stories describing the reality of black and brown lives can help readers bridge the gap between their worlds and those of others. Engaging stories can help us to understand what life is like for others, and invite the reader into a new and unfamiliar world. (p. 41)

Within Aboriginal populations, for example, storytelling has been used to not only preserve history but also culture. The use of story and/or counterstory is also a revolt against the alienation experienced within the minority or the marginalized. It is a challenge to the veracity of dominant stories of the Canadian nation and the history of this country, revealing dark areas of history and experiences of oppression. Through this process, the ways in which racism and racialization continue to inform common-sense understandings is made explicit. As Ladson-Billings (2003) argues, it is important to acknowledge that not all cultures are universal and, therein, not all ways of knowing are universal. She discusses the "us" and "them" dichotomies: how dominant ideologies

designate people to a way of knowing that can often be rigid and without room for any other complexity. As such, storytelling is the catalyst for many legal discourses within CRT and provides a foundation for action, challenge, and change to the common sense that operates as the dominant story, the dominant reality. Yasso (2005) supports this, acknowledging that CRT creates a space for the Other to have their knowledge count and have value, finding empowerment through the sharing of stories.

> CRT addresses the social construct of race by examining the ideology of racism. CRT finds that racism is often well disguised in the rhetoric of shared 'normative' values and 'neutral' social scientific principles and practices. However, when the ideology of racism is examined and racist injuries are named, victims of racism can often find their voice. Those injured by racism and other forms of oppression discover that they are not alone and moreover are part of a legacy of resistance to racism and the layers of racialized oppression. They become empowered participants, hearing their own stories and the stories of others, listening to how the arguments against them are framed and learning to make the arguments to defend themselves. (p. 74)

Through the challenge of the common sense of the dominant culture, CRT carves out space for the Other whereby experiences and knowledge can be shared, acknowledged and learned from.

Understanding Through a Postcolonial Lens

The work of postcolonial theorist, Edward Said (1993), supports and complements the work of CRT because both perspectives acknowledge and challenge the contextual and historical treatment of race and equity. Complementary to the work of Delgado and Stefancic (2001) within CRT, Said argues that races are constructed for the benefit of those in power. Race is an inherent aspect of colonization but, although the explicit acts of colonization have ended, its effects are still evident in society. Said notes: "In our time, direct colonization has largely ended; imperialism, as we shall see, lingers

where it has always been, in a kind of general cultural sphere as well as in specific political, ideological, economic and social practices" (p. 9). Furthermore, Said argues that neither imperialism nor colonialism was a simple act of accumulation and acquisition; rather, both are supported by ideological formations that ensure those who are being colonized become controlled through ideology and believe they are "inferior" or "subordinate" to the colonizers (p. 9). As a postcolonial theorist, Said viewed the history of European expansion and the occupation of most of the global landmass between 1492 and 1945 as a "specific and problematic" process (Said, 1993, p. 5). Said maintains that little attention is given to the impact or presence of culture in the "modern imperial experience" (p. 5) and the fact that historical powers of imperialism (such as Britain/France and the United States) still exist. It is within such imperialist frameworks and dominions that the "global world" (Said, 1993, p. 5) was truly established while culture was existent within those geographical and territorial boundaries. According to Said, imperialism really is "thinking about, settling on, controlling land that you do not possess, that is distant, that is lived on and owned by others" (p. 7). However, many scholars and historians make little connection between the impact of exterminating Indigenous peoples and the succession of imperialism. The constant struggle over territory or land extends far beyond geography and imposes on the culture of a people – on their thoughts, ideas, values and practices. The empires that were built to overthrow, settle, profit, and dominate territories have evolved into a present-day society where dominant hierarchies rein. Hence, minorities (the racialized Others) existing within such empires become powerless in a space where dominant ideology seeks to sustain the other as marginalized, unheard, and oppressed.

It has been suggested that the height of imperialism ended, or at least slowed, following World War II and the deconstruction of the dominating global colonial structures. Prior to the World War II, however, many empires (Said, 1993) had been established worldwide. And because imperialism became a vehicle to develop and maintain developed empires, it was certain not to be completely abandoned. Rather, the outward acts of domination and colonization ceased, and imperialism quietly became transformed into what Said (1993) calls the "general cultural sphere," becoming established in "political, ideological, economic, and social practices" (p. 9). *Postcolonial theory*, then, is a movement in response to the ideology created through imperialism and colonization and is concerned with colonial history to the "extent that history had determined the configurations and power structures of the present to the extent that much of the world still lives in the violent disruptions of its wake" (Young, 2001, p. 5). Thus, the examination of both colonization and the effects of colonization are of primary importance because these still serve to preserve White supremacy. Much as the work of McIntosh (1988), discussed earlier, Leonardo (2004) notes that White privilege is the "Unearned advantages that Whites, by virtue of their race, have over people of colour; in addition, it is symptomatic of the utter sense of oblivion that many Whites engender toward their privilege" (p. 138). Leonardo goes on to argue that the understanding of White privilege must also be accompanied by the understanding of White supremacy, whereby the conditions of White racial domination facilitate the experience of White privilege:

> In order for White racial hegemony to saturate everyday life, it has to be secured by a process of domination, or those acts, decisions, and policies that White subjects perpetrate on people of colour. As such, a critical pedagogy of White racial supremacy revolves less around the issue of unearned advantages, or the

> *state* of being dominant, and more around direct processes that secure domination and the privileges associated with it. (p. 137)

Although, for example, in Canada people do not socially support the creation of residential schools for Aboriginal people, and likewise, in the United States, people do not outwardly advocate for the induction of slavery for African American citizens, there is still a participation in and a sentiment of White supremacy that is recreated through ideologies and the systems built on those ideologies that support this sense of domination and control.

Aboriginal people, historically, have been an oppressed people, who to present day are still experiencing the residual effects of colonization. The use of a postcolonial perspective lens can help to provide context and understanding of the disadvantage that Aboriginal people experience in their social, economic and health status. The effects of colonization have perpetuated health disparities that are of concern to Aboriginal populations, including addiction. The erosion of traditional lifestyle and culture, as well as the experience of events such as residential schooling, has contributed to the unique health challenges that Aboriginal people face (Maar, 2004). The term *postcolonialism* does not infer there was a conclusive end to colonialism (as it may imply), but rather a place in history where the colonial state was transformed and the strength of culture formations transcended into a new era of political and social discourse. In fact, the end of colonialism has, in many ways, been reinvented through various global world systems that hide within the context of a postcolonial society. Postcolonialism is in a constant state of balancing; first, giving credence to the "victories" (Young, 2001, p. 60) of resistance and independence achieved by marginalized cultures and nations and second, by acknowledging that the existing world structures have yet to change. The history of

colonization must be acknowledged in both postcolonial and decolonized countries as postcolonialism cultural critique is, in fact, based on understanding the experiences and impact of those who suffered the effects and atrocities of colonization. Postcolonialism articulates a fine balance between the past and the present of the colonized and the colonizer. It involves the colonizer to enable understanding of the subsequent power structures and movements that have been birthed since the times of colonization. Said (1993) maintains that many fundamental discussions are based on the past, including how and why such histories occurred, how they took place and, in fact, how they now impact or provide a sense of understanding about the present or the future. In one of Said's most notable texts, *Culture and Imperialism,* he says:

> Appeals to the past are among the commonest of strategies in interpretations of the present. What animates such appeals is not only disagreement about what happened in the past and what the past was, but uncertainty about whether that past really is past, over and concluded, or whether it continues, albeit in different forms, perhaps. (p. 3)

This perspective is valuable in understanding how the past and the history of Aboriginal people have significantly influenced the present and future actions and experiences as they relate to health, education, and socioeconomic status.

As previously noted, the eradication of the Indian on behalf of the Europeans was fueled by the need to protect and preserve Eurocentrism through total domination and control, with whatever necessary means (Blaut, 1993; Henry et al., 1998). Aboriginal people may no longer face the direct threat of eradication; however, they experience perhaps a more persistent form of colonization. Because racist ideologies have preserved a place of power for the dominant culture in Canada, Aboriginal people are forced to live in a foreign land, whereby dominant systems and agencies of "socialization" and

"cultural transmission" (Henry et al., 1998, p. 16) establish doctrines in the educational system, the media, religion, literature, and even in the first language we speak (Green, 1995; Henry et al., 1998). "National narratives," such as these have shaped and continue to direct national policy and practice in our country, often at the great expense of Aboriginal people's welfare. As Green (1995) states,

> The dominant narrative of Canadian beginnings, from heroic pioneers taming uncharted wilderness to contemporary socio-political consequences, assumes the validity of certain historical beginnings and of legitimacy in deeply embedded cultural formations…it takes on the lustre of common sense, of what everyone "knows"…this structured reproduction of selective knowledge ensures a hegemonic social consciousness maintained by culturally diffused mechanisms. (p. 89)

Essentially, this narrative (a narrative denying the atrocities of colonization on Aboriginal people) becomes enrobed in all levels of the dominant culture and eventually works to legitimize itself, perpetuating the process of Othering Aboriginal people.

Residual Effects

In 2006, the number of people in Canada who identified themselves as Aboriginal, that is, North American Indian (First Nations people), Métis, and Inuit, surpassed the one-million mark, reaching 1,172,790. During the past decade, Canada has seen the Aboriginal population grow significantly. Between 1996 and 2006, it grew by 45%, nearly six times faster than the 8% rate of increase for the non-Aboriginal population (Statistics Canada, 2006). The Métis population led the growth in Canada, increasing by 91% since 1996 to reach 389,785 in 2006. This was more than 11 times the rate of increase for the non-Aboriginal population (8%). An estimated 698,025 people identified themselves as North American Indians, also referred to as *First Nations people* (both Status and Non-Status Indians). The First Nations population increased 29%

between 1996 and 2006, 3.5 times the increase of 8% for the non-Aboriginal population. A smaller proportion of First Nations people lived on reserve than off reserve. An estimated 40% lived on reserve, while the remaining 60% lived off reserve in 2006. The off-reserve proportion was up slightly from 58% in 1996 (Statistics Canada, 2006).

The census (Statistics Canada, 2006) also confirmed that Aboriginal people are, in fact, increasingly moving into urban centres. In 2006, 54% of Aboriginal people lived in urban areas (including large cities or census metropolitan areas and smaller urban centres), up from 50% in 1996. In 2006, Winnipeg was home to the largest urban Aboriginal population (68,380), with Edmonton and Vancouver trailing at 52,100 and 40,310, respectively. Toronto (26,575), Calgary (26,575), Saskatoon (21,535), and Regina (17,105) were also home to relatively large numbers of urban Aboriginal people (Statistics Canada, 2006). In 2006, nearly 7 out of 10 Métis (69%) lived in urban areas, up slightly from 67% in 1996. (Urban areas include large cities or census metropolitan areas and smaller urban centres [Statistics Canada, 2006]).

There is extensive literature to support the significant difference in physical health and mental-health difficulties experienced by Aboriginal people when compared to the general population (Health Canada, 1999; National Aboriginal Health Organization [NAHO], 2003; Statistics Canada, 2006; Zitzow, 1996). Numerous studies have shown that minority populations may experience disproportionate rates of disease and health risks due to poorly understood and complex interactions among socioeconomic, behavioural, psychological and health-care factors (Institute of Medicine of the National Academics, 2002). On average, First Nations people live 5 to 10 fewer years than the average Canadian (Statistics Canada, 2006). Health Canada statistics show specific

causes of mortality, such as suicide, are twice as likely to occur among on-reserve First Nations when compared to the Canadian rate. Additionally, injury was the largest cause of Potential Years of Life Lost (PYLL) for on-reserve First Nations, which was four times the national Canadian average. Injuries included incidents such as suicide, drowning, homicide, and poisoning. In fact, in comparison with the non-Aboriginal population, on and off reserve First Nation Peoples, Inuit and Métis all have a significantly higher degree of chronic and infectious disease, as well as higher rates of obesity[7] (Health Canada, 1999; Statistics Canada, 2006).

Social and economic status of Aboriginal peoples also tends to be lower than non-Aboriginal Canadians. According to CIHI (2004), the level of education, employment, and income status are all found to be considerably lower than the non-Aboriginal population in Canada. In fact, nearly twice as many non-Aboriginal Canadians have attained a degree, certificate, or diploma when compared to Aboriginal people. Aboriginal people are also four times less likely to obtain a bachelor's degree than non-Aboriginals. Additionally, Aboriginal unemployment rates are almost three times higher than for non-Aboriginal Canadians. Consequently, in 2000, Aboriginal people were twice as likely to be considered low-income than their non-Aboriginal counterparts in Canada (CIHI, 2004). In 2006, Statistics Canada reported that 60.5% of First Nations people aged 25 to 54 were employed, compared to 81.6% of the total Canadian population who gained employment. The gap for unemployment for First Nations people was at its highest when comparing the rates of men and women with Registered Indian

[7] Based on 2008 statistics, the prevalence of obesity was higher among Aboriginals (37.8%) when compared to non-Aboriginals (22.6%). The prevalence of obesity in children and youth was higher among Aboriginals (15.8%) when compared to non-Aboriginals (8.0%). In both youth and adults, the odds for obesity were higher among Aboriginals than non-Aboriginals (Katzmarzyk, 2008).

Status living off-reserve, at 70.4% for women and 59.3% for men. In 2006, the unemployment rate of Métis adults was 8.4%, which is higher than the unemployment rate for the non-Aboriginal population (5.2%). The unemployment rate for Métis women was 8.6%, a figure comparable to the unemployment rate of 8.2% for Métis men. The median yearly income for First Nations people was $14, 517, a figure that is $11,000 lower than that of the non-Aboriginal population ($25, 955) (Gionet, 2009a; Gionet, 2009b). Statistics Canada (2006) reported that the median income for Métis was approximately $5,000 less than the median income for non-Aboriginal Canadians ($25, 955).

In Regina and Saskatoon, education and employment are also a concern. The data from 2006 (Statistics Canada, 2010a) infer that in Regina, about one-quarter of Aboriginal men (26%) and Aboriginal women (23%), aged 25 to 64 years, had less than a high school education, compared to 13% of non-Aboriginal men and 10% of non-Aboriginal women. In Saskatoon, numbers were quite similar, with 31% of Aboriginal men and 27% of women 25 to 64 years of age having less than a high school education, compared to 14% and 10% of their non-Aboriginal male and female counterparts (Statistics Canada, 2010b). Unemployment rates also displayed disparity between Aboriginal and non-Aboriginal people. Regina unemployment rates for the Aboriginal core working age population (aged 25 to 54) were four times higher than that of the non-Aboriginal population (12.0% compared to 2.9%). In Saskatoon, the unemployment rates for the Aboriginal core working age population (aged 25 to 54) were also higher than that of the non-Aboriginal population (13.3% compared to 3.4%). As noted, a lack of formal education and employment significantly impacts earnings. Aboriginal people residing in

Regina (19%) and Saskatoon (18%) were less likely than the non-Aboriginal population (31% in Regina and 36% in Saskatoon) to have a total income of $40,000 and over. In fact, many Aboriginal people are living below the low-income cut-off (LICO)[8] in Regina and Saskatoon (Statistics Canada, 2010a; Statistics Canada, 2010b). In both cities, Aboriginal people were significantly more likely to live below the LICO than non-Aboriginal people. In Regina, 43% of Aboriginal people were living under the LICO, compared to 11% of non-Aboriginal people. Furthermore, 52% of Aboriginal children were living the LICO, as compared to 13% of non-Aboriginal children. Saskatoon, again, had very similar results - 45% of Aboriginal people were living below the LICO, as compared to 13% of non-Aboriginal people. Similar to Regina, Aboriginal children residing in Saskatoon (56%) were also living under the LICO, compared to 14% of non-Aboriginal children (Statistics Canada, 2010a; Statistics Canada, 2010b).

In a report released by the NAHO (2001), it is noted that while poverty involves lower education levels, lower incomes, and higher unemployment rates, it also involves a loss of self-esteem, a sense of hopelessness, and helplessness.

> There is plenty of evidence to prove that Aboriginal people are the poorest in Canada … In poverty stricken communities, individuals and the communities face many social problems like high rates of unemployment, reliance on welfare, poor housing and poor education. These circumstances find many feeling helpless, uncertain and generally unhealthy reinforcing the links between social health problems and colonial oppression against a backdrop of lack of control at the community level. In short, Aboriginal health will improve with the simultaneous reduction of poverties of all kinds. (p. 14)

A supporting document released by the Public Health Agency of Canada (PHAC) (2004) appears to reinforce this perspective. PHAC notes that while socioeconomic status (SES)

[8] Statistics Canada uses the concept of low income cut-off (LICO) to indicate an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter, and clothing than the average family (Statistics Canada, 2010a).

includes education, income, and employment, the root cause of ill health is not only money. They note that low SES often translates into low self-esteem, the absence of life skills essential to making healthy life choices, an indifference to risky behaviours, the stress of working in low-paying jobs with little or no job security, and the lack of opportunity to participate in community life.

> The overall effect is negative and may persist through several generations. How all of these factors translate into poor health is not fully understood; the pathways are complex and vary among individuals. Low SES is both a cause and an outcome of poor health. Integrating marginalized people into society and rebuilding lives requires more than material resources. (PHAC, 2004, p. 3)

As discussed earlier, from a postcolonial perspective, Said (1993) argues that the colonization of a group of people (i.e., Aboriginal people) is founded and supported in societal ideologies which helps to ensure those who are being colonized become controlled through such ideology and, in fact, believe that they *are* "inferior" or "subordinate" (p. 9) to the colonizers. Through oppression, it can be argued that Aboriginal people have come to understand themselves as dependant, weak, and, ultimately, unwell. As CRT theorists argue, this "identity" assumed by Aboriginal people results from the way in which White supremacy and racial power has been systemically established in Canadian society. This self-image perpetuates the physical, mental, emotional, and spiritual disparities experienced, and acts as fuel to the fire that only contributes to the ill health among many Aboriginal people.

Although many Canadians suffer varying levels of ill health and low SES, Aboriginal people suffer the highest rates of ill health and low SES. PHAC (2004) notes that health disparities affect everyone and there is a correlation to SES for all Canadians; however, Aboriginal people continue to suffer at higher rates compared to non-

Aboriginal Canadians. For this reason, they argue that a wide variety of health determinants interact in complex manners that produce health inequalities. The ill health that Aboriginal people experience, inclusive of the cross-section of influencing factors that comprise health (such as income, education and employment), has not only been perpetuated by the act of colonization, but also are a direct result of such atrocities. As noted previously, a postcolonial perspective would support this stance, again acknowledging the intricate connections between oppression, loss of identity, and the formation of, or rather malformation of, health, wealth, and social success. Through the destruction of Aboriginal populations' culture, identity, and way of life, as well as the traumatic experience of events such as residential schooling, it is clear how Aboriginal people face health and well-being disparity when compared to the general population (Maar, 2004). In a 2002 public opinion poll (NAHO, 2003), 63% of First Nations and 57% of Métis respondents identified the loss of land and culture as a significant contributor to poorer health status. There is a strong link between health and socioeconomic status, and it is strongly influenced by a number of contributing factors unique to Aboriginal people. For example, the loss of culture, traditions, and, essentially, the traditional identity of a people have been eroded through the acts of colonization. The remnants of such histories are evident in the marginalization and stigmatization that Aboriginal people still experience in the 21st century. Furthermore, many of the racist, exploitative relationships that flourished during colonial times still resonate not only in the dominant culture, but also in the foundational political institutions that provide guidance to services such as healthcare (Green, 1995).

Aboriginal people are also less likely to access mainstream health services. The limitations for Aboriginal peoples accessing health services and supports (much like the higher rates of ill-health) have been found to correlate to various origins, including marginalization, gender, poverty, identity and colonization (Bourassa et al., 2004). Overall, statistics infer that the health status of Aboriginal peoples is significantly worse than the health status of the general Canadian population (CIHI, 2004). Many gaps exist in the provision of health services between Aboriginal people and professionals that work within a westernized model of care. As Janet Smylie (2001a) notes, "Barriers facing Aboriginal individuals seeking health-care may not be apparent to the health professional in the cross-cultural context. Existing identified barriers may be categorized as: attitudinal, values and beliefs, structural, socioeconomical, and language and communication" (p. 2). The complexities inherent in the vast contrast between two philosophies (Aboriginal and Western) are further burdened by a history of colonization, which has created a strong distrust on behalf of Aboriginal people. Furthermore, health professionals that can identify with the dominant mainstream culture often harbour an attitudinal position founded on stereotypes based on their ethnic background. As Brunen (2000) discusses, Aboriginal people deal with stereotypes such as "the typical drunken Indian" or "the uneducated Indian welfare case" daily, and notes that such stereotypes are "woven into the very fabric of our society" (p. 4). The prejudice that ensues clearly makes it very difficult for an Aboriginal person to feel comfortable accessing healthcare services. They must navigate a system with which they are unfamiliar; a worldview that is not their own (Smylie, 2001a). The health and well-being of Aboriginal people in Canada was originally intended to be supported through full assimilation into mainstream

society. However, as noted, statistics infer that the health of Aboriginal people is devastatingly poor. And, despite an effort to begin to provide funding to allocate services that are more culturally appropriate, little improvement has been made. This is primarily due to the fact that the oppressive histories of colonization have not been adequately acknowledged and, therefore, the ideologies that supported colonization in the past still exist in the institutional systems of today (Browne, Fiske, & Thomas, 1999; Brunen, 2000; Smylie, 2001a). Furthermore, the mindset of the dominant, mainstream group is clouded by their own reality, their own story. As discussed earlier in this chapter, from a CRT perspective, the in-group holds a reality whereby their actions and reactions to the marginalized group are justified because their reality supports this. An example that Delgado (1989) shared provides insight to this perspective.

> In civil rights, for example, many in the majority hold that any inequality between blacks and Whites is due either to cultural lag or inadequate enforcement of currently existing beneficial laws – both of which are easily correctable. For many minority persons, the principal instrument of their subordination is neither of these. Rather, it is the prevailing *mindset* by means of which members of the dominant group justify the world as it is, that is, with Whites on top and browns and blacks at the bottom. (p. 60)

Without the acknowledgement and dissection of the dominant ideology, it is extremely difficult to evoke change and permeate the mindset of the majority, at least enough to create a space of equality that is evident in our social and political structures.

Aboriginal Identity Crisis: Obstruction to Healthcare and Education

Canada has a quiet history of exclusion through politics and bureaucracy. Despite a heightened social consciousness around issues such as *inclusion*, *diversity*, and *multiculturalism* (buzz words of the 20th century), there remains an unspoken national ontology that continues to view Aboriginal people (as well as other minorities,

immigrants and refugees) as potential threats to the dominant ideology that requires careful management. This management is disseminated through systemic institutions such as healthcare and education. According to Boyko (1998),

> A growing body of evidence indicates that racist ideologies and practices affect the administration and operation of human-service organizations, the delivery of services to individual clients and communities, the allocation of resources, training and education programs, and the access and participation of people of colour as clients or patients, managers, staff and volunteers. (p. 208)

For Aboriginal people, a lack of access to services and supports is a direct "manifestation of racism" (Boyko, 1998, p. 208). Such barriers suspend Aboriginal people's ability to achieve an adequate level of health and well-being (Smylie, 2001).

Within Aboriginal populations, the history of becoming "Canadian" is filled with contempt. The lack of sense of self and difficulty with personal self-perception about *who* they are and *where* they fit has been a contributing factor to the challenges they face today as a people (Warry, 2007). As stated, looking through a postcolonial lens, the visible effects of colonization on Aboriginal people are observable in the form of unemployment, lack of education, ill health, addiction and incarceration**.** The Health Council of Canada (2005) states,

> Aboriginal peoples in Canada were in good health upon the arrival of the Europeans, as confirmed in various historical documents… [however] the effects of colonization and other policies, like the residential school and the *Indian Act*, have, over the years, eroded the traditional way of life for many Aboriginal persons. This erosion has had a negative impact on the health and well-being of individuals, their families and communities. (p. 3)

Although the declining health of Aboriginals began in their first contact with Europeans, the creation of reserves significantly perpetuated health disparities. Because Aboriginal people were confined to a small geographical area, food and clothing resources were limited; because their traditional ways of living had been eroded, their access to the items

that had in the past kept them healthy was limited (Boyko, 1998; Health Council of Canada, 2005). As their traditional lifestyle was extinguished, their nomadic trends became defunct, and their health status began to fail, which continues to affect Aboriginal people today. A recent example of such disparity is the conditions at the Attawapiskat First Nation in Northern Ontario, Canada. For several months the community had been without adequate housing, water, and electricity. As winter conditions set in, the community sent desperate pleas for help. On November 29, 2011, the Red Cross mobilized staff and supplies in Attawapiskat, providing the community with sleeping bags, winter clothing, and heaters. Typically, the Canadian Red Cross provides support, often internationally, to impoverished developing countries. However, the conditions of the First Nation community were so dire the Red Cross felt the need to provide the support. An update provided on the Canadian Red Cross' website stated:

> In Attawapiskat, the Canadian Red Cross has identified families living in tents and wooden sheds without electricity and plumbing in most dwellings. Some homes have power by running extension cords. Some have created make shift wood stoves out of old oil drums, which is a threat to public safety and health. (2011, n.p.)

These types of deplorable and dangerous conditions are not congruent with the ideals of Canadian life, yet they exist. The reaction from the Canadian government was not responsive when compared to the urgent response to provide for the disparities in Haiti or other developing countries that experienced similar conditions. Rather, the devastating conditions that the Attawapiskat community experienced had been ignored for a significant period of time, until the government was no longer able to stifle the need to acknowledge their own citizens. This event exemplifies how the experiences of the Other

are trivialized, ignored, and even resented by the dominant culture. It is situations as these that stain the fabric of Canadian ideologies.

Looking specifically at education in Canada, Aboriginal people are inherently at a disadvantage given that they are not placed within the space of the dominant or mainstream members of society (Green, 1995). Most of the educators responsible for developing the curriculum and for disseminating it to Aboriginal students will be socially positioned within the privileged (Schick & St. Denis, 2005). From this perspective, it is clear to see how Aboriginal students would have difficulty connecting not only with what is taught, but also how it is taught and by whom. Historically, Aboriginal education was controlled by the military, acting for the Crown. For a time, Aboriginal students were placed in White schools; however, this was to increase the numbers so that the government would fund more schools. Once White student enrolment numbers increased, Aboriginal students were left without the opportunity for formal Western education. As such, the government sought out other agencies (mainly religious organizations) to handle this responsibility. With Confederation and the *Indian Act* (Minister of Justice, 2011), most Aboriginal schooling was done in isolation, although Indian Band Councils were told that they could run on-reserve schools *if* they met the regulations set out by the government. Of course, very few of these schools opened or survived due to the lack of financial capabilities of the Indian Bands (Boyko, 1998; Frideres & Gadacz, 2001; Library and Archives Canada, 2001). At this time the government commissioned N. F. Davin to report on industrial schools that had been established for Aboriginal people in the United States. The findings of Davin's report initiated the development of many residential schools across Canada that he called

"aggressive civilization" (Haig-Brown, 2006, p. 30). Davin's report noted that day school was ineffective, stating:

> The experience of the United States is the same as our own as far as the adult Indian is concerned. Little can be done with him…The child, again, who goes to day school learns little and what he learns is soon forgotten, while his tastes are fashioned at home, and his inherited aversion to toil is in no way combated. If anything can be done with the Indian, we must catch him very young. (Haig-Brown, 2006, p. 30)

As such, Indian parents were forced to surrender their children to residential schools, and many children were far from their homes. Residential schools were developed in conjunction with church leaders (not Aboriginal community leaders), with no curriculum developed to support the language difficulties or the many mental, emotional, spiritual, and physical needs of the children. Residential schools were the prime assimilation tool. It was a way to "[turn] their children White" (Boyko, 1998, p. 196). Through this "educational opportunity" provided by the government, families were divided; mental, physical, and sexual abuse ensued in many of the institutions; and children were stripped of their native language and left broken individuals with broken spirits. As Haig-Brown (2006) states,

> The stories we are inundated with by the mass media are coloured by sensationalism and a new-found attitude toward the prior silence of the victims. Regrettably, the sensationalism tends to isolate the abuse from a context in which First Nations' language, spiritual beliefs and entire cultural competencies were negated. First Nations people were expected to become like non-Natives – to serve as human resources for the developing industrial Canada. (p. 11)

With the induction of the *Indian Act* (see Minister of Justice, 2011), the government utilized racist ideology to enhance the assimilation process through education. Much like the state of health services for Aboriginal people, contemporary educational structures remain influenced by dominant ideology, with any attempts at inclusion of the minority

still founded on how to fit *them,* the Other, in with mainstream curriculum. Evidence is readily available through the discouraging statistics presented earlier in this chapter that noted the deficits experienced by Aboriginal people. In 2006, 40% of Aboriginal people aged 20 to 24 did not have a high-school diploma, compared to 13% among non-Aboriginal Canadians. The rate was even higher for First Nations living on reserve (61%) and for Inuit living in remote communities (68%) (Statistics Canada, 2006). Furthermore, deficits are noted in trades as well as the acquisition of postsecondary education when comparing Aboriginal people with the mainstream population (Statistics Canada, 2006). Acknowledgement of the disconnect between current practice and the irrelevance it represents for Aboriginal people in Canada was discussed by the Canadian Council on Learning (2009) that stated:

> Without a comprehensive understanding of Aboriginal peoples' perspective on learning and a culturally appropriate framework for measuring it, the diverse aspirations and needs of First Nations, Inuit and Métis across Canada will continue to be misinterpreted and misunderstood…Aboriginal communities, governments and researchers recognize the need to forge a common, balanced understanding of what constitutes success in Aboriginal learning. Failure to do so can result in information that is irrelevant to Aboriginal communities and fails to inform effective social policy. (p. 7)

Residual effects of being an assimilated, colonized people have also resulted in an Aboriginal people that are devoid of culture and how they identify as a people. The histories we accept as individuals can vary, of course, in relation to how we have experienced life and how we have been taught about our past. Through such experiences and histories, people develop a sense of understanding about themselves and have a foundation or platform for viewing the world (Kanu, 2003). The development of identity and a common thread of understanding between peers ultimately help to foster power within students. Discrepancies between a student's learning style and poorly matched

teaching method will inevitably result in inefficiency and potential failure on behalf of the student (Frideres & Gadacz, 2001). Aboriginal people, therefore, are at a disadvantage because their identities have been stripped generations earlier and are in the process of being rebuilt or repaired. It has been difficult for Aboriginal people to navigate the grey space (or the in-between space) between what it is like to be Indian in their own heritage and what it is like to be part of mainstream society. As Frideres and Gadacz (2001) point out, Aboriginal people are only now finding a collective identity amongst each other; however, "the strand that links Aboriginal peoples is the general sense of betrayal and injustice that they believe has been meted out over the past century" (p. 17). This has contributed to a sense of disarray amongst Aboriginal communities, incapacitating their ability, at times, to find strength within their people to represent and communicate their desires to the Canadian government, and fight collectively for their rights.

Thus, a significant portion of Aboriginal students have difficulties in the educational system and often, unknowingly, experience further victimization through the mainstream discourses delivered through the curriculum. Although social systems such as education are presented as an equal-opportunity environment, such opportunity is unrealistic when it is certain that mainstream Canadians and Aboriginal people did not start off on a "level playing field" (Henry et al., 1998, p. 27). Canada, unfortunately, has staked claim to such opportunity in this country, discounting or ignoring the power and privilege that the White mainstream population enjoys. To acknowledge such difference would be to acknowledge an entire government body, government system, that is based on domination of the Other. In fact, to "make right" the wrongs of dominant society

would require the complete overhaul of societal norms and ideologies (which, of course, is nearly unimaginable), as well as existing structures of power. So until then, the government (the dominant group) will remain in control of the doctrines that define this country and the institutions and systems and structures that are used to uphold them.

In recent years, the Canadian government has invested significant amounts of money to work towards what appears as a fulfilled government responsibility to Aboriginal people. They allocated millions of dollars to Aboriginal education, including elementary and secondary programs, as well as postsecondary assistance programs. However, "less than one percent of this money has gone directly to Aboriginal communities to be administered by Aboriginal people themselves" (Friederes & Gadacz, 2001, p. 100). In fact, most of the money has been allocated to federal, bureaucratic employment opportunities or for local and provincial governments to "purchase seats" (Friederes & Gadacz, 2001, p. 100) for Aboriginal students in non-Aboriginal schools.

Essentially, Aboriginal people have become pawns in a lengthy game. The government provides expenditures to develop strategies that will "help" the essential Aboriginal "problem" as it relates to education. These documents will dictate "recommendations" that will advise portions of curriculum to be more "inclusive" of Aboriginal students (Frideres & Gadacz, 2001). This may be achieved by increasing cultural activities within the classroom; developing regular classes that teach Aboriginal culture, language, and heritage; providing mentoring and tutoring for Aboriginal students; and increasing diversity training for staff (Fischer & Campbell, 2002). Although these initiatives may work to temporarily improve classrooms for Aboriginal students, it does little to address the underlying power that the government still holds over Aboriginal

people. Again, through publicly respected forums and administrations, Aboriginal students will be *given* what is deemed acceptable by government, with little input from those they intend to serve. The government has not and will not give up power to the Other. This is where access to education for Aboriginal students becomes very strained. The Canadian educational system is, and always has been, motivated towards supporting the mainstream (Frideres & Gadacz, 2001; Haig-Brown, 2006). Aboriginal people do not fit and thus feel alienated from an opportunity to learn via schools; they feel alienated from a majority of their peers. As stated, Aboriginal people struggle with identity and when systemic support is not offered through our educational system (and other systems of human service), the result is students who are failed by schools in which their identities and experiences are marginal and marginalized. Unsupported, these students are more likely to drop out, setting them up for a number of other social and economic struggles (Boyko, 1998; Frideres & Gadacz, 2001; Thobani, 2007). As Diane Wishart (2009) discusses in her book, *The Rose That Grew From Concrete: Teaching and Learning With Disenfranchised Youth,* the bequest of generations of marginalization, oppression, and racism that Aboriginal people have experienced, and continue to experience today, is evident in the way in which Aboriginal youth require the mainstream educational system to be relevant to them. Without this, failure is imminent, because disconnect between mainstream educational discourse and the realities of many of the disenfranchised Aboriginal youth with whom Wishart worked are irreconcilable. To bridge this gap, Wishart recommends engaging students in partnership - providing opportunities to be heard - and challenges teachers to dissect their own reality within the process of exchange. This fits well with the work of CRT, by acknowledging the

opportunity and the need for stories and counterstories of the minority that ultimately have the potential to evoke change or at least to create a platform for challenging the common sense of the dominant group.

Paradigm Shift?

The impact of colonization has permeated many generations of Aboriginal people. The role of the Canadian government has historically been representative of control and power, defining who Aboriginal people are, how they should live, where they should reside geographically within Canada, as well as how they should learn and become educated. Further exacerbating the tension between mainstream Canada and Aboriginal people has been the ongoing denial and refusal to acknowledge the histories of colonization and racism and how the ideals of the dominant culture do, in fact, include systems and places of power resultant in marginalization and exclusion. However, since the beginning of the 1990s, a heightened awareness of Aboriginal inequalities and the disparities experienced have gained notoriety in the political arena (Henry et al., 1998; Wotherspoon & Satzewich, 2000). Push-back from Aboriginal groups and leaders began to make it difficult for the government to continue to deny the history and the lived reality of Aboriginal people. Research exploiting areas of disparity - such as poor access to healthcare, housing, clean water, employment, and education - was now becoming public knowledge and receiving some attention. Governments were unable to ignore the information in the public eye and were forced to *cautiously* engage Aboriginal community leaders (Frideres & Gadacz, 2001; Henry et al., 1998; Wotherspoon & Satzewich, 2000).

In 1991, the Royal Commission on Aboriginal Peoples RCAP was developed to address this issue. Following a thorough review of available data, including results from conducted studies, a final report was presented and released in 1996. In the report the commissioner stated, "The main policy direction, pursued for more than 150 years, first by colonial then by Canadian governments, has been wrong" (RCAP, 1996, n.p.). However, a wave of political correctness over the past decade has actually become an act of tokenism to Aboriginal people. Henry et al. (1998) refer to this process as an "overdose of political correctness" (p. 26) or a means to remain in control by defining what it is that the Other can have. The Canadian government (particularly since 1996) has established many strategic initiatives to rebuild relationships with Aboriginal people; however, these initiatives are not without constraints. Aboriginal communities are concerned because although representative programming has been established to better support Aboriginal people, there has been little movement to shift power from the dominant to the subordinate. Issues such as self-government and the transfer of control to Aboriginal people for institutions such as social services have been constrained by long-range planning, financial constraints, and strict administrative regulations on behalf of the Canadian government (Wotherspoon & Satzewich, 2000). That being said, the RCAP (1996) report recommended the need for Aboriginal people to become full participants in the decision-making process as it relates to developing culturally appropriate or culturally safe[9] health programming and service. Through participatory health planning, Aboriginal people can help to inform and empower their community and

[9] The term *cultural safety* has been used in relation to "culturally appropriate" in terms of the services and supports that are provided to Aboriginal people (e.g., a marginalized group) in Canada, as well as globally (Anderson et al., 2003). The term is founded in an understanding of power differentials, inherent in health-service delivery and accessibility of health service.

define the practices and traditions that are identifiable to them (Smylie, 2001b). Moreover, frameworks such as postcolonial theory and CRT help to acknowledge the colonial histories of generations past and provide "understanding [of] how health, healing, and human suffering are woven into the fabric of the socio-historical-political context" (Browne, Smye, & Varcoe, 2005, p. 19). Such theoretical approaches lend a voice in the research process that could potentially unlock knowledge to reduce existing inequities in today's founding institutions, such as health-care.

Despite the numerous government-run initiatives created to "bridge gaps" and offer "diversity" within the human-services, mainstream Canada is undoubtedly anchored to an ideology that transcends generations. Because many of Canada's service-delivery agencies are founded upon such a "universalist…and monocultural" (Boyko, 1998, p. 225) model, it seems difficult to change the modus operandi of our country. It also seems somewhat futile to lay hope in the band-aid type programming aimed at appeasing Aboriginal people and their advocates. Often times, such programming is not in conjunction with Aboriginal communities and their people. Sadly, the government continues to believe that they know what is *best* for Aboriginal people, as long as they are on Canadian ground. Notwithstanding, Aboriginal people seem to have an inner strength that ceases to quit. If one considers that colonizers systematically deconstructed Aboriginal peoples' political, economic, religious, and family and community systems, and that Aboriginal people were not even viewed as citizens with the right to vote until after 1960, it is astonishing how they have continued to forge ahead as a people.

Since 1960, Aboriginal people have been slowly regaining their path, it terms of becoming more politically active in their quest to acquire the same rights of citizenship as mainstream Canadians. As Wotherspoon and Satzewich (2000) state,

> Native issues remain on the periphery of Canadian's consciousness…[this] marginalization and lack of public awareness of native concerns is gradually dissolving as the native voice assumes a significance that can no longer be excluded from the current process of national reconstitution. (p. 75)

Aboriginal people see success in equality. It is the goal of Aboriginal self-determination to finally rectify the health and welfare of their people: to reclaim ownership of their identity. As discussed in this chapter, through the use of theoretical perspectives such as CRT and postcolonial theory, the dark history that was colonization does not require concealment, but rather enlightenment, so as to engage the root issues that contribute to the unwell state of Aboriginal people.

It is clear, that despite the division of race in our country, and the ideologies therein, one cannot deny that we are all in some way connected, and that the health or ill health, educated or uneducated, wealthy or unwealthy citizens in our country we call Canada affects all of us. However, for meaningful change to occur for Aboriginal people, the Canadian government will be required to fully acknowledge not only their colonial past, but also the connected racist ideologies from colonial times that are present today. The ignorance that exists amongst many Canadians, including members of government, presents roadblocks to future progress. The stories of Aboriginal peoples' history are everyone's stories. Without such acknowledgement and contemplation, the work to create access and equality for Aboriginal people in Canada will certainly be fragmented.

CHAPTER 3

The Prevention, Education, and Treatment of Problem Gambling in Saskatchewan

Saskatchewan Health, a provincial government department, provides various services related to prevention, education, and treatment of problem gambling. In 2011-12, a total of $5.8 million dollars will be allocated for problem-gambling initiatives in Saskatchewan. The government expects to allocate $3.55 million to general education, prevention and treatment and, through the Gaming Agreement with the Federation of Saskatchewan Indian Nations, an additional $2.25 million is expected to be allocated for First Nations problem gambling initiatives (Government of Saskatchewan, 2011b). Such funding is a significant improvement from the $2.75 million-dollar contribution in past years that had been designated to fund not only education and prevention, but also treatment services that included at-risk populations such as First Nations people. Although I called the Saskatchewan Liquor and Gaming Authority (SLGA) to inquire about the substantial increase, I was told that I was incorrect about the increase and to check my source. I did check my source, which was on SLGA's website, and promptly emailed the link to the individual I was corresponding with; to date, I have received no further correspondence.

With the continued expansion of gaming, both nationally and provincially, it is uncertain if governments truly recognize the cost as individuals and families struggle with problem-gambling addiction. Many helping professionals that work and research in the area of problem gambling believe that while governments publicly announce funds for education, prevention, and treatment of problem gamblers, their efforts are half hearted. Governments are in direct financial conflict because they are the recipients of

the large revenues generated by gambling activities and establishments. It almost seems illogical that governments would significantly reduce or deter the number of people who wish to gamble, because to do so would directly reduce the amount of revenue generated. As such, society does not experience the same types of advocacy for the reduction of gambling behaviour as they do for drug and smoking cessation, for example (Andresen, 2006). This lack of commitment is reflected in the steady numbers of gambling prevalence, the significance of problem gambling behaviour, particularly amongst Aboriginal people, and the lack of specialized treatment programs available to problem gamblers and their families.

With the increased prevalence of problem gambling, the need for establishing appropriate support services is essential. Such an approach must not only focus on treating the problem but also devise strategies to prevent it (Dickson-Gillespie, Rugle, Rosenthal, & Fong, 2008). In Canada, there are several national organizations that provide educational and prevention resources, as well as information on treatment options and support centers. Some of the more prominent organizations include the Canadian Mental Health Association, the Canadian Centre on Substance Abuse, the Centre for Addiction and Mental Health (2012), the Responsible Gaming Council, and the Canadian Partnership for Responsible Gambling (2010). The Government of Canada also hosted a site called *SafeCanada.ca*, which provided a comprehensive list of gambling prevention and education links. However, as of March 2010, the site had been decommissioned because of "[The] result of a departmental initiative to update and consolidate information on the Web sites operated by Public Safety Canada. This initiative reduces duplication and improves the accuracy of public safety information provided to all

Canadians" (Public Safety Canada, 2010, n.p.). Despite this notification, inquiry on the Public Safety Canada site found no links to any material related to gambling. In fact, a search on the site did not source any hits specific to gambling, prevention, education, or otherwise.

Provincially, there are a number of gambling support services that vary based on regions and jurisdictions. Most provinces in Canada have an established 24-hour, toll-free telephone help-line, problem gambling/addiction counsellors (available free of charge through local health regions), Gamblers Anonymous support groups, as well as Gam-Anon and Gam-Ateen, which provides support and resources to family and friends of problem gamblers. The Government of Saskatchewan, Ministry of Health, provides services designated to the prevention, education and treatment of problem gambling. In addition to a toll-free help line, they fund regional health authorities to offer counselling, day treatment, senior, and Aboriginal counselling services, as well as in-patient services.

Presently in Saskatchewan, there are 35 full- and part-time counsellors specifically designated for problem gambling for the entire province of Saskatchewan. In-patient services are also available at the Slim Thorpe Centre in Lloydminster, Saskatchewan. One of the first Canadian residential treatment centres for problem gamblers, the Slim Thorpe Treatment Centre, is an integrated gambling 28-day program addressing both gambling and chemical dependency (where applicable). Gambling-specific programming is offered within this model of treatment, which is more comprehensive and also includes a family component that relatives may attend (Saskatchewan Ministry of Health, 2008).

The Ministry also provides funding through Community Initiatives Fund (CIF). It is a special purpose fund created through *The Saskatchewan Gaming Corporation Act*[10] and is accountable to the Ministry of Tourism, Parks, Culture and Sport. CIF's mission is to: "Make knowledgeable and effective investments in community-based projects or initiatives that strengthen the capacity of non-profit and charitable organizations" (Government of Saskatchewan, 2011a). Coincidentally, one of the funding streams for the CIF is the Problem Gambling Prevention and Treatment Program, which is funded through a portion of the Regina and Moose Jaw casino profits. An example of such funding in action is the Canadian Mental Health Association (CMHA) in Regina. CMHA provides public awareness and education to residents of Regina and area. Most community work is done through school presentations, although some collaborative work is done in conjunction with the First Nations Addictions and Rehabilitation Foundation (FNARF) to reach First Nations communities as requested (Canadian Mental Health Association, 2011).

The Federation of Saskatchewan Indian Nations (FSIN), through the Gaming Framework Agreement with the Government of Saskatchewan, developed FNARF. The foundation was developed to ensure that prevention, education, and treatment information on problem gambling was made accessible to First Nations people (FSIN, 2009). In 2002, the FNARF Board of Directors moved to establish a First Nations owned-and-operated treatment facility in northern Saskatchewan. The Prince Albert Grand Council Problem Gambling Program offers a 10-bed in/out-patient treatment centre for problem gamblers and their families that offers a holistic approach to improve the well-being of

[10] An Act to establish the Saskatchewan Gaming Corporation and to enact certain consequential amendments arising from the enactment of this Act (Government of Saskatchewan, 2011b).

individuals and their family. In southern Saskatchewan, FNARF supports the White Raven Healing Centre Problem Gambling Program, located in Fort Qu'Appelle. This treatment facility provides in-house and outreach services, including mobile services, and is able to treat both problem gambling as well as dual addictions (FSIN, 2009).

A significant portion of the governments' information on problem gambling and related services is hosted on their website. In 2009, a link was added to the Saskatchewan Ministry of Health's website, providing a problem-gambling counsellor directory for the public (Government of Saskatchewan, 2009a). The government has also recently added the services of the Provincial Mediation Board to offer assistance to individuals with personal debt problems. Additionally, funding is provided to run media campaigns for responsible gambling, implementing seniors- and postsecondary-awareness initiatives and providing educational resources to teachers, youth, families and Aboriginal peoples about the impacts of gambling (Government of Saskatchewan, 2009a).

The province, through the Saskatchewan Gaming Corporation, has also developed the Responsible Gaming Information Centre, which aims to educate guests and staff about responsible play, providing information resources on education and prevention of problem gambling. The Saskatchewan Indian Gaming Authority contributes to "responsible gambling" through awareness campaigns, staff training, as well as provision of resources for education and prevention (Government of Saskatchewan, 2009a). Likewise, both Saskatchewan Gaming Corporation casinos, located in Regina and Moose Jaw, have also adopted the "Voluntary Ban" program whereby patrons can ban themselves from the casinos for up to 5 years. Although there are no data specific to the

effectiveness of this program in Saskatchewan, a body of research has emerged over the past 10 years reviewing the effectiveness of self-exclusion programs. Research published by Nowatzki and Williams (2002) states:

> Critics have questioned the impact of self-exclusion programs on problem gambling, considering that many problem gamblers do not believe they have a problem. Self-exclusion programs have the potential to work only for those who recognize their problem, and are willing to admit to it and take action to deal with the problem. Furthermore, considering the lax enforcement of self-exclusion, it is quite possible that success for many individuals has less to do with enforcement, and more to do with the person's decision to curb their gambling and their public proclamation of this decision. (p. 7)

However, more recent research conducted by Ladouceur, Sylvain, and Gosselin (2007), as well as Blaszczynski, Ladouceur, and Nower (2007), provides data to suggest that not only is the self-exclusion model effective in terms of reducing problem gambling behaviours, but that it also has the potential to act as a gateway to therapeutic services, such as counselling. Research in this area is ongoing to help identify more definitively the effectiveness of self-exclusion programs as an intervention for problem gambling.

In the Regina Qu'Appelle Health Region (RQHR) a wide variety of programs are offered. The Mental Health and Addictions Services Unit provides problem gambling treatment via various programming, including the dual-diagnosis group program, women's group, family support group, individual counselling, and a day-treatment (out-patient) program. A Problem Gambling Family Support Group is available for anyone affected by a friend or family member's gambling. This drop-in group is held each Monday night at Knox-Metropolitan Church in Regina. The RQHR also has a Community Education Program where requests can be made to have work, school, or general public presentations on a variety of addictions topics, including problem gambling (Regina Qu'Appelle Health Region, 2009).

The RQHR previously offered an Aboriginal problem-gambling program. The services offered through the program were delivered using concepts derived from the Medicine Wheel and were intended to be conducted by an Aboriginal counsellor, with Elder support available to individuals or families that requested such service. Presently, however, the unit's only Aboriginal counsellor has left the department and since then the program has collapsed. A representative from the RQHR states that the program is no longer operable and is uncertain if or when it will resume. This, unfortunately, will significantly compromise Aboriginal-specific programming, as well as disrupt the level of comfort Aboriginal problem gamblers may have when accessing available treatment. This gap in service for Aboriginal patrons is a display of inequality in access to support services: services that are congruent with the Others' mode of health and healing. This imbalance is founded on the development of social norms, ideologies and structures that exist to serve the dominant race, as echoed in the work of various critical race theorists such as Derrick Bell and Richard Delgado. The closing of the Aboriginal Problem Gambling program is another example of exclusion that Aboriginal people face. It is an example of the differential of power that exists between the majority and the minority: The dominant group has the power to control who has access to service, what kind of service is offered, how that service is distributed, and, ultimately, who has the ability to experience wellness and balance.

Access to Culturally Safe Service: Understanding Through Postcolonialism and Critical Race Theory

The colonization of Aboriginal people in Canada has produced a legacy of marginalization, loss, and ill-health. Health-care and education have been shaped and

influenced by colonial policy (Green, 1995). A differential of power has transcended generations and has been formalized through institutional structures and policy. Although the Canadian government has recognized the health-related disparities Aboriginal people face, progress in improving both service delivery and access to health-care services has been slow (Brown et al., 2005). RCAP (1996) supports this, noting that means to reduce or correct inequality in health "have not had a greater effect primarily because they do not address the underlying imbalance in relations between Aboriginal people and the broader society" (p. 304). There are a vast number of complexities that perpetuate the disparities in health that Aboriginal people face. Primarily, though, Aboriginal people carry with them a history that has extended through generations.

As in colonial times, the construction of race continues to provide an environment of inclusion or exclusion in today's health-care setting. Race is spawn from an idea that transforms into a discourse and a system that ensures some people in society have an advantage over others. Critical race theory, however, makes race visible and empowers those who have been oppressed through the process of Othering, by recognizing that social norms have been constructed to serve the interests of the privileged. The goal of critical race theory is to eliminate racial oppression. It does this, in part, by acknowledging that racism exists and grounds it in a historical context (Green, 1995; Henry & Tator, 2002; Parker & Lynn, 2002). Acknowledgement of dominant ideologies is key to understanding the barriers that Aboriginal people face. In fact, often it is because of disparities and racial discrimination that a disproportionate number of Aboriginal people access and benefit from available health services. As noted by Kafele (2004), the history of racial discrimination against Aboriginal people in Canada,

including social exclusion and poverty has collectively created a sense of fear and mistrust and discourages the minority from accessing care. There is an urgency to address the barriers that exist for Aboriginal people when achieving wellness and accessing services that facilitate that process.

In connection to CRT, postcolonial theory helps to uncover and address health disparities and issues, such as access to care, by examining the relations such disparities have with race, ethnicity, and social classes (Racine, 2003). Moreover, postcolonial theory sheds light on unequal relations of power that are the legacy of colonization (Brown et al., 2005). This perspective and way of understanding helps to address health inequities stemming from the history of colonization of a marginalized Aboriginal people. Said (1993) maintains that many fundamental discussions occur based on the past, including how and why such histories occurred, how they took place, and, in fact, how they now impact or provide a sense of understanding about the present or the future. The diverse applications of postcolonial theory and CRT, inclusive of matters such as identity, race, racialization, culture, and Othering, help to bring understanding to barriers experienced by Aboriginal people in today's health-care system (Anderson et al., 2003; Browne et al., 2005).

Considering the foundational understandings of postcolonial theory and CRT, it appears that support services for Aboriginal problem gamblers and their families need improvement in Saskatchewan. Health regions across the province have not devised programming with Aboriginal people to address root causes of addiction such as problem gambling. Rather, additions have been made to existing mainstream programming, through what the *health region* considers to be "culturally appropriate" procedures (i.e.,

incorporating the use of an Elder), to address Aboriginal peoples' concerns. Both CRT and a postcolonial perspective posit that band-aid solutions are to suit the needs of the oppressor not the oppressed. The reason many organizations have not redesigned themselves to be accessible to the needs of the Other or the marginalized is because of their inherent need to maintain power (Said, 1993). Such is the lingering of indirect colonization in the cultural fabric of Canada, housed appropriately in, for example, political and social dwellings. Likewise, in Saskatchewan, few of the problem-gambling support programs address underlying root causes of addiction for Aboriginal people. Again, this illustrates the need to acknowledge the impact of colonization and the residual sociohistorical damage that continues to impact the health of Aboriginal people, as well as impede the process of accessing care (Browne et al., 2005). Support services that are considerate of the uniqueness of Aboriginal people in Saskatchewan were the Prince Albert Grand Council Problem Gambling Program and the White Raven Healing Centre Problem Gambling Program, located in Fort Qu'Appelle. Both treatment facilities are funded and operated by FSIN and provide holistic addiction treatment to Aboriginal problem gamblers and their families (FSIN, 2009). Other services offered through the RQHR Addictions Services Department, such as the problem gambling day-treatment program and family-support program, are based on mainstream treatment philosophies and are offered in mainstream health-care settings or local churches. Critical race theorists would acknowledge the disparity in such service, citing how the privileged will be served in a manner to which they are accustomed, and the marginalized will remain just that. The injustices, prejudice, and discrimination that have contributed to the deteriorated health status of Aboriginal people still exist and are evident in the ways in

which Aboriginal people's culture, traditions, and identity are misunderstood when attempting to seek wellness (Henry et al., 1998).

Research conducted across Canada indicates that the provision of mental-health services to Aboriginal people is disengaged. Various reports suggest there is a large disconnect between contemporary or Western mental-health philosophy and traditional Indigenous worldviews (Brunen, 2000; Kafele, 2004; Stewart, 2008; Walker et al., 2010). In fact, as Stewart (2008) notes, "counselling Indigenous individuals from a non-Indigenous perspective (i.e., Western perspective[11]) is a form of continued oppression and colonization, as it does not legitimize Indigenous cultural views of mental health and healing" (p. 12). Kafele (2004) supports this notion, arguing that the intersection of social inequities, racial discrimination, poverty, and marginalization of Aboriginal peoples significantly impacts the availability of "culturally competent" mental-health supports (p. 2).

Many of the disparities in Aboriginal mental health status, much like general health status, have been directly linked to the history of colonization (RCAP, 1996). Colonization consumed the rights, cultures, traditions, and languages of Aboriginal people, ultimately leaving a people void of an identity (Thobani, 2007). Furthermore, the preservation of colonial-based ideologies by the dominant culture in Canada have further perpetuated the lower levels of health, socioeconomic status, education, and employment experienced by Aboriginal people (Green, 1995; NAHO, 2003; RCAP, 1996). Of the nearly 1 million Aboriginal people living in Canada in 2006, over one-third has been affected either directly by residential school experiences or indirectly as family or

[11] A Western or mainstream biomedical mode of treatment is centralized around the individual, positing that ill health is derived from a single principle. This mode supports reductionism and is based on the study of disease founded in the scientific method (Engel, 2002).

community members linked to survivors (Standing Senate Committee on Social Affairs, Science and Technology, 2006). Aboriginal people experience higher rates of mental-health concerns, including higher levels of anxiety, stress, higher risk of depression and suicide, feelings of helplessness, fear, mistrust, alienation, damaged self-esteem, as well as a higher risk of addiction and violence (Health Canada, 2003; Kafele, 2004). In 2001, approximately 13.2 % of the Aboriginal population living off-reserve had experienced a major depressive episode in the past year. This is 1.8 times higher than the non-Aboriginal population (Statistics Canada, 2002). Despite this, mental-health services are widely underused by Aboriginal people (Stewart, 2008).

In the Regina Qu'Appelle Health Region, several attempts were made to acquire statistical data regarding the number of Aboriginal patrons accessing problem gambling support services within RQHR-run programs. Although data were "unavailable at present time," ancedotal responses from Mental Health and Addictions Services workers confirmed that few Aboriginal people access problem-gambling programs, particularly since the region discontinued the Aboriginal Problem Gambling Program.

What Is "Health" and "Healing" to Aboriginal People?

For health and wellness to be achieved, it is critical to understand the unique ways in which Aboriginal people view health and healing, beyond a Western model of care (Adelson, 2005). As noted earlier, it is important to even distinguish between healing, which is more congruent with Indigenous philosophy, and treatment, which has historically been a term utilized from a Western, medical model perspective. To many Aboriginal cultures, good health is a state of balance and harmony involving body, mind, emotions and spirit (Smylie, 2001a). This place of harmony is linked to family,

community and the earth in a circle of dependence and interdependence, represented in the teachings of the Medicine Wheel. Responsibility for good health is shared among the individual, the family, and the community (Morrisseau, 1998). The Medicine Wheel is a traditional symbol that represents relationships and connections in an effort to attain balance and, ultimately, health. Relationships related to the Medicine Wheel are represented in fours and can be expressed in many different ways such as the four winds, the four directions, the four elements and so forth. The Medicine Wheel is often used as a framework for understanding this holistic worldview. The life cycles of everything in nature including plants, animals, seasons, and human states can be demonstrated on the Medicine Wheel (Smylie, 2001b). These four aspects greatly influence how balanced, or healthy, an individual, a family, or a community can become (Bopp, Bopp, Brown, & Lane, 1984). Disharmony among these aspects results in ill health (Kinnon, 2002; Wilson, 2004).

The circle of the Medicine Wheel also has symbolic meaning in Aboriginal tradition and signifies a central aspect in many Aboriginal healing traditions, commonly referred to as the Healing Circle. It is representative of holistic healing and, as noted, centered on the mind, body, spirit, and heart (feelings) (Dieter & Otway, 2001). Frequently used in Aboriginal gatherings, Healing Circles provide an opportunity for participants to speak to their family and community. It is a place where support is found and offered. The Healing Circle, in a sense, represents the importance that many traditional Aboriginal health practices place on a person's connection to their community. In their 2001 study, Dieter and Otway interviewed Aboriginal women who spoke of their own contribution to the community, noting a holistic understanding of health and the

importance of achieving balance and harmony with the physical, emotional, mental, and spiritual piece of each individual. The women felt that a healthy community was one where everyone worked together and took care of one another. The health of the individual was inseparable from the health of the community (Dieter & Otway, 2001). Culturally appropriate health services are strongly supported by Aboriginal communities and organizations. In the First Nations and Inuit 1997 Regional Survey, two thirds of respondents believed that First Nations and Inuit spirituality, ceremonies, and traditional health practices were gaining importance in their communities (Health Canada, 1997). Documentation from *The Royal Commission on Aboriginal Peoples* (RCAP) (1996) reflects the need to rectify the role of traditional practices and values as they relate to healing for Aboriginal people in Western health services. RCAP further noted that the integration of traditional healing practices and spirituality into medical and social services is critical to provide accessible, effective, and culturally responsive care for Aboriginal people.

Morse, Young, and Swartz (1991) argue that Aboriginal people in Canada are frequently dissatisfied with the contemporary, Western, biomedical system, noting that Aboriginal people do not respect the mocking acknowledgement of holistic ways of healing. Aboriginal people feel alienated in a system that expects individuals to play a passive role in healing when, traditionally, holisitic healing is based on participation with the family and community to attain health, wellness, and balance (Smylie, 2001a). Furthermore, healing in the Western world is seen as more of an outcome of medical care. As Hylton (2002) points out,

> The word 'healing' is familiar to non-Aboriginal people, of course, but the idea that Aboriginal people have in mind when they use it is likely not. Healing, in

> Aboriginal terms, refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not simply from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities and self-respect. (p. 5)

Aboriginal healing, as reflected in the Medicine Wheel, encompasses First Nations' health philosophy wherein the physical, mental, emotional, and spiritual components of life mesh to comprise health (Bopp et al., 1984). Based on this philosophy, it is critical that Aboriginal people and non-Aboriginal people acknowledge the root causes of ill health that can be traced to the oppression experienced during colonization. The limited understanding of Aboriginal cultures by some biomedical-based, health-care professionals can result in Aboriginal people receiving inadequate care and support.

Instruments for Change

The concept of *cultural safety* has been used in relation to *culturally appropriate*, in terms of the services and supports that are provided to Aboriginal people, for example, in Canada, as well as globally (Anderson et al., 2003). This concept goes beyond an awareness of culture and the acknowledgement of differences. Rather, the term is founded in an understanding of power differentials, inherent in health-service delivery and accessibility of health service. As the concept of cultural safety has come to fruition, it has become an instrument for change. It has become a way for health-care professionals and educators to incorporate postcolonial perspectives into health-care services, no longer providing band-aid solutions, but rather attending to the root complexities of inequality (Brown et al., 2005). Postcolonial theory provides a strong foundation for the understanding of cultural safety because it addresses the quality of

health-care offered from the dominant population to marginalized groups, such as Aboriginal people, acknowledging the impact of colonization (Racine, 2003).

Research conducted in 2001 investigated First Nations women's encounters with mainstream health-care services carried out in a small reserve community in northern British Columbia (Browne et al., 1999). Two research questions guided the study: (a) how do First Nations women describe their encounters with local, mainstream health services? and (b) how do these encounters influence the health and well-being of First Nation women? Gathering information from interviews conducted with each woman, the report highlighted numerous examples of discrimination and negative stereotyping. Recommendations for changes to the health-care system included the incorporation of cultural safety into health policy. Furthermore, the report noted the importance of including First Nations people into this process to have meaningful input into health policy (Browne et al., 1999). As Polaschek (1998) points out, it is important to not only address the attitudes of health-care delivery staff, nurses in this instance, but also the general policies that exist within the broader health structures. This point is particularly critical because, as Green (1995) argues, "Justifications are created: the 'natives' are lazy, simple, wild, inept, lascivious or immoral. Denigration of culture, politics, spirituality and capacity for moral and intellectual engagement constructs the Other in such a way as to legitimize the colonizer's actions" (p. 87).

Many of these stereotypes not only reside in the ideologies and common-sense understandings of the dominant culture, but also in many foundational government policies, whereby denial of the history of colonization by the oppressor perpetuates the disparity that Aboriginal people experience.

When considering how to begin the process of change in the health-care system, postcolonial theory again provides insightful perspectives. It is a helpful research tool because it provides direction to various health disciplines about addressing root causes of inequity in the health-care system. It is not enough to enlighten front-line health-care staff (Browne et al., 2005). Rather, as Polaschek (1998) discussed, change and understanding need to come from the foundation: the health-care institutions and policies that guide frontline providers. Attention needs to be given to the more than 400 years of colonization that Aboriginal people have experienced, which has ultimately resulted in an unwell people (Henry et al., 1998). As Browne et al. (2005) state, "a central feature of postcolonial scholarship is the deliberate decentring of the dominant culture so that the 'voices,' perspectives, and experiences of people who typically have been marginalized become a starting point for inquiry" (p. 26). However, such work cannot be done in isolation; both Aboriginal and non-Aboriginal people need to work together. Aboriginal and White relations have been founded on ignorance; moreover, non-Aboriginal peoples' "inability to recognize the enormous complexity and sophistication of Aboriginal societies and the enormous ethnic, linguistic, cultural and economic diversity of the Aboriginal population**"** (Browne et al., 2005, p. 140) has thus allowed mainstream society to preserve power and to dictate and define the role and identity of Aboriginal people (Browne et al., 2005; Henry et al., 1998). As Green (1995) states: "We come to know ourselves through the selective, collective construction of significant events that form a unifying mythology – unifying for those who are included; alienating for those who are excluded" (p. 86).

The historical myth that is Canada's history must be deconstructed to include the atrocities committed against Aboriginal people. For Aboriginal people to progress towards healing, the Canadian government must acknowledge and take responsibility in exposing a path for health and wellness (Green, 1995).

One of the first departments of its kind in Canada, the Regina Qu'Appelle Health Region, has worked to create the Eagle Moon Health Office (EMHO) that has demonstrated an excellent example of cultural safety. The team provides culturally safe support and access to services for First Nations and Métis people and assumes a holistic approach to health, considerate of all aspects that comprise health, including mental, physical, emotional, and spiritual wellbeing. This office works closely with the Ministry of Health, as well as with various departments in the health region, to assist in the improvement of service delivery, ensuring that the needs of First Nations and Métis people are met. Furthermore, EMHO builds relationships with First Nations and Métis communities and meets regularly with First Nations Elders, health directors, and heads of Métis families to learn what their health concerns are. Working in unison with First Nations and Métis community members, EMHO unites them with health-care providers to collaborate and find solutions that will improve the holistic health needs of the population. They provide an opportunity for First Nations and Métis people to have a voice and a say in their own health and in the services needed. Essentially, the ultimate role of the EMHO is to bridge gaps, not only between Western and non-Western worlds, but also within First Nations and Métis communities (Regina Qu'Appelle Health Region, 2010a).

Most recently, the EMHO has developed a position for a Mental Health and Addictions consultant. The consultant's role is partially influenced by the work conducted through the Working Together Towards Excellence Project (WTTE)[12] recommendations that state Aboriginal people have asked for increased access to holistic, culturally appropriate mental-health services. Work completed in this role will help to engage stakeholders in dialogue about the state of mental-health services for Aboriginal people and the eventual goal of reducing numbers of affected individuals. However, reducing disparity requires increased awareness. The mandate for the EMHO Mental Health and Addictions consultant also includes identifying root causes of disparity, assisting RQHR and other non-First Nations and Métis organizations in understanding the harsh realities of colonization, oppression, and cultural genocide that are directly linked to a higher number of Aboriginal people experiencing mental-health concerns. Furthermore, relationship development with non-Aboriginal organizations creates an opportunity for these individuals to explore and learn the effectiveness of the holistic approach (individual and community). This approach is not meant to overshadow existing approaches, but rather to complement and to use as an option as the need arises (EMHO, 2010).

The development of individuals and departments working congruently in the area of Aboriginal mental health and addictions provides a sense of optimism. Work in this area is gravely needed, and the creation of roles such as the Mental Health and Addictions consultant from the EMHO brings much needed attention to the status of

[12] Regina Qu'Appelle Health Region's (RQHR) "Working Together Towards Excellence" (WTTE) project was initiated in the spring of 2002 and is part of ongoing efforts to explore how the Region, together with key internal and external partners, can improve health and social outcomes for First Nations and Métis peoples (RQHR, 2010b).

problem-gambling supports for Aboriginal people in the Regina Qu'Appelle Health Region. With a young Aboriginal population growing and with the prevalence of Aboriginal problem gambling continuing to climb, reflection and institutional change are essential to appropriately support problem gamblers and their families (Government of Saskatchewan, 2009b; Marshall & Wynne, 2003; Oakes et al., 2004).

CHAPTER 4

Theoretical Orientation to Research

Storytelling has been used for centuries to communicate, exchange knowledge and share experiences. This process of exchange helps provide a sense of identity and place for people. Essentially, stories are a "portal" by which a person engages the world and through the interpretation of their experiences, finds personal meaning (Connelly & Clandinin, 2006). Narrative inquiry is a relatively young methodology that has grown from the need to understand the complexities within the human experience, both individually and socially. It is an innovative and dynamic orientation to research that encompasses the necessary tools to explore and interpret both the human experience and human interaction. Narrative inquiry successfully captures personal and human dimensions that cannot be quantified into concrete facts and numerical data. This chapter discusses the establishment of narrative inquiry, its usefulness in scholarly research, as well as its connection to supporting theories such as postcolonial and critical race theory. Additionally, the discussion explores the role of narrative inquiry as it relates to advancing inquiry into the accessibility of supports and services for Aboriginal problem gamblers and their families.

The Establishment of Narrative Inquiry

Narrative inquiry is a method of qualitative research which assumes that knowledge and awareness are sought from understanding the complexities of human interaction and interpretation. This differs from quantitative research that holds "positivistic assumptions" (Pinnegar & Daynes, 2007, p. 4) and is concerned with cause, effect, and proof. Contributing scholars, such as Bruner (1986), refer to narrative inquiry

as a unique mode of thinking and understanding that is contributed to by both the physical and psychological dimensions of knowing, which helps to acknowledge all of the components that comprise individual experience. Polkinghorne (1995) refers to narrative inquiry as "a subset of qualitative research designs in which stories are used to describe human action…it is a discourse form in which events and happenings are configured into a temporal unity by means of a plot" (p. 5). Chase (2005) discusses a curiosity in narrative research beginning in the 1920s and 1930s at the Chicago School[13] where scholars were interested in personal life records. Additionally, anthropologists had interest in the life histories of people from other cultures. However, the 1940s and 1950s desire for factual, proven means of inquiry overshadowed the development of narrative inquiry. Researchers became uncomfortable with the outcomes as well as the ethics of a "soft" science and sought factual knowledge, through the process of hypothesis, to bring understanding to their world.

Although relatively new to the social sciences, narrative inquiry has intellectual roots in the humanities, literacy and other fields under the broad heading of narratology[14] (Clandinin & Connelly, 1990; Kohler Riessman & Speedy, 2006). The practice of living and sharing stories is centuries old; however, as Clandinin and Rosiek (2007) note, "what feels new is the emergence of narrative methodologies in the field of social science research" (p. 35). The development of narrative inquiry really began to expand and grow in the 1970s. With the development of the liberation movements, the need to bring a voice to marginalized groups emerged. Narrative inquiries became a vehicle to navigate

[13] The "Chicago School" refers to a specific group of sociologists at the University of Chicago during the first half of the 20th century. Their way of thinking about social relations was heavily qualitative, rigorous in data analysis, and focused on the city as a social laboratory (Lutters & Ackerman, 1996).
[14] *Narratology* is the study of narratives and of narrative inquiry (Clandinin & Connelly, 1990).

and express the experiences of the oppressed, and through the creation of understanding, challenging mainstream ideologies, including dominant forms of inquiry (Chase, 2005). The qualities of narrative inquiry were attractive because they encompassed a means to tell and share the lived experiences of the minority, but also the process of telling experiences through story was empowering. A space was being created for the Other, whereby challenges to dominant power could be brought to the consciousness of not only the narrator sharing the experience but also with many others who could relate, connect or potentially gain understanding from such insight (Chase, 2005). From this perspective and with this understanding, narrative inquiry has the potential to work quite well with theories such as critical race theory and postcolonial theory, as they both acknowledge the underlying ideologies of racism, understanding the foundational roots of oppression, dominance and power which are entrenched within the framework of society and within existing ideologies (Parker & Lynn, 2002; Said, 1993). Narrative inquiry helps to gather knowledge through the collection and telling of the Other's experience, contributing to a voice that has the potential to unlock understanding for marginalized groups of people (Clandinin & Connelly, 2000; Green, 1995).

In conjunction with the liberation movements of the 1970s, scholars within the social sciences were beginning to move away from traditional positivist ways of knowing, and began searching for a more interpretative form of inquiry. Riessman (1993) notes, "As realist assumptions from natural science methods prove limiting for understanding social life, a group of leading U.S. scholars from various disciplines are turning to narrative as the organizing principle for human action" (p. 1). Denzin and Lincoln (2005) support this, noting that scholars from the sciences began to blur genres

with the humanities and sought language to not only understand the lived experience, as rooted in phenomenology, but beyond that, utilized narrative inquiry to help with the study of the complexity of human interactions, as people related to one another. Furthermore, Lieblich, Tuval-Mashiach, and Zilber (1998) discuss a "narrative revolution" (p. 1) that was necessary, as the once exclusive positivist research paradigm found itself without tools to capture intricacies of human experience and the inherent knowledge and understanding therein.

Pinnegar and Daynes (2007) argue, "The academy opened up in a way that made space for narrative inquiry…an environment in which narrative inquiry can flourish" (p. 3). Narrative inquiry has since morphed into a cross-disciplinary methodology. Often referred to as the "narrative turn," narrative inquiry is now being utilized in anthropology, psychology, cultural studies, communication studies, and sociology, as well as in the professions of law, medicine and education (Clandinin, 2007; Kohler Riessman & Speedy, 2006). However, the depth to which the "turn" is taken depends on the extent to which the researcher is willing to embrace the assumptions of narrative inquiry, accepting the use of stories as data and analysis and understanding the embedded nature of knowledge through the exchange and processing of stories. Pinnegar and Daynes provide some understanding in the movement of shifting from one way of thinking, and knowing about the world, to another. They discuss "four turns toward narrative" (Pinnegar & Daynes, 2007, p. 7) that include (a) a change in the relationship between researcher and participant, (b) a move from the use of numbers to the use of words as data, (c) a change from focusing on the general/universal to the local and specific, and (d) a broader acceptance of alternative ways of knowing. The progression by which researchers turn

toward narrative inquiry differs among researchers. However, the underlying premise for all who turn to this orientation of research is to find more adequate ways to understanding humans and human interactions.

Connelly and Clandinin (2006) note the use of narrative in a variety of perspectives, for example, "narrative curriculum" or "narrative teaching practices" have a vastly different purpose than that of "narrative inquiry" (p. 478). As such, there is a large amount of literature that potentially accompanies the idea of narrative inquiry, but that also can complicate its understanding to those interested in the actual criteria of narrative inquiry in its most pure form. Connelly and Clandinin have, through their own research, provided many of the theoretical writings about narrative inquiry. Researching from the perspective of educational studies, these scholars have created an opportunity for understanding through the creation of a comprehensive roadmap to provide the research community with a new way of unlocking the intricacies of human exchange and experience. Given the scope and depth of their research in this field, it is admittedly difficult for them to come up with a single unified definition of narrative. Instead they choose to focus on a working definition that can be as fluid and flexible as the theory itself. As a working concept, *narrative inquiry* is:

> A way of understanding experience…it is a collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus…an inquirer enters this matrix in the midst of living and telling, reliving and retelling, the stories of the experience that make up people's lives both social and individual…narrative inquiry is stories lived and told. (Clandinin & Connelly, 2000, p. 20)

Connelly and Clandinin (2006) also discuss that a constant feature of narrative inquiry is that it is used to study experience, particularly because people live "storied lives."

> People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as phenomenon under study. (p. 375)

Narrative inquiry, the study of life experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular worldview of experience as phenomenon under study. This understanding is key to truly appreciating what it is to explore and research within a narrative inquiry orientation, as well as what it means to participate within a narrative inquiry framework.

Narrative Inquiry: More Than "Just Telling Stories"

Narrative inquiry helps to provide representation for the lives and stories of people and events. Moreover, a narrative perspective is very much a collaborative process between people. Narrative is more than just "telling stories" (Clandinin, Pushor, & Murray Orr, 2007, p. 21). From this perspective, social and personal experiences of individuals are sought to be understood through the exchange of life stories and histories (Rossman & Rallis, 2003). Narrative inquiry is both a phenomenon that can be studied as well as a method for studying (Clandinin & Connelly, 1990; Lieblich et al., 1998). In other words, a narrative inquiry can be structured around the quality of an experience while at the same time focusing on the patterns that will be used to study that experience. In order to make sense of this unique duality of narrative research as being both substantive and structural, it can be useful to name the phenomenon "story" and the methods "narrative inquiry" (Clandinin & Connelly, 1994). Polkinghorne (1988)

supports this notion, contending that narrative inquiry is not only studying stories, but rather, the story process itself. In fact, Bruner (1986) discusses two ways of knowing: (a) logical-scientific (paradigmatic) and (b) storied (narrative). Polkinghorne (1995) argues that narrative inquiry, hence, is divided into two separate groups. The first group, paradigmatic-type, gathers stories for its data, using paradigmatic analytic procedures to generate categories from commonalities identified from the data. The second group, "narrative-type narrative inquiry" (Polkinghorne, 1995, p. 5), collects events and experiences as its data using narrative, analytic procedures to produce explanatory stories. Polkinghorne notes:

> The meaning of narrative as prosaic text has been extended to refer to any data that are in the form of natural discourse or speech, e.g. interview protocols…in this general extension of the term, narrative becomes synonymous with the primary linguistic expressions that make up qualitative research projects: it is used to refer to the data form of field notes or original interview data and written transcriptions…the primary data qualitative researchers have always worked. (p. 6)

However, Polkinghorne conveys that the actual narrative inquiry work done with stories and storytelling is most significant and acknowledged the work conducted by Clandinin and Connelly (1994) whereby narrative inquiry is not simply prosaic text, but rather a discourse of story, an expression of the human experience. There is significance in life experiences, the sharing of stories that encapsulate those experiences, and the process that moves through the past, present and future to "try to understand the fullness of human existence" (Polkinghorne, 1995, p. 8).

As noted, Connelly and Clandinin, contributing to the body of knowledge on narrative inquiry with the likes of Bruner and Polkinghorne, have conducted some of the most distinguished uses of narrative inquiry in the field. Scholarly work conducted by

Connelly and Clandinin developed in the field of education alongside many other forms of narrative research in a variety of disciplines, including narrative analysis in psychology and literary narrative studies in English. The development and understanding of narrative inquiry also has foundational roots in John Dewey's philosophy of experience. Dewey believed "human experience was an inquiry unfolding" (cited in Downey & Clandinin, 2009, p. 383). As Dewey (1919) states in *Democracy and Education*:

> When we experience something we act upon it, we do something with it; then we undergo and suffer the consequences. We do something to the thing and then it does something to us in return: such is the peculiar combination. (Section 11)

Dewey acknowledges that while people are individuals, they can only be known through their interactions with the social world (cited in Downey & Clandinin, 2009). These experiences are what inform individuals and others of who they are. This is based on Dewey's notions of continuity, interaction and situation. As noted, Dewey's philosophy is key to narrative inquiry because work done within this orientation is in essence completed in a three-dimensional narrative space whereby researcher and participant move back and forth (following Dewey's continuity), inward and outwards (following Dewey's interaction) and through a series of places (following Dewey's situation) (Downey & Clandinin, 2009). Dewey maintains that knowledge is both created and validated by the representation of our experiences, and furthermore, that experiences develop out of other experiences, and this progresses in an everlasting continuation. Being cognizant of this ontology assists in the appropriate application of narrative inquiry, without misconception, understanding that the goal is not to search for or

identify a reality. Rather, narrative inquiry itself is an experience that works to construct new relationships, wherein new experiences are created (Connelly & Clandinin, 2006).

Features of Narrative Inquiry

Work conducted by Clandinin and Connelly (2000) fits well within the founding philosophy contributed by Dewey. The authors define three commonplaces from which narrative can be located. The first is *temporality*, which encompasses people, places and events and acknowledges that all three have a past, present and future and are constantly in transition. The second is *sociality*, and looks at the social conditions including one's own surrounding environment and how that informs someone's lived experience. The third is *place*, noting that location is fundamental to exploring narrative and where someone is, and positions them in a certain context that will have tremendous effect on the outcome of the inquiry (Clandinin & Connelly, 2000; Clandinin et al., 2007). Within all of this, the experience and inquiry of these experiences will "present [as] a series of choices, inspired by purposes that are shaped by past experience, undertaken through time, and will trace the consequences of these choices in the whole of an individual or community's lived experience" (Clandinin & Rosiek, 2007, p. 40).

As Connelly and Clandinin (2006) acknowledge, distinctions within narrative inquiry are related to living and telling, which fuels the process of self-narration. They identify four concepts that include living, telling, retelling and reliving: a process that formulates a variety of field texts[15] intricate to drafting a narrative of an individual's living experiences. The first portion of the narrative inquiry process, the "telling," is essentially storytelling; however the importance of the process differs for some scholars

[15] Examples of field texts include personal journals, stories, photographs, artifacts, conversations, family interviews, field notes, and so on (Connelly & Clandinin, 2006).

(Connelly & Clandinin, 2006, p. 479). To some, importance is held in the process of the story being told. For others, less prominence is placed on the story and more significance is found in the interpretation or meanings generated from the story. In either respect, the interview is predominately the "working" methodology of choice albeit, the telling process can also be generated through autobiographical documents or other first-person accounts that provide insight into the participants' life and experiences (Connelly & Clandinin, 2006).

Narrative inquiry works well to capture the human experience as this methodological orientation to research exudes flexibility. The process of narrative inquiry, as reflected in the interview process, is not linear, and as the sharing of a storied life unfolds, researchers must be able to adapt, often flexing intended questions, or even the intended direction of inquiry, in order to thoughtfully represent stories shared. Clandinin and Connelly (2000) discuss the discontent some narrative inquirers experience:

> Things that are seen clearly from a distance and prior to fieldwork as understandable and researchable or interpretable in theoretical terms lose their precision when the daily life or field experience is encountered…[often] the field experience destroys those understandings. (p. 145)

However, as discussed, the common place for narrative inquiry provides the opportunity for researchers to think synergistically about temporality, sociality and place (Connelly & Clandinin, 2006). Polkinghorne (1995) also refers to a term called *narrative cognition* pointing out,

> Human action is the outcome of the interaction of a person's previous learning and experiences, present-situated presses and proposed goals and purposes…hearing a storied description about a person's movement through a life episode touches us in such a way as to evoke emotions such as sympathy, anger or sadness. Narrative cognition gives us explanatory knowledge of why a person

> acted as he or she did: it makes another's action, as well as our own, understandable. (p. 11)

It is within these spaces that researchers begin to understand the importance of flex and fluidity as they move through the process of sharing with the participant. The development of this relationship helps the researcher to understand that, "people are never only (nor even a close approximation to) any particular set of isolated theoretical notions, categories, or terms. They are people in all their complexity. They are people living storied lives on storied landscape" (Clandinin & Connelly, 2000, p. 145). Generalizations or broad understandings are not achieved using narrative inquiry, but rather the individual cases whereby description of the human experience has occurred informs understanding, helping the researcher to draw on new understanding and knowledge.

As Polkinghorne (1995) and Clandinin and Connelly (1990) describe, research conducted within narrative inquiry is a process of constructing and reconstructing personal and social stories. Within these stories, there are the narrators or storytellers as well as other characters. The process of narrative inquiry, then, begins with telling the story, living the story, and hence selecting stories resultant in the plot (Clandinin & Connelly, 1990; Polkinghorne, 1995). Essentially, the plot works to compose and link the segments of experiences of a story, establishing temporal boundaries from which to understand causal relationships and generate meaning and understanding. However, these plots are truly works in progress. Reflecting on Clandinin and Connelly's (2000) three-dimensional space, the progression between the past, present, and future offers an array of "plotlines" (p. 60) by which tellings and retellings of human experience can occur.

Another important feature of narrative inquiry is the reflective process by which both the participant and the research are influenced. Researchers of narrative inquiry are not objective beings in a process. Rather, they are a fundamental component, working not only with the participants, but also within themselves to consolidate meaning and understanding through the acknowledgement of the stories and experiences they carry with them. Although uncomfortable at times, it is a necessary component of narrative inquiry; researchers need to be "visible with [their] own lived and told stories" (Clandinin & Connelly, 2000, p. 62). Collaboration both within the researcher and with the participant is a critical component of relationship building within narrative inquiry (Pinnegar & Daynes, 2007). The process of sharing and generating meaning does not end at the researcher/participant relationship. As Clandinin and Connelly (2000) note, "It is not only the participants' stories that are retold by a narrative inquirer…it is also the inquirers' stories that are open for inquiry and retelling" (p. 60). In order to help mine further understanding and knowledge, narrative inquiry researchers often share their work with other researchers who obviously will have differing histories and experiences that may enlighten the process of understanding. In this way, narrative inquiry is unique in that it has the ability to capture the vastness and complexity of human experience and human interaction. However, as Connelly and Clandinin (2006) caution, the ethical respect that is established between the researcher and participant is crucial, and is unique in narrative inquiry, as it exceeds the regular mandatory ethics for research in general:

> In narrative inquiry, inquirers must deepen the sense of what it means to live in relations in an ethical way…ethical considerations permeate narrative inquiries from start to finish: at the outset as ends-in view are imagined; as inquirer-participant relationships unfold, and as participants are represented in research texts. (p. 483)

An article written by Clandinin and Murphy (2007), entitled *Looking Ahead: Conversations with Elliot Mishler, Don Polkinghorne and Amia Lieblich,* discusses emerging ethical considerations in narrative inquiry. In Lieblich's opinion:

> Narrative research and qualitative research is very ethical because it respects the other…I think that this is an extremely positive enterprise to listen to each other, to allow space for each other, to respect. And this is half of the story already. So when I tell my students that they need to learn the attitude of listening, empathetic listening and of really containing the other and of not being judgmental, suspending their disbelief and so on, it is I think a highly ethical project…the other half is really, 'do no harm'…here I think we need to be careful with the privacy of people. (cited in Clandinin & Murphy, 2007, p. 647)

As Clandinin and Murphy note, Lieblich brings an awareness regarding how narrative inquirers manage the tension between doing no harm and working to accomplish something that is of benefit to the participant. With regards to working respectfully with Aboriginal people, narrative inquiry has the potential to be an inclusive and empowering process, suitable because ethically, many Aboriginal people have been taken advantage of through the research process. As Ermine (2005) posits:

> The Elders remind us to have 'conversations' as equals. The act of dialogue is the act of resolving the confrontation and is itself an ethical act. This will entail the examination of structures and systems in attempts to remove all vestiges of colonial and imperial forms of knowledge production and to instill a respect and understanding of different and multiple readings, and different jurisdictions of the world. It will be in the ethical space where all assumptions, biases, and misrepresentations about the 'other' are brought to bear in the interest of identifying ethical/moral principles in cross cultural interaction. (p. 7)

Significant work is being done in this area. A comprehensive nation-wide strategy for consultation with Aboriginal communities, researchers, and institutions was conducted by CIHR; the Institute for Aboriginal People's Health (IAPH); and the national Aboriginal Capacity and Developmental Research Environment (ACADRE) network.

Since then CIHR (2007) has prepared *CIHR Guidelines for Health Research Involving Aboriginal People*, which states:

> These Guidelines have been prepared by the Ethics Office of the Canadian Institutes of Health Research (CIHR), in conjunction with its Institute of Aboriginal Peoples' Health, to assist researchers and institutions in carrying out ethical and culturally competent research involving Aboriginal people. The intent is to promote health through research that is in keeping with Aboriginal values and traditions. The Guidelines will assist in developing research partnerships that will facilitate and encourage mutually beneficial and culturally competent research. The Guidelines will also promote ethics review that enables and facilitates rather than suppresses or obstructs research. (p. 2)

However, being considerate of such guidelines is only a portion of what narrative inquirers must need to be aware and respectful of. As Ermine (2005) states:

> To illustrate a basic methodological point, in Indigenous cultures a researcher cannot ask an Indigenous person to answer any question that the researcher can think of. Even the mere act of asking can be disrespectful and inappropriate. Often there are protocols that anyone – Indigenous or not – must go through before requesting information. One must not presume that gifts of tobacco and ribbons entitle a researcher to ask anything of an Indigenous person. In the Western tradition, which includes academic research, a researcher can ask virtually any question of a participant, without concern that (a) the mere asking was inappropriate, or that (b) the researcher is not entitled to the information, for procedural, spiritual or cultural reasons. (p. 39)

Navigating the ethical space of cross cultural inquiry is a constant balancing act that narrative inquirers must navigate as they progress through the process of capturing understanding from human experience. Consideration of indigenous ways of knowing is essential to create a space of common understanding and mutual respect so as to provide an opportunity for meaningful understanding and knowledge development between the western and non-western worlds.

Enhancing Understanding Through Narrative Inquiry, Critical Race Theory, and Postcolonialism

Narrative inquiry allows for intimacy within a research topic that may have otherwise been scrutinized for the lack of 'objectivity' from the perspective of other research theories. It also provides a platform for groups of people who are marginalized due to race, gender, and beliefs, to use their stories to encourage awareness and the potential for change (Delgado & Stefancic, 2000). According to Delgado, marginalized and oppressed people typically experience little power within society and often have their viewpoints "suppressed, devalued and abnormalized" (Delgado & Stefancic, 2000, p. 60). He explains that the use of stories create a sense of 'cohesiveness' amongst marginalized groups, and provides them with strength. Delgado and Stefancic (2001) discuss a feature element of CRT related to the notion of "a unique voice of color" (p. 9) whereby minority groups who have experienced oppression at the hands of the White, dominant group are better able to speak about race and racism. In fact, the legal storytelling movement[16] urges "black and brown" writers to "recount their experiences with racism and the legal system and to apply their own unique perspectives to assess law's master narratives" (Delgado & Stefancic, 2001, p. 9). In this way, the authors argue that perhaps minorities may be able to communicate an understanding of oppressive histories and experiences to their White counterparts in an attempt to enlighten, inform and initiate change. Likewise, Young (2001) argues that postcolonial theory seeks to transgress the ideological and epistemological consensus of dominant societies and accomplishes such work through the continuation of "intellectual production" (p. 8) that works to uncover inequality that is

[16] The use of narrative to represent experiences of individuals and groups and provide a voice in the protest of legal judgments and legal business that sustain oppression is a collection of narratives from the minority in an attempt to enlighten and inform the mainstream (Delgado & Stefancic, 2001).

evident in all systems; economic, political, cultural, spiritual, and so forth. Young maintains that postcolonial theory is dedicated to identifying and creating bridges in the various ways of knowing and put those ways of knowing into action. It is a meld of considerations that highlight the "subjective experiences" (Young, 2001, p. 8) of individuals while using such knowledge to create dialogue within mainstream political arenas.

Narrative inquiry not only provides a means for participants to share their stories, but also acts as a foundation from which to understand them. For example, in relation to the present doctoral research, such exchange is crucial as each participant's story provides a 'voice' to better understand how Aboriginal people, who are problem gamblers or are a family member of a problem gambler, experience the world around them; inclusive of their experience with the addiction as well as their experience accessing supports for the addiction via the healthcare system. The use of a narrative perspective provides a framework through which the realities of these individuals can be represented (Paul, 2005). As Delgado and Stefancic (2001) state, "Critical race theorists have built on everyday experiences with perspective, viewpoint, and the power of stories and persuasion to come to a better understanding of how Americans see race" (p. 38).

As Parker and Lynn (2002) argue, CRT challenges the dominant racial ideology in several ways. First, to use storytelling and narratives as valid ways of knowing for which to further examine and expose race and racism in law, and furthermore, in society. Shared stories through the use of narrative inquiry help to expose the connection between real life stories and experiences of victims of racism and oppression in order to better understand "hierarchical" relationships of power" (Parker & Lynn, 2002, p. 10) and how

such relationships continue to benefit the mainstream population. Second, CRT fights for the end of racial suppression and clearly acknowledges race as a socially constructed ideology. And third, CRT highlights the important role of relationships as they pertain to race and other forms of domination in society, acknowledging the intersections of various areas of difference that are widely connected to race. CRT seeks to use narrative inquiry and storytelling of marginalized people, through qualitative research, to break common and widely accepted understandings of race and racism that have been legitimized within mainstream western society. Supporting Parker and Lynn's (2002) argument, Ladson-Billings (2003) cites that CRT's aim is to deconstruct and bring awareness to "the racialized context of public and private spheres in our society" (p. 10). Furthermore, it seeks to use the stories and experiences of marginalized groups of people (i.e., people of colour) to further articulate the inequalities that have become so normative in society. CRT represents "theoretical and epistemological liberation" (Ladson-Billings, 2003, p. 11) whereby a deeper understanding of social phenomenon is sought and shared in various ways, such as biographies, narrative analysis, even humour to reveal an ingrained racist norm that is so often ignored in today's world.

This orientation to research, in conjunction with postcolonial theory, works not only to acknowledge foundational constructions of race and racism, but also to expose the intersecting and complex root causes, creating opportunities for dialogue that can inform change. Acknowledging the unequal relations of power that are imbedded in the history of colonization can begin to break ground on understanding why addictions like problem gambling are more prevalent amongst Aboriginal people as well as creating opportunities

for healing that are culturally safe[17] (Browne et al., 2005). As Said (1993) argues, understanding of the present is inherent in the acknowledgement of the past,

> Appeals to the past are among the commonest of strategies in interpretations of the present. What animates such appeals is not only disagreement about what happened in the past and what the past was, but uncertainty about whether that past really is past, over and concluded, or whether it continues, albeit in different forms, perhaps. (p. 3)

Many fundamental discussions occur based on the past, including how and why such histories occurred, how they took place, and in fact how they now impact or provide a sense of understanding about the present or the future. This process for understanding is complimentary to the process of understanding that narrative inquiry employs (Clandinin & Connelly, 2000). Narrative inquiry not only acknowledges the past, present and future, it also has the power to engage others. It can create spaces for empathy and the acknowledgement of other people's experiences and situations. In fact, it has the potential to generate reflection within the dominant group, perhaps initiating a sense of acknowledgement for the actions and systems that sustain oppressive practices. As Chase (2005) notes, the use of story can help to create a sense of awareness amongst readers, perhaps spurring them to question their own stance and perspective on a particular subject.

With respect to the experience of colonization and the influence on present day ill health, acknowledgement of dominant ideologies is key to understanding the barriers that Aboriginal people face. The goal of critical race theory is to empower the oppressed and work to eliminate racial oppression. A critical component to this process is the

[17] The term *culturally safe* service is founded in an understanding of power differentials inherent in health-service delivery and accessibility of health service. It has been used in relation to culturally appropriate in terms of the services and supports that are provided to Aboriginal people in Canada, as well as globally (Anderson et al., 2003).

acknowledgement of racism in society and the foundational ideologies that continue to support it (Green, 1995; Henry & Tator, 2002; Parker & Lynn, 2002). Similarly, postcolonial theory helps to acknowledge inequity between dominant and minority groups of people in society through the examination of the intersectoral relationships of race, ethnicity, and social classes and helps to create awareness of the historical impact of colonization (Browne et al., 2005; Racine, 2003). A critical objective for postcolonial theory is to provide a space for multiple voices that have historically been silenced. Young (2001) calls postcolonialism a "dialectical process" (p. 3) for understanding how the past can inform and shape the present. This perspective and way of understanding, helps to address the underlying origins of why for example, Aboriginal people experience addictions, such as problem gambling, at disproportionate rates. As such, the insight of both CRT and postcolonial theory can help to ground, inform, and provide a starting point to begin the narrative inquiry process. Narrative inquiry, and the process of living and telling, reliving and retelling experience, provides a voice for the stories of minority groups, such as Aboriginal people, and is a powerful way to challenge the reality or 'story' that mainstream society subscribes to. Delgado and Stefancic (2000) argue that as individuals within minority groups share their story, they begin to weave a fabric of stories, creating an alternate reality which is cohesive and empowering in nature for those who are experiencing various forms of oppression. This fabric becomes the foundation from which change can occur.

Improving Understanding Through Narrative Inquiry: Aboriginal Problem Gamblers

Research that is inclusive of the historical, cultural and social impacts of Aboriginal problem gambling is sparse. McGowan (2004) conducted a systematic review of the gambling research literature that addresses social and cultural issues in problem gambling and identified large gaps in the available body of knowledge. He identified many epidemiological studies in this area that focus solely on prevalence, on the demographics of who is gambling and where, the potential economic impacts, the pattern and distribution of play, as well as comorbidity with other behaviours. In early 2000, the author notes that interest was emerging concerning the social and economic impacts and consequences of Native American/First Nations peoples. However, again, a majority of the studies focused on prevalence and pathology. McGowan argues, "What is presented is a body of scholarly research that is rigorous in its methods and generalizable in its output, but curiously lacking social, cultural and historical contexts of gambling as well as the lived experiences of gamblers" (p. 13). Traditionally, problem gambling research has been framed in a positivist and postpositivist lens, which is void of the "messy business of gambling as…historically situated, or culturally constructed" (McGowan, 2004, p. 14). Narrative inquiry can help to add to the body of knowledge as it seeks to create spaces and offers a voice for people typically on the margins. Furthermore, narrative inquiry provides a theoretical framework that provides a means for Aboriginal problem gamblers and their families to contribute to a more contextual understanding of the complexities that contribute to, or are resultant of, the addictive behaviour. It allows for the construction of a "window" for which to view some of the root causes of the struggles that Aboriginal people experience today. It is not enough to acknowledge that

addiction and ill-health exist; rather, a more comprehensive understanding - inclusive of influencing histories and experiences that have shaped the condition of the Aboriginal population in Canada - is essential to mitigate future disparity.

The use of oral storytelling and sharing experiences is closely connected to Aboriginal culture. Aboriginal epistemology is grounded in the self, the spirit, and the unknown. Historically, Aboriginal people sought answers and knowledge from the self, and used their own insights as a resource to deal with life's unknowns. From this perspective, the self is viewed as the richest source of information, found by introspectively exploring the origin of knowledge (Ermine, 1999). The positivist research paradigm that has been dominant in western science and inquiry is not synergistic with Indigenous ways of knowing. In Aboriginal culture, a state of balance and harmony involves the body, mind, emotions and spirit. This place of harmony is closely linked to family, community and the earth in a circle of dependence and interdependence, represented in the teachings of the Medicine Wheel (Morrisseau, 1998), as discussed in Chapter 3.

The process of narrative inquiry fits synergistically with Aboriginal storytelling because, as stories are shared, a sense of community is created. Perspective and understanding are generated through the shared experiences of another person; these experiences enlighten the participant, the researcher and the readers. Furthermore, as Richardson (1997) argues, the process of sharing stories and human experiences connects people and empowers them, offering a protected place for them to be heard. When stories are represented through the narrative inquiry process, people beyond the scope of the research (i.e., the readers) have the opportunity to experience a sense of connection to

the teller and acknowledge that, “That’s my story, too. I am not alone” (Richardson, 1997, p. 33). This connection not only has the power to create a sense of community, but also has the potential to permeate generational and cultural boundaries. Much like narrative inquiry’s notion of “common place,” the experiences shared through story can also provide a common place for which people connect on multiple levels. As Richardson states;

> The story of a life is also more than the life, the contours and meaning allegorically extending to others, others seeing themselves, knowing themselves through another’s life story, re-visioning their own, arriving where they started and knowing ‘the place for the first time.’ (p. 6)

Also in line with Aboriginal culture, narrative inquiry offers a more holistic way to exchange and translate knowledge. The process of storytelling is inherently subjective, not confined by rules that would ensure objectivity and rigor. Narrative inquiry is a reflexive and reciprocating process that allows the narrator to hold power in the way in which their story is expressed: what parts are left in, what parts are left out, and which pieces hold the utmost meaning and significance (Clandinin & Connelly, 2000). Kenny, Faries, Fiske, and Voyageur (2004) argue that,

> Narrative inquiry is a research method that is particularly suitable for Aboriginal research, because it is predicated on the importance of story. As the research culture turns to include more and more literary elements in qualitative research, this type of inquiry encourages researchers to gather stories in a respectful manner and turn these stories into texts that can be shared, analyzed and archived as the Aboriginal story. (p. 28)

As Lieblich et al. (1998) point out, people are storytellers by nature. Stories provide people with an opportunity to inform, which provides coherence to their experience and acts as a window of understanding, helping both themselves and other people to acknowledge what it is like to live in their world.

There are various examples of research that employ narrative inquiry when working with Aboriginal people. Kenny (2002) conducted a study that held focus groups and one-to-one interviews with Aboriginal women in eight sites across Canada to examine the barriers created by policies that do not support Aboriginal women in maintaining full cultural lives while pursuing contemporary education and work. Findings revealed that the research provided a voice to Aboriginal women, sharing their stories to help improve their lives and the lives of their children through policy change. The author notes that Aboriginal women had previously reported their concerns; however, those concerns were not documented, rather, the women were numerated as a statistic, nothing more. The author states, "There were no interviews, no narratives, no stories of the lived experiences of Aboriginal women that would give voice to their immediate concerns and recommendations for policy" (Kenny et al., 2004, p. 29). The use of narrative inquiry allowed for a space whereby the experiences, thoughts and concerns of the Aboriginal women had a platform from which to be heard.

Stewart (2008) also conducted research using narrative inquiry with Aboriginal people. The study employed narrative inquiry, interviewing five Indigenous mental-health counsellors from an Aboriginal community in Canada to better understand Indigenous perspectives of mental health promotion. Stewart advocated for the use of narrative inquiry, stating "Indigenous peoples usually describe themselves as having an oral-based story telling tradition, thus a narrative approach is deemed culturally appropriate because it uses stories to elicit information" (p. 13).

Stewart (2008) also acknowledges the work of Sylvia Barton (2004) who posits that the process of interpretive activities, inherent to narrative inquiry, provides the

research and the participant the opportunity to coconstruct stories, revealing a circular and continual understanding of experience. Barton maintains that narrative inquiry is congruent with Aboriginal epistemology in that the value of oral storytelling provides a representation of meaning for their experiences. Furthermore, she states that it is a process whereby reflexive thinking and multiple ways of knowing are encapsulated, helping to "preserve the perspectives of Aboriginal people" (Barton, 2004, p. 519).

Additionally, the lens of both CRT and postcolonial theory supports an opportunity for understanding that acknowledges marginalized populations experiencing health disparities, such as addiction. CRT and postcolonial theory are founded in and informed by the histories of oppression, understanding origins of dominant ideologies that create an "us" and "them" society, whereby the minority remains on the fringe and mainstream society continues to enjoy access to health services, education, and equity in the workforce.

Intent of the Research

My doctoral research had two intentions: The first intent was to gain a better understanding of what support services are presently available for Aboriginal problem gamblers and their families within the Regina Qu'Appelle Health Region, identifying both mainstream and traditional supports. The second intent was to create an opportunity for sharing stories and experiences with the First Nations and Métis[18] individuals or a family member of an individual who is experiencing problem-gambling behaviour. I sought to identify what services the participants in this research have accessed to deal

[18] Although the term *Aboriginal* refers to First Nations, Métis, and Inuit people, First Nations and Métis people predominately populate southern Saskatchewan. As such, Inuit people were not represented in this inquiry.

with a problem-gambling addiction (past or present), the appropriateness of those services, perceived barriers to accessing service, and any recommendations for more responsive services (i.e., counselling support/practices that are in-line with traditional ways of healing). Results of the research will be shared with First Nations and Métis people in order to generate awareness, create dialogue, and potentially initiate future inquiry that will help to inform and perhaps improve practice and the offering of services within our health region. It is of the utmost importance that the research to address the proposed questions be conducted in unison with Aboriginal peoples. The use of narrative inquiry, as utilized in this research, helped to provide participants with an opportunity to share their experiences and create a voice for change.

CHAPTER 5

Methods

In-depth, semi-structured interviews were employed with individuals who were 18 years and older (adult); who were of Aboriginal ancestry, including First Nations, Métis, or Inuit; and who identified as a problem gambler or as a family member to an individual who had, or presently has, a gambling problem. For this inquiry, I sought to obtain six to eight participants to share their experiences. Information posters (see Appendix B) were developed and disseminated to various urban and rural organizations at the local, regional, and provincial level that fall within the geographical boundaires of the Regina Qu'Appelle Health Regaion. The posters included my contact information which were made available in the form of tear-away information slips so that interested individuals could contact me discretely and directly. To ensure privacy, all interviews were conducted within a private office space. Participants were provided directions to the location where we would meet in person. Upon the completion of each interview, I shared my own thoughts and reflections in my journal. This process enabled me to understand my own role in the process of exchange and the sharing of life experiences between myself and each participant (Denzin & Lincoln, 2005).

It took several weeks before I received any calls from potential participants; however, given the secretive nature of addiction, particularly problem gambling, I was not surprised by the lack of response. That being said, when I did receive my first few calls from interested participants, I was very excited. As noted in my journal[19] on June 13, 2011:

[19] My journal notes are presented in a block-quote format, in the Calibri font.

> I had contact today from three individuals in one day - exciting! Each seemed very enthiusiastic and willing to share their story with me.

However, my excitement was tempered by the first of several "no shows" I would experience along this journey. Two of the three participants, both women whom identified as First Nation and as problem gamblers, each had booked three appointments to meet with me, but did not show up for any of the meetings. I reflect in my journal notes, July 22, 2011, after the second (Ms. AB) and third (Ms. A) no shows.

> Ms. A and Ms. AB did not show up for their interview again. Ms. A 'got tied up' and Ms. AB simply 'forgot'. However, I get the sense that there is significant apprehension. I know this is not an easy task to disclose. I mean, who am I to them? I am a stranger to both women. Although I did manage to share a small snapshot of my own history with this addiction with them, I can understand why it is difficult to trust. Ms. AB rebooked and Ms. A asked that I call again next week to rebook. I will attempt to follow up. Hopefully enough rapport can be made via phone to encourage both of them to share their experiences with me.

Although several follow up attempts were made with Ms. A to rebook, I was unable to establish contact again. As noted, I had booked a third appointment with Ms. AB; however, she also failed to arrive. My reflections were noted in a July 28, 2011 journal entry.

> Ms. AB did not show up for a third attempt at an interview – no answer on her contact number. I feel frustration, but again can relate to the hesitation and fear of opening up such secrets and histories to another, particularly a stranger. My gut tells me this sense of mistrust is a response to covet experiences, stories and behaviours that do not hold feelings of pride, but rather shame. I also feel strongly that this mistrust is rooted in a history longer than my own – it is anchored in past histories whereby the exploitation of Aboriginal people has been demonstrated over the course of time. Those histories ultimately feed a culture of mistrust and misappropriation. I wonder if I will get a chance to build or at least offer, a relationship of trust with participants…will those walls be broken down? At this point, I am very uncertain.

At that moment, frustration turned to introspection, and I began to ponder if both the histories and residual present effects of colonization would contribute to the silence. The people I sought to engage were the only ones that could shed light not only on the experiences of problem gambling, but also the many elements from their past and present that contributed to the creation of their story. The truths within those stories were the key to creating a new awareness about problem gambling, speficially, how to better support those that are battling the addiction. Although I felt discouraged, I also understood how hard it must be not only to share your story with a stranger, but also to go through the process of acknowledging your story and having to come to terms with your own reality throughout that journey.

Over the course of several months, I connected with five participants. Four of the participants, two male and two female, identified as First Nations, and all identified themselves as having a gambling problem. I connected with the fifth participant while making arrangements to place my posters at a local First Nations organization. This participant was a male First Nations support worker in the community and provided significant insight into not only the apprehension of Aboriginal problem gamblers to seek help, but also a context from which to understand the difficulty I had experienced when attempting to recruit participants.

Data Analysis

As noted in Chapter 4, the importance of commonplaces - specifically, temporality, sociality, and place - in narrative inquiry is paramount. To truly attend to the complexity of understanding lived experiences and stories, Clandinin and Connelly (2000) discuss the importance of addressing these three-dimensional spaces

simultaneously - as both inquirer and participant journey together through a telling and retelling of experience. Polkinghorne (1995) also speaks about the creation of a common place in narrative inquiry, referring to "narrative cognition." Much like Clandinin and Connelly, Polkinghorne discusses the need to acknowledge the space whereby the interaction of past, present and future collide to create the lived experience. As the lived experience is shared through story, it evokes awareness, creating understanding of both others as well as ourselves. These elements combine to essentially ground the formulation of the shared experience, and the understanding fostered in that process. As Clandinin and Huber (in press) discuss,

> Narrative inquiry follows a recursive, reflexive process of moving from field (with starting points in telling or living of stories) to field texts (data) to interim and final research texts. Commonplaces of temporality, sociality and place create a conceptual framework within which different kinds of field texts and different analyses can be used. Narrative inquiry highlights ethical matters as well as shapes new theoretical understandings of people's experiences. (p. 1)

Through the sharing of stories and experiences, new meaning and knowledge is built, helping to evoke a sense of awareness. This process began in the sharing of experiences and story between each participant and me. During the interviews with each participant, I felt the tension of each experience pulling us forward and backwards in time, evoking emotion on multiple levels, grounding us in the present and directing us towards the future. Following the face-to-face interviews, I immersed myself in the participants' words from the transcripts, seeking to draw meaning and understanding from all that was shared. As I read and reread the words on the transcripts, and replayed the audio recordings of our interviews, I continued to reflect on the commonplaces in narrative inquiry. I began to imagine temporality, sociality, and place as a netting or a web from which various elements of peoples' shared stories are cradled. As Connelly and

Clandinin (2006) state, "We identify three commonplaces of narrative inquiry – temporality, sociality and place – which specify dimensions of an inquiry space…what makes a narrative inquiry is the simultaneous exploration of all three" (p. 479).

Temporality was reflected in the participants' experiences: the people, places and events that each of them spoke of, both in the past, present and also the future. It was representative of how the multiple layers of their lives, and those around them, were constantly in transition, ultimately impacting the story or stories they chose to share at the time of the interview. As an inquirer, I also had to attend to my own temporality as it pertained to my life and my story. Through our shared dialogue, stories and experiences were exchanged, and that reflexive process sparked memories from the past, considerations of the present and hopes for the future.

Closely related, *sociality* illustrated the influence of each participant's surroundings and environment on their lived experience and was so very evident in the stories shared. In many of their shared experiences, I could only imagine myself in those circumstances. Some of the social conditions the participants had experienced were very dark, nothing that I had ever experienced, and were intertwined with profound emotion and feeling. And yet, it was in those moments of sharing that I could place myself there, trying to grasp or understand their story more clearly. In those moments, I was no longer just an inquirer, but rather, I was embarking on a journey, a relationship that held valuable information to the context of their story; their lived experience. Those lived experiences encompass components such as the realities of inter-generational trauma, spirituality, religion and culture.

Likewise, the way in which *place* was represented in this process in each participant's story was very powerful. It was in these places that identities were formed. For each participant, place in their shared experiences was not only representative of where they were geographically at that time, but also how the histories of that *place* were influential to the incurred struggles they spoke of throughout their lives.

Throughout the sharing of experiences with each participant, I constantly reflected on those commonplaces. I felt it helped to ground the multitude of factors that comprised their lives and my understanding of their lives as shared through story. I did not view myself as an outsider in this process but rather as someone who could relate or connect on some level, given my own experience of problem gambling in my family. I could empathize from a place of truth, a place of understanding the raw emotion connected to journeying with the fallout of addiction. My past experience with problem gambling in my family, my history, inspired me to connect with others. Through the sharing of story and experience, I sought to find a place of understanding and knowledge that would help to bring some perspective, some awareness from which future considerations can be grounded. I knew from the onset of this work that I was not to play a separate role in this research, but rather, be a contributing source of experience that would aid in the telling and retelling of each participant's story. Clandinin and Connelly (2000) support this notion as they reflect on their own work,

> As we worked within our three-dimensional spaces as narrative inquirers, what became clear to us was that as inquirers we meet ourselves in the past, present, and the future. What we mean by this is that we tell remembered stories of ourselves from earlier times as well as more current stories. All of these stories offer possible plotlines for our futures. (p. 60)

The Participants

As noted earlier, each of the four participants'[20] who shared their experiences identified as First Nations and indicated they had a gambling problem. Each participant resided in Regina and/or surrounding area. The names used in this dissertation are pseudonyms to ensure anonymity for each participant. The fifth participant, referred to earlier, was a male First Nations support worker in the community and his insight will be shared in Chapter 6 within the Limitations portion of this dissertation, as his experiences speak to the difficulty in connecting with Aboriginal problem gamblers to share their story.

Frank

Frank was the first participant I had interviewed and although he appeared quiet and timid, he had a lot of insight to share. Frank was 68 years old and had been gambling a good portion of his life. When he came into the interview, he had been clean for 3 weeks. Frank was a very soft-spoken man, in fact, a man of few words. However, the sharing that transpired transcended verbal exchange. It was a powerful connection, a sense of knowing just by being present. When he shared, I felt his words: I understood them.

To begin our conversation, I shared my own personal connection to problem gambling. I shared with him how gambling had slowly invaded our family unit, starting with bingo as a Sunday evening leisure activity with my grandma, my aunt, and myself as a 12-year-old:

> When we were kids, my sister and I, going to bingo and stuff with my aunt and grandma, like I remember waiting until I was 12 years old so I could go to bingo…it didn't seem like a problem, it seemed like a fun time…it was a family thing we would do together.

[20] Participants' quotes are presented in italics.

As Connelly and Clandinin (2006) note, this was the initiation of the "telling" in what was to be our journey to create a narrative or "retelling" of a story that would unearth the experiences, past, present and future, of Frank, as well as myself.

Frank connected to my story, sharing that he, too, started gambling by playing bingo. He and his wife had begun going as a form of entertainment, a leisure activity. They would mainly spend from her income and so there did not appear to be any observable consequence. This form of gambling seemed manageable and was not identified as a problem until the introduction of Video Lottery Terminals (VLT's). As Frank stated, *When those came on the scene, I would spend my paycheques, too.*

Acknowledging he needed support in managing his addiction, Frank entered the Problem Gambling program within the Regina Qu'Appelle Health Region. Living out of town at the time, Frank would come down for a week of treatment and then return home. He was playing bingo during his entire course of rehabilitation.

Frank not only was battling a problem gambling addiction, he was also a recovering alcoholic. He believed that his problem with gambling increased when he stopped drinking. He felt himself getting pulled into the chase of gambling that often keeps addicts coming back: *You get one or two big wins and its – it then becomes addicting. You have the dream in the back of your mind, 'If I win some more.'* Despite the short-lived thrill of the chase, Frank acknowledged the remorse and disgust he felt when the "high" of winning had passed and the reality of losing took hold: *I was sitting in the casino here a month ago, I wasn't spending much anyway, and I was playing a game and I thought, 'geez, I should just go home.'* In fact, the financial and emotional stress he experienced was sometimes overwhelming: *I thought of suicide…and then right*

away I shut it off because I've seen so much of it happening, okay? The thoughts start to come to me and I got tired of feeling like that, you know?

His desperation, although never acted upon, was evident on his face. I could see the sorrow in his eyes. It was a face I recognized. It took me back to a time in my own life. I recalled those same imprints of desperation on my grandmother's face, the reflection of her sorrow that was never able to be consoled. The biggest challenge or consequence for Frank was explained as a constant sense of desperation. Although financial, emotional and relationship stress was ultimately housed within his addiction, the inability to escape the grip of problem gambling was choking his spirit. In his struggle to find himself, Frank turned to a woman outside his marriage. While his wife continued to gamble, Frank found himself torn between two worlds: a world where his spouse continued to gamble and was unsupportive of his attempts at healing and a world where his mistress was not an addict and encouraged him to get clean and improve his life. Negotiating the tensions of living in *both* worlds, Frank struggled to find himself. For several years he bounced between both relationships and, likewise, he battled the grip of addiction. He tried various rehabilitation programs, without much success. He relied on the support of his mistress, noting, *she was the only one who knew what was going on inside of me.*

The demons Frank were battling extended far beyond problem gambling or even his previous alcoholism. In fact, it seemed more likely that his addictions were a product of his pain: a means of coping or escape. Frank is a residential school survivor. He told me how suffering had been a part of his life, *the residential school cannot be erased…I didn't speak the language. I lived in fear and I became an alcoholic and a gambler.* As

discussed in Chapter 2, the residential school was a means of conformity, a way to assimilate the Indian people into the dominant society. In this process, significant damage was done to many of the children who experienced the residential school system that denounced their language, culture, traditions and stole their innocence through abuse and disregard. It makes sense why perhaps several attempts at treatment were unable to break Frank free from his addiction. It was not the addiction that needed healing, rather it was the wounds from a history unaddressed and unheard that needed an escape route. Alcohol and then gambling were Frank's means of coping with his trauma of residential school. Beyond that, it was an escape from the unknown, the feeling of not truly knowing who you are as a person, lacking an identity within the world you live. As Frank said, *I came out of there [residential school] very confused.*

After Frank married and had children, he worked hard to gain sobriety from his alcoholism. However, he still had not reconciled his past history of trauma, segregation, and being the Other to his present-day identity. His addiction to gambling was essentially the "lesser of two evils" and was necessary for Frank to cope. The supports Frank sought for treatment appeared to be void of meaning: He did not really identify with either the philosophy of the program or the counsellors on a deep enough level to address his internal turmoil. Moreover, the institutions Frank attended for treatment seemed to have triggered feelings of inferiority within him. As Frank described one treatment setting:

> *You know, there are people there that are very self-centered…a lot of the time I can see right through them. They have a - they're aggressive and they have an answer right away. You know, and to me, they just don't know*.

Although a couple of the treatment programs offered a small component of culture, whereby a *counsellor came in and talked about different cultures*, it was not a meaningful experience for Frank. He has felt that working through his addiction on his own has been the most beneficial thus far because he has been able to connect with his own culture, through prayer and spirituality and make meaning out of his journey to heal.

When asked what components a successful treatment program should encompass, Frank identified *stability*: stability through a shared understanding and respect of people who identify with one another, specifically Aboriginal people. He said, *Stability. Like we share an understanding…you know, that's who we are.* He felt comfort in being around those who had the potential to understand who he was and where he was coming from. He would not have to feel inhibited and could incorporate the use of prayer and spirituality. I got the sense from Frank that the institutional feel of problem-gambling treatment programs was not congruent with healing in his own way. Rather, being in that type of setting may have actually helped to further stigmatize Frank, creating depth in his feelings of inferiority and shame from a history that was not considered in the healing process. As we closed our interview, Frank shared with me that he was a recipient of a residential school payout. It seemed he was reluctant to tell me: I sensed his shame. He told me a short story about the day he picked up his cheque, *That day I took my children and grandchildren to the fair, I told my son, 'well you guys go and have fun'. And then I cried. I had to get away, you know?* For Frank, the payout was another tear in his wound. For what little pride he did have, it seemed that that day he felt completely depleted. He would go on to spend a large sum of that payout at the casino, trying to escape his past and his pain. As he composed himself at the end of our conversation, he said, *I always*

say a good prayer. At this point in Frank's life, it seemed he was working to re-establish his connection to his spirituality: perhaps a new means of coping and dealing with the years of self-doubt and heartache. When Frank left, I felt an overwhelming need to journal about our experience together. I wrote,

> Today I shared a conversation with a very wise man, although I am uncertain if he realizes the depth of his knowledge. He was such a quiet and humble man, and although his words were concise, it was as if I could feel his burden and understand his pain on another level. I felt as though our histories meshed together to make meaning. Perhaps I related to him as an elder, a person able to provide me with some perspective, some understanding of why people turn to addiction. Perhaps these are things I longed to hear from my own grandmother – an understanding, a reason…some connection. Today I heard and felt the impact of the histories of colonialism, and not only the histories, but how they are still so evident today, in our support structures...really, in our way of life. (June 30, 2011)

Martha

Martha was a 65-year-old woman, a proud great-grandmother of six. Within the first 5 minutes of our conversation, she shared the unthinkable with me: 4 years ago she lost two of her children to drugs and alcoholism and a granddaughter to suicide; in a matter of months, three of her loved ones had passed. I felt overwhelming compassion for Martha as tears streamed down her face. My emotion was at the brim, ready to overflow. In an excerpt from my journal June 30, 2011, I wrote:

> I feel so thankful to have shared in such an intimate part of Martha's life. I cannot comprehend the hurt and damage that kind of loss causes to one's human spirit. In that moment, I understood the need for escape, the need to go off to another place, another realm to escape the pain. I wonder what turmoil my grandmother was eluding? Perhaps her histories were also too much to bare.

Martha and I continued to discuss her experience with problem gambling. When she first started out playing bingo, she never considered her behaviour a problem. She

would go with three of her children as a leisure activity: *I didn't consider myself like a gambler-gambler. It was fun…that's how it all got started.* However, as her addiction escalated, she found herself chasing the loss and even sometimes trying to double her win: *Sometimes I can win maybe $500 and go back thinking I'm going to double it.* She was caught in the cross-fire of desperation and anger and expressed her angst at the casino: *I would get upset, 'Why do the banks have to be open?' Like it's all blame, blame. You know?* At times, Martha felt so desperate she spoke of killing herself: *That's just the way I feel because I've lost. You know? I've lost a lot of money.* However, Martha had lost more than a lot of money - she had lost two of her children to alcohol-and-drug-related deaths and a granddaughter to suicide. Not knowing how to cope or manage her pain, she sank deeper into her addiction. She said, *I went really hard. [After their deaths] I just went to the casino and I just stayed there. Thinking back, now, I really don't know how I made it.* I shared with her that I am not sure how anyone could cope with such loss, such pain. She attributed her survival to help from the Creator: *I really don't know how I cope, I guess from the Creator's help. Like you know, they were just words to me, you know, before, and then now, I truly, I know I really believe in those teachings.* I related to Martha; I could only imagine Divine support to help me through such a dark place in life. I am not sure if anyone is equipped to deal with such sorrow on their own. Following the disclosure of her children and grandchild's death, Martha explained that she is "without gambling" at the time of the interview. She told me how she had barred herself twice now from Casino Regina. So when I proceeded to ask her if she had been gambling lately, she responded:

> *No, no…I went to Yorkton. (She laughs.) I went to Yorkton the other day, and to me that was a good outing because I had to come home. I cannot sit there. I went*

> *with $700 and came back with $400, which was good, and I stayed from 12:00 to 6:30, you know?*

As she tried to reason with me, perhaps even with herself, I believe she understood she could not bargain with the addiction.

> *And I can go back to the casino in September, but do I really want to quit? You know? Am I seeking help? Not really…But I can't quit and then there's so much I can do with my money, buy things for my granddaughter.*

I could feel the internal struggle, the need to escape and cope whilst dealing with the incurred guilt of not being there to provide for her family. The draw to gambling as an addiction from which to find an escape is also fuelled by fear: fear of returning to prior ways of coping through drug and alcohol addictions. To some, it is less dangerous to be a problem gambler than a drug addict or an alcoholic. As we explored this need for escape, Martha revealed that she was sent to residential school when she was just seven years old. She explained her understanding of that time:

> *Residential school, yeah. And, see, and then I was sent there. I had thought that I was not cared for. And then when I was sent to Sacred Heart Academy, here, it was such a culture clash. And the more I thought, 'My mom and dad don't like me; they sent me here. When am I gonna go back? Where am I gonna go?' So where did I go? Skid row.*

Martha's experience in the residential school system resulted in a young woman without a sense of identity. As the Other, she felt she had no place where she belonged. It was as if she did not deserve to succeed: *Because I thought I had none [identity] and I was so ashamed of being, I was ashamed of being Indian.* The impact of colonization was glaring. Here in front of me was the raw, live emotion and pain, right in front of me, another person, so defeated and overcome by the oppressor, the dominant. I felt so moved in this moment. Her tears, her pain was real and I was empathizing as she shared her story, her lived experience with me. The teachings in this one moment were beyond

anything I had ever read in the plethora of texts reviewed on the effects of colonization, or the impact of residential school. There was an instance of genuine understanding, an intimate space of exchange that helped to provide me with the context needed to adequately retell Martha's story with her. The financial and emotional consequences of problem gambling that Martha discussed paled in comparison to the history she worked to escape every day.

Despite her present struggle with gambling, Martha has worked throughout her life to gain sobriety from alcohol and drugs. In adulthood, Martha found herself in several abusive relationships. At times she felt it was easier to stay within the fog of addiction than seek help. When she decided to pursue a postsecondary education, she identified a place where she found a sense of hope and pride: *Today, you know, I'm proud of it, I'm proud to be an Indian.* Yet, that feeling of hope and pride has not been enough to free her of the emotional trauma, burden, guilt, and shame housed in her own personal history. At present, Martha has been unable to reach out for support to help her with her problem gambling addiction. I am not sure if Martha is ready to give up her problem gambling addiction: at least not until she has a more healthy way to cope with the weight of her past experiences. As we discussed potential barriers to accessing support Martha called herself *lazy*, noting that if someone would pick her up and drop her off, she might go access help. Initially, I interpreted this as an excuse, again highlighting the fact that Martha is not ready to let go of her main coping mechanism. I felt that her avoidance was based on fear, fear of what would happen if she could not handle the emotion and pain on her own. However, further reflection uncovered another interesting perspective. It was striking that Martha chose the word *lazy* to describe herself. I wonder

if this is still an assumed identity from her youth, the one of which she was so ashamed. Moreover, I consider the remnants of today's societal attitudes towards Aboriginal people, and how this stereotype has incessantly plagued Aboriginal people for generations. Despite her earlier description of being "proud to be an Indian," that statement was not congruent with what I had witnessed that day. I started to acknowledge my own tension with that statement, and furthermore, recognized the tensions at play between Martha being a "proud Indian" and her shared experiences of trauma, loss, abuse, and feeling worthless as a result of residential school. I wondered how deep the roots of that thought, that statement, permeated her. I struggled to understand, because through her shared experience, I did not see a proud woman in front of me. Sadly, I saw a tired elderly woman, with little energy left to fight. I am uncertain if she will be able to wage war on this addiction, or find reconciliation for the many traumas in her life.

When asked about what types of things she would like to see in a support system for Aboriginal problem gamblers, Martha believed a spiritual component would be necessary. She believes it has helped her cope with many of the difficulties in her life. She believes that a healthy support system would include people from all backgrounds, cultures, and genders. Martha thought the creation of Sharing Circles would be a more inviting setting for people to attend, and possibly held at local community centers, accessible to people in the core central neighbourhoods that Martha called "the hood."

As we ended our conversation, Martha rejoiced about her 3-year-old little granddaughter, sharing happy stories of their time together. She conceded her worry about not being around long enough to see her grow: *You know, I worry, because now I*

wanna live so bad. I understood in those words both the desperation and the regret that she felt, as her years grow shorter. There were no words for me to say, and in that moment I just hugged her. Before she left, she told me one more story of her beautiful granddaughter: We shared laughter and one final hug. As Martha walked down the hall, I pondered our conversations. I felt sad, angry, worried about Martha and her future. I grabbed my journal and began to reflect.

> This addiction hides itself like a stealth…it is silent and only rears its head once it has overwhelmed its victim. It couches itself with bright lights and big promises…a promise of an escape. Not just an escape from the financial worries of the world, but an escape from everyday life, an escape from past wounds and future worries. I can understand Martha's need to run, to get away. I cannot imagine growing up feeling unwanted, not knowing why my family was not with me, and then being sent into the world alone, scared and unprepared for how to now 'find' herself in all of this mess. Sadly, her story reminds me how closely connected our generations are…the sickness of one is passed down through to another, and on it goes. I reflect on trauma in my own family…my great-grandparents right down to my own parents, how they have had to struggle to stop the cycle, how they too have had to incur the cost. (June 30, 2011)

Judy

Judy was the third participant to contact me, and had seemed very open to sharing her story. Through our first bits of exchange, I disclosed my experience with problem gambling: I told her about my grandmother and aunt and how their addictions escalated from bingo to overnights at the casino. Although she identified as a problem gambler, she was very proud to disclose that she had been without gambling since 2004. Judy was 65 years old; she was a mother, a sister, and a wife. She had experienced broken relationships, multiple marriages, alcoholism, and abuse, but managed to sustain a fulfilling career over the years. Ironically, it was through a colleague that Judy learned about gambling and made her first purchase of lottery tickets on her lunch break. Judy

shared: *[My colleague] said, 'You know, there's a lotto booth over there?' And I never heard of a lotto booth, I never even, I never even knew what it was.* After that first bet, she was hooked. She began playing scratch tickets, and then the lottery and then she began playing bingo and nevadas:

> *I started with scratch tickets and then I started lottery and then that wasn't good enough after a while…then my girlfriend said, 'You know, you could come have, play bingo with me and we'll share our things, we'll share the losses and the winnings.' And so we did. We went to bingo. That went on for a long time, like I don't know, probably eight years.*

During the time that Judy was gambling at bingo, her gambling behaviour was intensifying:

> *We did share those pull-aparts, nevadas. And at first I was playing the six-up and then I graduated to the 18-up and a double win all the time and a whole stack of bonanzas…so I got really hooked on bonanzas and I would phone everywhere to see where the highest numbers they were giving for to win this bonanza. And that wasn't good enough.*

Judy's recollection reminded me of my own family as this scenario seemed ironically familiar. A reflection noted in my journal following the interview shares:

> Judy's story really hit home with me today. My grandma and aunt started out playing bingo, and as Judy spoke, I recalled evenings where they would call around to find out who had the biggest bonus jackpots. I also remember they started with just a few cards and soon had entire tables full: and I would be sent to go and get them stacks of nevadas as the end of the night neared. In retrospect, some of the most familiar things to me when I was a kid, the time I spent with them, was a true escalation of their addiction, and I did not have any sense of it as a young child. (August 15, 2011)

As time passed, Judy's gambling behaviour seriously impacted her marriage. She recalled the evening when her husband kicked her out of her home.

> *He doesn't gamble – finally he said, 'Okay here.' He opened the door – he had got me to surrender the keys – he opened the door and he gave me a white bag, a Safeway bag, and he said, 'Go sleep somewhere else.' So I didn't have the keys to the house anymore.*

At the time Judy was removed from her family home, she was spending at least $50 an evening on gambling. The events that transpired ultimately took her gambling problem to a new level.

> *Well, that night when he gave me the bag, I had a VISA card, so I went to a hotel here in town and I stayed there. And I was really, really - with the losses and being kicked out - I was really full of self-loathing and stuff. I decided to go to the bar, and I don't drink. I haven't been in a bar for years. I have so many years of sobriety, like 31 years. And then I went in a bar and said to this man, 'Would you please show me how to play these VLTs?' And he said 'OK, give me 20 bucks. You put in twenty bucks, in here.' So he put that thing in and it was gone in a minute or so. So that's what happened. I started VLTing.*

Judy found herself in a very desperate place. Her marriage was failing; she did not have a place to live and her addiction, although the catalyst for many of her woes, was her main coping mechanism. The more turmoil in her life, the deeper she ventured into her addiction. Her husband gave her a legal separation and she ended up having to go to a shelter, all the while, Judy was still gambling: *I would go to the pawn shop after hours with my jewellery.* For 10 years, Judy battled between recovery and addiction:

> *I was trying to recover all the time. I never quit. I never quit. I was playing and I was trying to recover. But I knew deep down that I would eventually get it, but I didn't know when I would – I knew inside I would know, because I'm a recovering alcoholic, I know I have lots of sobriety, and I knew I would eventually get it and I know the feeling I would have when I eventually made my last bet.*

And for Judy, that day came 10 years after her addiction began, on a frosty January morning:

> *I knew I would never go back. For that day I knew I wouldn't go back, but I had to keep maintenance. I knew I really had to throw myself into all these other things to make me better towards my healing.*

As we shared dialogue around healing, Judy's story really began. It started through shared memories from her childhood. She was the only daughter of a large family of boys. She grew up poor, but felt she was treated *very special* by her parents

until they separated when she was just 5 years old. At this juncture in her life, Judy recalls feeling abandoned:

> *We started [staying] with my dad for I don't know how long, but all of the sudden he was going to the Exhibition and he dropped us off. I was five and brother was about two, with no clothes, and we stayed with – I didn't know that he was related to this old lady and the three daughters, and that's where he dropped us off and he never came back. And my dad was my hero…I loved my dad. And my mom took over after that.*

Judy struggled over the years wondering why she was not good enough to keep. These issues of inferiority seemed to have stuck with her throughout her adult life. Judy also struggled with adapting to the new family unit once in the care of her mother. Her mother had entered a new relationship with an abusive man. Judy recalled her experience:

> *He beat up my mom in front of all of us all the time and the horses and everything. So at the age of 13, I decided to just be a rebel against my mom because I thought it was her fault that she separated from my dad and stayed with this other guy.*

Judy's experiences of loss re-surfaced when her dad passed away. She spoke of the love she still had for him, and although she had found forgiveness in her heart, the unresolved issues of her childhood plagued her: *I didn't know what the heck to do. I would just go downstairs and curl up in a little ball and just cry my heart out.* During the time of her dad's death, Judy was at the peak of her gambling addiction.

As Judy shared her story, we ventured back and forth in time. It was as if one memory would set off synapses within her psyche, dislodging other recollections from their tight knit hiding places. Judy went on to tell me about becoming a teen mom, and having to rely on her mother to raise her baby. She spoke of the tension this caused in

her family, the intergenerational dysfunction that was now replaying itself out in her own life:

> *My mom raised my son because I was just not a fit mother, I was till, you know doing this and that…I was struggling at school, but managed to graduate with good marks. At least I got that. She took my son so I could have him back when I graduated, but that never happened. I never got my son back. But now when I think about it, that was the best move, because I was not a healthy person.*

The unhealthy lifestyle Judy referred to was marked by alcohol-and-drug abuse, as well as several abusive relationships. She had several other children within these relationships. The road for those children was also stained with dysfunction. As Judy described the children she had with her abusers, she spoke very aloofly, almost detached: *One died and then one is a drug addict somewhere in Vancouver.* She spoke of how she had placed the son, who is now a drug addict in Vancouver, up for adoption because she wanted the abusive ex-boyfriend to be out of her life. Then she bluntly told me that following the death of her other son, who had passed away from a stomach ailment, that she was "free again." Initially, I was taken aback: I am a mother, and I cannot imagine speaking so casually about my child's death and welfare, never mind connecting those events to a sense of freedom. However, my history is not the same as Judy's and in a few moments, I began to try to empathize and understand from where she was speaking: How had her experiences shaped her? I immediately thought of how she had experienced loss and abandonment by her own father and acknowledged how those experiences have impacted how she now sees and responds to the world. Perhaps it is her own internal safeguard: The ability to disconnect and *not feel* keeps her safe; it keeps her from feeling the pain. Likewise, her gambling addiction fed into that need for escape, the need to block out the real world, real emotions and feelings, at least for a short while.

Judy's run of bad relationships would not end there. She would go on to have another serious relationship, and have two more children with a man who had multiple affairs. Although she was not gambling at this time, she did begin drinking heavily to cope with her pain. Knowing she was unhealthy, she sent her two children to live out of province with their father. When she had heard their father was going to marry one of his mistresses, she recalls a bad tailspin: *Then I really hit the bottle, really hit the bottle. But I was still working full-time…I was a functioning addict, really.* Judy recalls that one of her coworkers confronted her and said she thought she had a drinking problem. They orchestrated an intervention at work and Judy began the 12 Step program through Alcoholics Anonymous. Judy found solace in the shared stories of others: *At AA, they told me their stories and I thought, 'Geez, that sounds quite a bit like my story.'* Being able to identify with others provided a sense of comfort for Judy and helped her to gain the confidence to successfully detox and maintain sobriety. As we talked about maintaining sobriety and coping skills, Judy acknowledged that both alcohol and gambling had been an escape for her, a way to cope with her grief, her experiences of abandonment, all of the emotional baggage that was never addressed throughout her life.

Since Judy has stopped gambling, she has taken up a new hobby: money management. She has taken many courses and says, *I rock, I'm almost like an accountant now!* She has found a sense of empowerment and control through knowing how to manage her money, budget and even do her own taxes. It is a sense of pride she wishes she had learned earlier in life:

> *I wish I had learned that when I was little, but we never even had a bank account in those days. We were so poor. The Indian Affairs just gave us a voucher to go and no, first of all, they used to dump a box of groceries when I was little, and there was in the groceries – pork and beans, salt pork and a few other unhealthy*

> *stuff in the box. That was to last us a month…then from there they wrote us a voucher for clothes and for groceries. So that's what we had. And then they graduated into giving us money, write a cheque and then we'd go cash it, still at the grocery store. Where were we gonna cash it? At a bank? We never really did. We had no guidance, 'cause they [parents] didn't know either.*

The sharing of this experience reminded me how the history of one's life can greatly impact future behaviour. Not only had her experience of loss and abandonment impacted Judy's life, but also the time in which she lived, the place - all of these things combined influenced how her story was to unfold. It also reminded me of the control the dominant group imposed on Aboriginal people. Dependency and feelings of inferiority that Aboriginal people experienced were supported and enforced through the societal institutions of the time. The impact of inter-generational effects transcended not only Judy's family of origin, but also her own children. And still, 55 years later, those same institutions remain, and the dominant White culture still holds the power.

Although Judy's mother went to residential school, Judy recalled that her mother had a better experience than some: *She had a positive experience with residential school. She learned how to cook, can, cross stitch; she knew about morals.* Despite this, the experiences she had recalled earlier in our interview painted a different picture of her mother, a woman that actually resembled Judy in many ways, a woman who, like Judy, experienced abusive relationships, failed marriages, and troubled children. At one point in our conversation, after discussing the death of her father, Judy had said, *I didn't like my mother for a long time*. I found symbolism in this statement; I wonder if Judy held the same contempt for herself as she had her mother? I wonder if she saw her own reflection in her mother's eyes. Prior to the death of her mother, Judy said that she had time to make amends; perhaps this was also symbolic of Judy being able to care enough

about herself to make that final decision to stop gambling, which was in the same year as her mother's death.

Today Judy is still with her husband, the same one that handed her a grocery bag and kicked her out of their home all those years ago. As we discussed those consequences, the deterioration of that relationship did not appear to present itself as a cost of problem gambling, rather she said:

> *If he hadn't kicked me out, I wouldn't have loved living all by myself…I'm not totally committed to my husband, I'm independent now, you know, I'm not dependent on him. We're still together, but I don't know how long – it's not that I really don't like him, but I prefer being alone. It's just that's how it is.*

The biggest consequence Judy shared was the fact that she had gambled away all her life insurance, her RRSP's; essentially, she had to start over financially. However, it seemed she had to start over in life multiple times, on multiple levels. As Judy spoke in the previous quote, I understood her desire to be alone. I feel that because Judy got sick of disappointment, she began to isolate herself, perhaps to have a better chance of keeping herself safe from further hurt and disappointment. It is far more difficult for someone to leave or abandon you when you are already alone. My heart felt sad for Judy. Her experiences of abuse, relationship dysfunction, and addiction seemed to have fragmented her heart and caused her to essentially shut down to the outside world in many ways; her parents are deceased, her husband is on the fringe, and where her children are today was unclear. Yet, Judy spoke openly about the many coping skills she picked up from the multitude of problem gambling treatment programs she attended over the years. She also acknowledged how she had used gambling to cope in the past:

> *I [was] still gambling. But I had 4 months clean time for starters, and in order to cope I – my husband, I said to him, 'Let's go have lunch.' And he said, 'No' and I*

> *felt rejected, so I went gambling and I went and threw up at the front of the machine. I didn't want to play, but I knew I wanted to play, to cope.*

Along her journey, Judy had attended several treatment programs, including Gambler's Anonymous, church groups, responsible gambling sessions hosted by SIGA as well as the Slim Thorpe treatment facility in Lloydminster, Saskatchewan. As we discussed her experience at these places, I asked her to contemplate what a successful treatment program would look like in her opinion. She shared with me that she had also tried to seek help in a traditional way, seeking Elder support. However, she felt this process was very hypocritical, as she knew many of the Elders she had seen were also down at the casino gambling. Judy's vision of a successful treatment program would see problem gamblers from all backgrounds and cultures to come together for the same reason: *In that case, then we're a family…we're a family that have the same problem.* Although she still participates in some traditional ceremony, Judy does not feel it is the place to address issues such as problem gambling:

> *Sun Dance, I go to Sun Dances, it's a high – I used to fast for 3 days to go to these Sun Dances, [but] they don't address gambling; it's not a place for that. I'd go to Round Dances; it's not a place for that. I go to Powwows, my family dances, and everything. Yeah, I'm very much into that, but when it comes to recovery, 'no.'*

It was clear that this form of cultural expression was not congruent with how Judy envisioned a successful path to health and healing. In fact, she believed the biggest contribution to helping people with problem gambling was to incorporate a money management component into the overall treatment program. I heard pride in Judy's voice each and every time she discussed her experiences with the money-management courses

she had taken through Debtor's Anonymous[21]: *When I walk in a bank, they love me, because they know that I have a high credit rating score. I'm excited about where I have come today…and it's because I learned how to manage money.* It seemed as though Judy had a new means of coping: she felt pride in managing her money, on being able to save and go travelling. In the last few years, she has worked to turn her life around, travelling to Hong Kong, Milan, and Switzerland. Although she still has areas of her story that remain damaged, Judy appeared to feel encouraged about her future, relying on herself to carve her path.

Bill

Bill was a 55-year-old man working in the helping profession. Despite a long career in this field, he shared his struggle with problem gambling that had been occurring over the past fifteen years. Bill had been married and divorced twice, and attributes his second divorce to the "Jekyll-and-Hyde" lifestyle that was necessary to sustain his gambling behaviour. The secrecy of the addiction worked to not only erode important relationships in his life, but also worked to undermine his own identity, *I was internalizing [a lot] of anger…and all at the same time having a happy face.*

As I shared my story with Bill, we discussed the origins of problem gambling in our families. Bill also grew up in a household where gambling was not uncommon. His parents attended bingo quite frequently.

> *I grew up with gambling, and very similar to what you went through, and that's my parents went to bingo. You know, I accompanied them on occasion to bingo and really didn't feel too excited by the actual attending of these functions, so I went more or less just for, per se, to be, accompany them.*

[21] Debtors Anonymous is a support group for individuals seeking to decrease their amount of debt and level of overspending. The organization is not aligned with any other support programs, such as Gamblers Anonymous.

Attendance at bingo with his family, much like my own experience, was to spend some time with the family. It was a leisurely night out: a form of entertainment. As Bill reached adulthood and moved out on his own, he explained that he had stayed away from gambling for many years. Nevertheless, at the age of 40, Bill stopped in at a new casino in town:

> *I started stopping in at this place in Regina, here, the casino. And then it slowly started off as – it started off as fun. And I enjoyed it. What the heck, I didn't lose very much, 20 bucks, that's no big deal, I'll work it out. And I actually had fun. But as time progressed – I used to bet with one, the minimum bet, and as time progressed I found out that I was, I realized or found that I was maxing, starting to max.*

During this period of Bill's life, he was single, divorced from his first wife. He had employment in Regina and out in a surrounding community, and found himself spending more and more time at the casino. Bill found the casino a pleasant pastime, a form of entertainment. As he travelled for work, he would frequent various casinos along the way:

> *So I would go there on a work night. You know, that's when I started noticing – I would get off work, travel to the Bear Claw [casino] and I'd end up staying there until 2:00am, whenever it closed, travel back and that was an hour and some to get back to my place of residence, and get up in the morning and work. So now it was starting to interfere with my work and I didn't really realize it. And as time progressed I had started moving from the quarters to the loonie machines. It was going higher and higher without any realizing. And I was starting to think of the jackpot, you know, chasing the big buck.*

Bill maintained that his love of gambling was strictly for fun; he never felt that he was using it as an escape or a means of coping:

> *I don't think that [escape] was part of my gambling career, just like I said, in the beginning it was the fun and entertainment and then it just escalated. Sure people go through challenges in their life, but nothing to the extreme where I had to use gambling as a coping mechanism.*

During this time, Bill became married to his second wife. His gambling behaviour was done in complete isolation. His wife had no idea that he was spending that much time or money at the casino. As the marriage progressed, so did Bill's need to gamble. He explained the height of his addiction came during the course of his second marriage. Years of secrecy worked to damage the marriage, and Bill and his wife eventually divorced. Bill felt his addiction was a significant factor in the dissolution of their marriage:

> *When you talk about emotion, you know that it affects, it doesn't just affect you physically by dollars, loss of dollars – it's also internal. In a way that kind of added to the reason of my second divorce you know? There was a lot of depression and there was a lot of anger, you know, and all that kind of internalizing.*

Bill shared how he would come home to his wife and act moody and unstable. However, he was so wrapped up in the secrecy of his addiction, that he did not share the true intent of his erratic behaviour with her. His wife had no idea that he was a problem gambler. Bill explained how he would come home upset about a loss at the casino and would not speak to his wife for days. Bill's secrecy was also maintained at his workplace. He disclosed that during his lunch break or at various conferences he attended, he would slip away to the local casino to gamble. Ultimately, he found it more and more difficult to maintain his double life: *It was Jekyll and Hyde. [The anger] came from, like who likes losing money, right? And then when you know it's no longer entertainment but rather an addiction.* On most days, Bill was spending $500 to $600 a night at the casino, 4 or 5 nights per week. He acknowledged the strong urge he would get as he drove home after work: He drove right past the casino on his route home.

> *After work I would just stop, I'm driving by the casino, so I pull in. So, you drop it and then you go home, angry. And then you gotta come in to work and act like everything's good again…and you work in the business [helping profession].*

Bill was in a constant internal battle: as a helping professional, intellectually, he knew he had a problem, he knew what he should be doing to get help; however, as an addict, he could not stop himself from taking that next bet. He struggled with his emotions, keeping everything to himself: he had not told one other person that he was having such difficulty. Beyond the financial consequence, Bill described the internal turmoil as the worst consequence he experienced as a problem gambler:

> *Like I had a lotta anger, like you know, towards yourself. I don't think I ever thought of [suicide], not 'Geez, I don't think I'm – life is worth living." I don't know if I ever went, got that far. I was pretty angry and I was quite depressed.*

Bill identified that his "rock bottom" came after the loss of his second marriage. He held a lot of guilt and remorse because he had not told his wife about the demons with which he was struggling.

> *When my wife said, 'Well, that's it. I'm gone.' And she didn't really know that it was gambling that had a lot to do with my behaviour at home. You know, she didn't know that. And I never did tell her that.*

Following his experience of what he called his rock-bottom moment, Bill decided that he did not want to participate in gambling at all: *I didn't want nothing to do with the casino…it actually repulsed me.* During this time, Bill went through periods of grief and depression, and yet, he still had not reached out to anyone for support. In fact, he had not even told his closest coworkers that he was going through a divorce. On the outside, Bill seemed calm, cool and collected; however on the inside, a war was waging. Despite his temporary absence from the casino, Bill has returned to casinos, albeit, more aware, he feels. At present day, Bill feels he has control over his gambling behaviour:

> *I do gamble, I still gamble, in fact, I'm thinking of going out on Friday. I don't know, we'll see, I decide on the day. But like I mentioned that I do stop in at gambling, I do gamble once in a while. When I go for lunch I sometimes, if there's a VLT machine, I throw in maybe twenty or forty dollars, but it's not to the extent where it was when my marriage crumbled…I'm no longer emotionally disconnected, like I'm not allowing that depression to control me. And I've come to recognize when I'm off balance.*

Through our conversations, it seemed as though Bill felt he was able to restrain and manage his addiction, on his own. He felt self-aware enough to identify when it was becoming a problem. This process is a common counselling approach in the treatment of problem gambling whereby the individual does not necessarily have to stop the behaviour, but works to minimize the harm, typically by reducing the frequency of behaviour or limiting the amount of money wagered (CAMH, 2012). However, Bill's history had not been a good predictor of such success in this area. Previously, it was the isolation and secrecy of his addiction, the way in which he managed it on his own, that destroyed his marriage and sent him into a depression. Throughout our dialogue, Bill maintained his rationalization of gaming, and so I posed the question, "Are you a problem gambler?" He responded:

> *Well, I guess I gotta say I am one. You know, like I still like gambling, but it's not to the extent that I go out and seek the loonie machine. Like pennies is as good as – I know I'm not gonna win a heck of a lot of money and like that's one things I do consider when I do walk into a casino and I choose a penny machine instead of a dollar machine. I say to myself, 'Well, if I do happen to strike it rich and hit the jackpot, I might only get a thousand or five hundred, but if I was playing the loonie, well chances are, it'd be triple that.' So I have to think about it.'*

At that moment, I asked Bill about his fear, the fear of getting back into the depths of the addiction like he had only a few years earlier. It struck me that his motivation for fun, as it were now, just a couple of years earlier had easily transpired into behaviour that held high stakes for Bill through a failed marriage, problems at work, and the stress of dealing

with an addiction alone. However, Bill maintained that he was in control and capable of managing his behaviour:

> *As long as you keep it in context, I guess, like you know what happened before. And then when I look at the games, there's so many games now. And they're actually kind of not too bad, they're actually fun, so I'm there right now. So if I start realizing that, 'Hey, its not fun anymore', or if I'm by passing the penny machines and going straight for the loonie machines, then I realize, 'Hey, I gotta take a look at what's happening here' and then you gotta start making a choice.*

Despite Bill's confidence, I am uncertain about the outcome of the internal tug of war he plays with his addiction. I also wonder about how lonely it must be to be Bill. He keeps people out, and goes inside himself. Gambling fits Bill's style: It is a game in isolation, a game within himself. I wondered what other histories have contributed to the way in which Bill lives and experiences life, and so our conversation shifted gears. He began to share with me some reflections about his parents and his brother. He recalled many nights when his parents would play bingo all night into the early morning hours. I could relate: I had actually been with my grandma and aunt to one of those all night bingo events. As a teenager, I thought it was pretty neat; however, as an adult, it seemed quite sad. Bill said his younger brother is likely also a problem gambler. Although they had not confided in each other, they have joked about each other's behaviour when they see one another in the casino. As we talked, I questioned the impact that his parents' gambling problem may have had on Bill and his brother. However, Bill dismissed that thought noting: *It's more your own personal choice.* I agreed to an extent, but also wondered what the impact would be on children watching their parents go off to gamble on a regular basis. From a research standpoint, I knew there was literature to support the impact of parental gambling on children, citing the transmission of behaviours from one generation to another (Oei & Raylu, 2004; Schreiber, Odlaug, Kim, & Grant, 2009). I

reflected on my own experience; however, I was one removed. I did not live with my grandma or aunt, so I did not have to experience the direct consequences on a daily basis. That being said, I lived within that culture, I saw that behaviour, not unknowing of its destructive capabilities, yet I have never been drawn to any form of addiction, gambling or otherwise. Perhaps my own experience has provided me with a context from which to make a personal choice after bearing witness to the way in which problem gambling has negatively impacted my own family.

As we shared about the opportunity for personal choice, Bill moved back in time a bit, and further reflected on the despair he experienced near the time he hit rock bottom: *You know, it not only affected, not only my emotion, but it made me feel less than as a person, inferior. You know, it didn't really give me too much esteem.* Through conversation, it was as though a tug of war was taking place in front on my eyes. In one instance, Bill seemed confident about his ability to manage his problem gambling addiction; however, in the next instance, he seemed concerned about falling back to that dark space. He identified how he had isolated himself within his addiction. He spoke of a clan he was a member of within his traditional First Nations culture. He shared how he had been a member, had been friends with this group for 20 years and, during the worst parts of his addiction, he disengaged from the group. *I wasn't attending on a regular basis…I wasn't attending Sun Dance, I wasn't travelling, and I wasn't participating with the sun dance rituals and ceremonies…I was distancing myself from prayer.* Bill felt it was that sense of despair that eventually motivated him to stop gambling.

At the present time, Bill is more active in the clan and has found support through his Sun Dance Chief. He has also renewed his connection to his spirituality. In fact, he attributes his ability to cope with his renewed spirituality.

> *My spiritual has grown…I found it was strong before, but and then it kind of went in the backdoor for a few years or so while I was at the height of my gambling. You know, then I had to have it come to a crushing halt and I had to take a big drop in depression, anger and grief and all that kinda stuff. But that – to put it in a positive light, it actually turned it around and I learnt from that, and now today, I attend my sun dances and I attend my lodge ceremonies and such, or my pipes, I smoke my pipe and whatever I do in my prayers, like in my home.*

Spirituality was the only source of support Bill had accessed. He had not *had any interest* in accessing treatment programs such as Gamblers Anonymous: *I wasn't interested in GA or any of these Western approaches. I just didn't feel comfortable.* Bill maintained that his own personal choice, control and logic would help him to manage his addiction.

> *It has a lot to do with logic, you know, just careful thought and then follow through with your plan that you put in place and then being consistent with it, and that's what I do. But then on the other hand, you have to think, 'What about those people out there?', I think about, 'What about those people out there that don't have those strengths, or those supports available to them?" Or if it is available to them, they maybe have the esteem issues where they don't have the ability to get up the nerve to go and ask for it…what about them?*

From my perspective, I could again see the tug of war at play. Bill was talking about "those people out there" and, in my mind I believe "those people" were perhaps a reflection of himself. In his words, I feel it was Bill's own self-doubt revealing itself, although he was unable to come to terms with those feelings; he seemed unready. As we journeyed on, Bill and I got to a place where deeper introspection began, and some truths were revealed. Our discussion turned to the impact of colonialism and the influence on

Westernized sources of supports for problem gamblers. Bill disclosed how it felt to be the Other.

> *A lot of us try to hide it you know, by portrayal. I like to portray myself, I drive a nice car, I have a nice job, I dress okay. I guess, you know, I'm trying to hide. You know, I like to think I am intelligent, I like to portray that…but there is still hidden in me, the oppression symptom, the outcome, the inferiority.*

These few sentences explained so much. The turmoil Bill has struggled with throughout the last 15 years may not solely be attributed to his problem gambling. His sharing infers a deeper struggle, one of realizing *who* you are, and *how* you identify in this world. He shared that his family had experiences of residential school, but felt strongly that society gets too hung up on what was only one aspect of colonization:

> *There's so much dialogue on the results of the residential school, that's only one contingent…Like we've got to go further – the Indian has his following under the dialogue of the White man and they're following…we gotta go further, you know, like a loss of culture, like a loss of language, all these things…we've got to consider the big picture.*

Bill continued to share with me how the influence of colonization has impacted his life. He never got to learn his language and he has had to learn his culture as an adult:

> *Sure I practice a traditional way of life, I do the best I can but I don't know my language, I cannot conduct dialogue with anyone that knows their language. I don't have that. I wasn't raised with my culture. I had to relearn it as time progressed. You know, those kind of things creates that inferiority…there is resentment there.*

Although our conversation turned to improving present-day support services for Aboriginal problem gamblers, my mind remained partially engaged with Bill's experience as a First Nations person. This is bigger, more profound: The damage from colonization has manifested itself in the lives of the oppressed which, for many, is being lived out today. The residual effects of forced assimilation - a domination of the minority - is living in the hearts and minds of the Other. My thoughts quickly moved

back into the present with Bill as we discussed how to help Aboriginal problem gamblers and their families feel supported now. Bill advised the creation of a program that was run by both First Nations and Métis people, not a "person with a suit." He believed that if people are going to access a support service, they need to feel comfortable in coming, someone they can identify with:

> *Like you don't need someone that comes in with airs, thinking they are better than you…you're equal with that person and not any better. You need someone you can identify with, and it's best that it be our own.*

Bill also suggested the involvement of Elders, helping to facilitate prayers and provide guidance on the process. The idea of a Sharing Circle, with the incorporation of culture and tradition was equally important. Bill also felt that the need to educate problem gamblers and their families was critical, particularly about the consequences of gambling.

As our conversation began to wind down, Bill shared his concerns about the future of his First Nations people. It related back to the idea of identity and where and how people will find their way:

> *I reflect back on my growing years and now today, how much change has transpired throughout those years. But I also see a lot of negative along with it. Because we have to be careful: we're walking a thin line…there's no way it can ever go back to the way it was…there's so many similar themes that the Western society brought with them that we're now also chasing…greed and acquisition. A lot of our chiefs, our leaders are doing the same thing. Money has become their power…and we all need money. I love money, but it can't control everything.*

Bill's final comments were overwhelmingly insightful. Not only do they make reference to the present state of how Aboriginal people are represented in society, but also how that need for money and power has very similar attributes to the impulse of problem gambling behaviour: the need to chase the win, the power felt, the exhilaration. It is hard to know if Bill's reliance on balance and his own ability to control will support him through his

addiction; only time will tell. Following this session, I used some time to journal and collect my thoughts.

> I feel both enlightened and saddened. I have had such a unique opportunity to share in the most secretive parts of a person's lived experience. Bill told me today that he shared things with me that he hadn't shared with anyone else. What a privilege. Yet that privilege comes with a stark reality – the reality of how wounded someone can become from the experiences they live. As I walked in and out of Bill's history today, sharing thoughts, memories and experiences, I felt as though I was going through a maze. Nothing was linear, and at times, words spoken didn't make sense, at least to me. And I'm certain, Bill has felt the zigging and zagging of life. At the end of it all, though, I feel Bill has moments of clarity, moments where he acknowledges his vulnerability within the addiction, within his struggle to find himself and find a place in this world. Perhaps it is not for me to 'figure out' but rather it is my place to try and understand, and I feel that I accomplished that today. (October 12, 2011)

Understanding Through Commonplace

The incorporation of *commonplace*, or a three-dimensional space from which to understand the lived experiences of each participant, has significantly helped me to anchor my understanding of the stories shared. In this work, I did not feel it was my place to draw well-defined conclusions, or generalizations from the experiences shared. Rather, I wanted to find a way to best represent the retelling of each participant's story, to present it in such a way that the reader may be able to connect with an enriched understanding and respect for their lived experience.

Frank, Martha, Judy and Bill all came to their respective interview with a past, a history, a space in time that has been filled with experiences - experiences that ultimately helped to shape their present day life, behaviour, and thoughts, all of which will contribute to future outcomes. This temporal dimension is one component in commonplace, alongside the feelings and emotions evoked as they encounter various

people and experiences in their lives (sociality) within a particular place or situation. With reference to temporality, Connelly and Clandinin (2006) state:

> Narrative inquirers would not say 'a person is such and such a way', they would rather say that a particular person had a certain kind of history, associated with particular present behaviours or actions that might seem to be projecting in particular ways into the future. (p. 479)

As an inquirer, I was able to deepen my understanding of the experience of problem gambling, and the many variables that impact and influence a person's life. Through the use of commonplace I was able to be considerate of the dimensional space within an experience: I had the ability to really comprehend the mesh and interaction of variables that comprise the lived experience. It was an essential perspective to hold as I shared in the stories of the participants.

Each participant's experiences that worked to build their story were unique and yet within that uniqueness, they shared an undeniable connection to one another. As we moved back and forth and in and out of their experiences, I was mindful of the commonplace of which Dewey, Connelly and Clandinin, and Polkinghorne spoke. The stories of each participant were woven from similar thread: Each participant was First Nations, each participant identified as a problem gambler, and each participant was from Saskatchewan. Within that space, a host of commonalities were played out in their stories. Their histories, although unique, had binding ties to their present and future experiences that were evident as I reviewed each story. In the following discussion, I will revisit Frank, Martha, Judy and Bill's stories guided by commonplace. I will move back and forth between the temporal, social and place dimensions of commonplace in an attempt to generate a broader and more in depth understanding of their shared stories.

As I worked through this inquiry I tried to provide myself with a tangible vision of what commonplace might look like on a roadmap. Being a visual learner, I found this to be a meaningful exercise. As I reflected on the stories shared, I saw a visual in my mind whereby the landscape of history, present and future is superimposed with particular people or characters that contribute to the experiences of each participant in a particular setting or place. Surrounding this landscape are clouds of feelings and emotion - anger, guilt, shame, regret, happiness, and remorse. Embedded along the landscape of history, present and future are beacons representative of place; settings wherein each participant shared in experiences that contributed to the fabric of their story. The threads of experience that Frank, Martha, Judy, and Bill shared held similar truths in each of their histories. The participants all came from minority First Nations backgrounds, each growing up with some form of dysfunction in the home: addiction (alcoholism, problem gambling), abuse, poverty, even the experience of the destruction of the family unit either through the dissolution of marriage between parents or being taken away to residential school. The emotional connection to each moment and person within those childhood histories was not always reconciled. Each participant carried forward unresolved pain and trauma into their adulthood, which ultimately influenced both their choices future experiences.

Fast forward to present day, or near present day. Participants find themselves within the tight grip of a problem gambling addiction. They place themselves inside a bingo hall or a casino to experience fun and entertainment, all the while secretly seeking an escape from past memories filled with raw, un-reconciled emotion. Return now to the participant's young adult years: It was in this place of history where many mistakes were

made: Bill's first marriage was failing; Judy's first born son was given up to her mother; Frank was battling his first addiction, alcohol; and Martha was destructing on skid row after being released from residential school. In these formative years, all participants were desperately seeking asylum within an identity, although they never seemed to truly connect with one.

Return to present day, as each participant sat with me in my office. In this place, my office, the participants located a sense of anonymity. Although Martha joked about having me come down to the hood to meet with her, she also acknowledged the need for privacy: *People would wonder what we were talking about.* As dialogue was exchanged and understandings explored inwards and outwards, some connections were made. The participant's experience of disconnect from an identity, of really knowing who they were and where they were to be grounded, where they were to find stability, came to the surface in our conversations. The feelings of inferiority, shame, and worthlessness were housed in the colonial histories of Saskatchewan. It was in this *place* that their traditional identities were lost. In this place, they did not fit as an Indian and yet they did not find themselves assimilated into the Whiteness of society's dominant culture. Alas, they were without a sense of self. The experience of struggling to find their identity was common to each participant throughout their lives, and contributed to the hard road ridden as they journeyed through each of their lives.

As the stories of each participant evolved, I found the threads of my own experience become intertwined with theirs. As we moved through the landscape of history to future, beacon to beacon (place) and through the clouds of emotion (sociality), I worked to navigate my own story, not only in my own mind, but also with each

participant. I shared my experience of problem gambling, and how the addiction had greatly impacted my life and my family's life, much like their own experiences had. We were beginning to explore a means of understanding not just problem gambling but, more significantly, the experiences and circumstances had led them to journey down their landscape as they did. There was growth in acknowledging the connections and influences of our histories, as well as the histories of significant people in our lives, at particular places in our lives. I felt the process of exchange and the sharing of story were helping us to make sense out of chaos; out of feelings and memories that can often be too difficult to face.

Moving forward again, participants shared their feelings and perspectives about accessing supports. Although Frank and Judy had experienced various problem gambling treatment programs, Bill and Martha had not. That being said, none of the participants experienced significant success with any of the supports accessed. Frank and Bill did not find the institutionalized presence of problem gambling treatment programs in line with their own way of healing: It was sterile of their culture; it was Westernized, created by the White man. It evoked feelings from their histories, feelings of self-doubt, inferiority, of being less than. Martha's story echoed this in many ways also. She, too, had feelings of being less than, of not knowing where to fit, of feeling inferior. Being considerate of all the components of Frank, Bill and Martha's stories, I understand how the acts of colonialism have continued to influence present-day institutions, not accounting for the Other and not providing a place for which they can identify. The process of assimilation is ongoing; the majority of present-day supports are based on treatment models for the mainstream population. In this way, I am thankful to have the use of commonplace to

remind me how all the dimensions capture critical insights that give meaning to each participant's story.

Moving to the present, participants drew on their own experiences and perspectives to provide a representation of what an accessible and successful problem gambling support program might look like. Dialogue moved back and forth between past experiences, people encountered, feelings lived, and places visited. The process of reflection enabled each participant to share their insights and provide guidance for future improvements that they believed would help to support Aboriginal problem gamblers and their families. For Frank, Martha and Bill, the incorporation of spirituality and tradition is a necessary component of appropriate supports. Floating back in time, these same participants, perhaps influenced by their past experiences of colonization, were adamant that any type of healing program for Aboriginal people needed to be led by someone they could identify with, not "someone in a suit" who would assume, from their perspective, a dominant or oppressive role. The location would have enough space to accommodate a healing circle, and would be accessible to people in the community. Unlike Martha, Frank and Bill, Judy's life history and experience led her to find comfort in mainstream service. She felt that everyone was there for the same reason, that when you entered the group, you became *a family of addicts, it doesn't matter if you're White, purple or brown.* Unlike the other participants, Judy's mother had what she called a positive experience in residential school. Judy did not seem to have the same contempt for mainstream institutions as the others had. Rather, Judy's experiences led her to hold contempt for her parents, her mother in particular. Going back in Judy's history, she shared her struggle with abandonment issues, particularly with the men in her life: her father first, her

husbands later on. It seemed as though Judy lost her identity with the absence of her father from her life as a young child of 5 years old. That was how she grounded herself: She felt like a princess and shared how she was treated special, especially since she was the only girl in the family. That all changed when her parents separated and her dad left her on the doorstep of a family friend. In those moments, Judy failed to understand who she was or where she was to go in life. Into adulthood, she would struggle to regain her identity and the stability she longed for.

Throughout the process of inquiry, I was honoured to journey with the participants. I gained a respect for and understanding of the power of history, the impact people and places have in our lives, and how all of those factors align to influence our place in this world and what we come to know and believe about ourselves. As Connelly and Clandinin (2006) state, "People shape their daily lives by stories of who they and others are and they interpret their past in terms of these stories" (p. 375). Through the reflective and reflexive process that is narrative inquiry, I believe the seeds planted to grow this story will inevitably touch others and germinate as renewed knowledge and understanding. For myself, through the process of sharing stories and truths that had once been held hostage to shame, self-doubt and regret, I felt a personal sense of insight and growth. This enlightenment was one I had truly never experienced until connecting with each participant. Struggling with my own relatives' problem-gambling addiction, I tended to participate at the care-giver level - trying to help them, to release them from the grip of addiction so they could enjoy their lives. However, in those moments, I never truly understood the barriers that existed between living fulfilled lives. I could not comprehend their *stories*, nor did I attempt to. Perhaps my ignorance was my way of

coping: I managed my own emotions and fear through not embracing or accepting their lived experience and the many stories that led them down the path of addiction. Today, reflection has created a sense of understanding. What I did not understand at the time was the need for process: the need for my aunt and grandma to venture through their own landscape, their own histories, and their own realities. As a family member to a problem gambler, I simply wanted to fix the problem; the addiction. However, what I have come to understand is that the addiction is only the convenient escape route from their problems, problems that were woven through the fabric of their lives as represented by the places, people, and feelings experienced through their storied lives.

The journey I have embarked on to obtain my doctoral degree has not only become an educational endeavour, but also a process of healing. It has allowed me to gain a tremendous amount of insight into my own family's addictions, history of dysfunction, abuse and trauma. It has provided me with a sense of relief, which has come through understanding. As I shared moments and experiences with each of the participants, I was able to rekindle a connection with my own history. I never engaged in such conversations with my own grandmother as she passed away before this work commenced. I was never able to see beyond the addiction. I see now that I had been unable to get beyond the surface of the addiction. Through this newly acquired perspective, I have worked to untangle myself from the web of emotions harboured from experiencing addiction in my family. From this place, I attempt to shift my focus anew, in hopes of supporting my family to acknowledge and journey through their own landscape, perhaps finding healing in their histories through the process of sharing and reflection. I am very thankful to each participant: They have inspired growth and

understanding not only amongst themselves, but also in me. It is my hope that others who engage in their stories will also have an opportunity for thoughtful introspection and personal wisdom.

CHAPTER 6

Limitations

As illustrated in Chapter 5, engaging participants who identified as Aboriginal and as a problem gambler was a difficult process throughout the course of this research journey. I experienced the frustration of not being able to connect with the very people whose shared stories could evoke awareness and understanding in others, from addicts to administrators. Having experienced some of the same limitations during my master's research, I understood going into this inquiry that this would be a more difficult group to connect with. Problem gambling is a very silent addiction, clouded in secrecy. Given conversations I had with participants during my master's program, I know problem gambling is considered taboo in today's society and thus it is more difficult for people to share their story. That said, I was very happy to have been contacted by four incredibly brave participants, whose stories held so much value and insight; their stories certainly evoked thought and reflection within myself, and it is my hope that the reader will also have a similar reaction to the experiences shared in this inquiry. However, at the doctoral level, I struggled with the numbers. Would this be enough? Could I pursue this work with this number of participants? Ultimately, the answer was 'yes.' The stories shared were so compelling, so raw with emotion and truth. These four participants deserved a stage from which to share their experiences and share their life stories. Although I understood the secrecy of the addiction, and I comprehended the environment of mistrust that had been created between researchers and Aboriginal people in recent years, I yearned to know more.

I connected with an Aboriginal man, Tim, in the helping profession who works specifically with problem gamblers. He does a lot of work within First Nations communities and spends time in different locations across the province to provide support to those struggling with a problem gambling addiction. After some conversations via telephone, I asked if he would be willing to participate in a brief interview with me, to share his insights regarding the difficulty in reaching Aboriginal problem gamblers. He agreed and the following excerpts from our interview shed some light on this area.

The first thing Tim shared with me was the perspective with which problem gamblers identify.

> What I put on my postings, instead of putting 'problem gambling,' I'll put responsible gaming,' 'cause who wants to hear anything about problems? I changed that sign because every time I put 'problem gambling' no one would, well hardly anyone would come. And since I changed it to like just understanding responsible gaming, people kinda show up and are interested and they participate.

It is at this juncture that Tim can then direct people to the appropriate supports if need be. Many go to see Elders in the community, because some people do not want to enter treatment. "They don't want to leave their homes, leave their kids at home and say, 'Hey, I'm going to treatment'. Well who's going to look after them? You know?" I proceeded to ask what problem gambling support services were like on reserve and Tim informed me that although a few reserves have treatment centers, they are quite a long way away. Regina is the closest, but Tim noted it is very tempting for addicts because the casino is also located there. He also noted that many community members, himself included, had an aversion to the Regina problem gambling program.

> [Another support worker] showed me the place…I went there and I kinda felt uncomfortable, myself, even being there because it's in a hospital where they are dealing with mental issues…so if I'm a problem gambler, right away people will think you're labelling them as mental. We have a lot of our First Nations people

> going to a centre in Regina and I find that they don't stay there because there's, it's more or less, a non-Native program

Tim discussed the lack of culture incorporated into the treatment program, noting:

> Let's call in a First Nation Elder, like that kind of opportunity, for them to relate to that instead of using a non-Native guy that doesn't really understand the way they live on reserve. They can't adapt because we – we're different; we're truly different people from that population.

Just from these first few statements, I was getting a better understanding of why I did not have an overwhelming response from the community. First, people likely do not want to identify as a problem gambler and second, perhaps they associated any inquiry related to problem gambling as being associated with some of the institutionalized treatment programs that many may have already frequented with distaste.

Tim also talked about building trust within the community. He used the Royal Canadian Mounted Police (RCMP) as an example of a relationship that needs to be improved, and how histories have created mistrust and suspicion amongst First Nations people. The role of colonization has also contributed to the sense of mistrust that people continue to live today:

> [Residential school], that's a big impact, because people see people will sober up, people will sober up their lives they will quit smoking, but they won't quit gambling. Gambling is always there, [people say] 'Oh, I'm a residential school survivor. I quit drinking. I quit doing drugs. I quit smoking. But I still gamble.

As a support worker in the community, Tim worries about the future. He sees many of his neighbours having gambling problems, being at bingo every night, taking their kids to bingo with them. However, they are not ready to acknowledge the problems or consequences associated with their behaviour. It is this barrier that also likely contributed to the lack of individuals wanting to share their story. It is difficult for a person to identify a story to tell if that person has not acknowledged that their script fits

within that story line. My call was for Aboriginal problem gamblers or family members to a problem gambler: if a person does not identify as such, then there is no reason to make that call.

I was thankful to have had the chance to connect with Tim. His insights provided some context to the difficulties and limitations I had experienced when trying to encourage participants to share their story. Given my exchange with him, I felt confident that I had exhausted all opportunities available to me to engage the Aboriginal problem gambling community at present time. Tim encouraged me to contact him once the research was completed in hopes of sharing my research with the First Nations communities that he works in. Perhaps this will be a small first step in creating some awareness and understanding in the community about problem gambling as each reader gets to journey with the participants through their lived experience of problem gambling.

Future Considerations

Through the sharing of stories, each participant has provided the reader with a tour of what it is like to experience an "alien" support system as an Aboriginal problem gambler. Beyond that, the participants' experiences combined to bring awareness to the complex histories that have melded to form present day realities and influence future opportunities. Within these stories, I have had the privilege to journey with four very brave individuals, allowing a glimpse into the struggles of an oppressed people and the fallout of addiction, dysfunction, and despair. As each participant's life story was exposed, there was an acknowledgement of the historical oppression and intergenerational effects Aboriginal people have experienced. Their stories highlighted the westernized formulation of care that is mostly incongruent with Aboriginal culture

and ways of healing, and therefore, acted as a barrier to accessing support for three of the four participants.

Through this process, participants shared several recommendations that I hope to include for future consideration. Frank, Martha, and Bill advocated strongly for the development of a problem gambling support program that was created and led by Aboriginal people. This program would see the incorporation of spirituality and traditional ceremony and practice. Bill had discussed the inclusion of Elders, and Martha longed to see an accessible program that would be housed within the community. This place would not be within an institution, such as a hospital or medical office. Martha and Bill both expressed the desire to have the program run much as a Healing Circle, where people come together and share their experiences with one another. Although Judy was content with accessing mainstream support services, she felt strongly that more education needed to be included in a support program, inclusive of money management skills.

In addition to the aforementioned recommendations for the creation of future problem gambling support programs, I would also recommend a thorough review of existing support programs, not only for the treatment of problem gambling, but for health service programming in general. It is my belief that a comprehensive review of such programming utilizing a Critical Race Theory and Postcolonial Theory lens would help to create awareness regarding the influence of dominant ideology on existing programming, as well as acknowledge the historical realities that impact minority clients attempting to access service.

Another future consideration that requires exploration is the development of a Problem Gambling Prevention Plan, which would reflect similar benchmarks to the

recently launched Provincial Tobacco Reduction Strategy (Government of Saskatchewan, 2010). A program similar to the Provincial Tobacco Reduction Strategy (supported by the Ministry of Health) if applied to problem gambling would see advancements in prevention and awareness, with the creation of mandated target areas such as First Nations and Métis populations, adolescents, and seniors. An action plan could also be developed to ensure that the appropriate evaluative measures are being conducted regularly province wide to monitor areas such as prevalence, effectiveness and utilization rates of problem gambling prevention, education and treatment programs. The creation of this strategy should be done in consultation with each target group, including First Nations and Métis people. It is critical that their voices be included to provide the necessary insight and context in the creation of policy that would work to serve Aboriginal people effectively and in unison with traditional modes of healing.

Presently, Alberta has a strategy in place to prevent problem gambling and support responsible gaming. Through a partnership between the Alberta Gaming and Liquor Commission and Alberta Health Services, a problem-gambling strategy has been implemented to ensure that the available prevention, education and treatment services are reaching the appropriate audience and are equally effective. The strategy houses performance measures and targets that include leadership and coordination, research, as well as planning, implementation and evaluation (Alberta Gaming and Liquor Commission, 2010.) Likewise, Alberta also has the Alberta Gaming Research Institute - a consortium of the University of Alberta, the University of Calgary, and the University of Lethbridge - which supports and promotes research into gaming and gambling in the province of Alberta. The Saskatchewan government could learn from their provincial

neighbours in working to address the staggering statistics of problem gambling (as discussed in Chapter 1) within the most vulnerable groups. At a minimum, further research and evaluation of existing problem gambling treatment programs in Saskatchewan is necessary, looking more broadly at the sections of population accessing support, the client experience of the support service, and the generation of feedback to help improve existing problem gambling support services. Again, such evaluation needs to be done in collaboration with Aboriginal people, and in this case, consultation with the Federation of Saskatchewan Indian Nations (FSIN) may be an appropriate first step.

Conclusion

As discussed throughout the body of this research, both the steady prevalence of Aboriginal gamblers at risk for problem gambling behaviours, as well as the consistent rise in the Aboriginal population, in Saskatchewan and Canada, distinguish the need for adequate and culturally responsive supports and services. It is important to more fully understand the complexities associated with vulnerable groups, such as Aboriginal people, that are experiencing problematic gambling behaviour so that interventions can be dynamically developed to suit the unique needs of both the individual and the family. It is clear that mainstream, westernized models of care are not reaching or healing Aboriginal people, resulting in a lack of wellness and further influencing various social disparities already existent. As CRT posits, it is the existence of racism as woven into the very fabric of dominance that sustains and exacerbates the division between the dominant group and the Other. The impact of colonization on Aboriginal people in Canada, as well as present-day ideologies, has contributed to and continues to sustain, ill health.

Unfortunately, the health-care policies that direct a majority of problem gambling supports have been shaped and influenced by colonial policy.

To create equity in access to relevant and culturally safe supports, governments as well as health-care providers must acknowledge the root causes of the inequities Aboriginal people experience, such as colonization, racism, ensuing marginalization and lack of sense of self. The two theoretical perspectives applied throughout this inquiry, critical race theory and postcolonialism, have provided a lens through which the oppression of Aboriginal people, minority people, may be understood. Such enlightenment helps to recognize the dominant ideologies and root causes of oppression, as well as address the unequal relations of power that feed current policies problem gambling services and supports are founded on. Through the inclusion of Aboriginal people's stories, a deeper understanding can be drawn from their insights, helping to work towards a level of care that is both respectful and appropriate for the unique needs of Aboriginal people. Through each participant's story shared, acknowledgement has been given to the histories and conditions that have led to an unbalanced state. Without awareness and understanding of the inequities not only at the systemic level, but also within the lived human experience of Aboriginal people, little can be done to truly improve the opportunity for healing amongst Aboriginal problem gamblers and their families.

The use of narrative inquiry as a methodological orientation to research provided a means to understand the complexity of human experiences. Represented in this body of work, narrative inquiry has helped to inform a process of relationship building, reflection and integration of the shared human experience. It has provided context to the process of

living, telling, reliving, and retelling stories in a space that is respectful and receptive to the complexities of experience as story. The qualities of narrative inquiry are complimentary to Aboriginal people and Indigenous ways of knowing, necessary for this research. Through the process of storytelling, a wealth of understanding and knowledge can be shared with the reader. The expression of each of the participants' human experiences, both through the process of sharing their stories and through the interpretation of those stories, provided a safe place for them to find their voice. For Aboriginal people who have experienced generations of colonization and residual health and socioeconomic disparities, the opportunity to allow the outside world to pause and critically empathize with their lived experience acts as a powerful catalyst for awareness and ultimately empowerment of the Other. Furthermore, it has provided an opportunity to showcase the resiliency of Frank, Martha, Judy and Bill. Despite the historical and present day experiences of oppression, each participant exemplified the true definition of strength, not only as individuals, but also as a People. Aboriginal people have not and will not be silenced. It is through the use of narrative inquiry, a space was created for the Other, and the ignorance of dominant ideologies that shape power, privilege, and knowledge within society and its institutions may be challenged through the insightfulness displayed in each of the participants' stories.

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APPENDICES

Appendix A

Ethics Approval

University of Regina

OFFICE OF RESEARCH SERVICES
MEMORANDUM

DATE: February 24, 2011

TO: Jody Burnett
3835 Britannia Place
Regina, SK S4V 2Z6

FROM: Dr. Bruce Plouffe
Chair, Research Ethics Board

Re: **The Aboriginal Family Members' Experiences of Services and Supports for Problem Gambling: Perceived Accessibility and Effectiveness (File # 54S1011)**

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

☒ 1. APPROVED AS SUBMITTED. Only applicants with this designation have ethical approval to proceed with their research as described in their applications. For research lasting more than one year (Section 1F). **ETHICAL APPROVAL MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS.** Approval will be revoked unless a satisfactory status report is received. Any substantive changes in methodology or instrumentation must also be approved prior to their implementation.

☐ 2. ACCEPTABLE SUBJECT TO MINOR CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.

☐ 3. ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.

☐ 4. UNACCEPTABLE AS SUBMITTED. The proposal requires substantial additions or redesign. Please contact the Chair of the REB for advice on how the project proposal might be revised.

O. Bruce Plouffe
Dr. Bruce Plouffe

cc: Dr. Jennifer Tupper and Dr. Scott Thompson – Faculty of Education

** supplementary memo should be forwarded to the Chair of the Research Ethics Board at the Office of Research Services (Research and Innovation Centre, Room 109) or by e-mail to research.ethics@uregina.ca

Phone: (306) 585-4775
Fax: (306) 585-4893

Appendix B

Recruitment Poster

~ ATTENTION ~

ABORIGINAL PROBLEM GAMBLERS and/or FAMILY MEMBER OF A PROBLEM GAMBLER

I need your help! I would like to interview problem gamblers and/or family members of problem gamblers of Aboriginal decent about your experiences accessing support services for problem gambling.

A $15.00 grocery voucher will be provided as an honorarium.

If you are interested or would like more information, please contact:

Jody Burnett
Graduate Student
Faculty of Education
University of Regina
(306) 536-1637
or jjburnett@sasktel.net

All information provided in this process (i.e., Email and phone numbers) will remain confidential

Jody 536-1637	Jody 536-1637	Jody 536-1637	Jody 536-1637	Jody 536-1637	Jody 536-1637	Jody 536-1637	Jody 536-1637

Appendix C

Consent Form

UNIVERSITY OF REGINA

Faculty of Education

The Aboriginal Family Members' Experiences of Services and Supports for Problem Gambling: Perceived Accessibility and Effectiveness

Consent Form

This study proposes to gain a better understanding of what 'culturally appropriate' support services are presently available for Aboriginal problem gamblers and their families within the Regina Qu'Appelle Health Region. In addition, the study will work closely with First Nations and Métis problem gamblers as well as family members of problem gamblers, to gain a better understanding of their experience of support services as well as successes or struggles encountered. To do so, I am asking if you would volunteer for an individual, face-to-face interview and for your permission to digitally record that interview.

I, (please print)_____ consent to participation in a research project entitled *The Aboriginal Family Members' Experiences of Services and Supports for Problem Gambling: Perceived Accessibility and Effectiveness,* conducted by Jody Burnett, Faculty of Education, University of Regina.

I acknowledge that:

1. I am voluntarily giving consent for my participation in a qualitative study about my experiences as a problem gambler and/or family member of problem gambler. The study is a requirement of the researcher, Jody Burnett's, Doctorate program.
2. I will be interviewed twice by Jody Burnett, the primary researcher of the study. Each interview will be approximately one hour in length.
3. I voluntarily give Jody Burnett permission to digitally record the interviews. The tapes will be written out for data analysis.
4. I am free to withdraw from this project at any time without negative repercussions and understand that my withdrawal from the study will apply until the results have been distributed. It is possible that some form of research distribution has occurred and as such withdrawal of data from the study may not be possible.
5. My identity as a research subject will be kept confidential. I will choose a false name. Names of third parties will be changed and a false name used for them in dissemination of information from this study (manuscripts for publication and conference presentations).
6. Limits of confidentiality include that the appropriate people will have to be informed if I disclose that I plan to harm others or myself, or in the instance that a subpoena be ordered by the court.

7. Risks and benefits of participation: There are not any anticipated risks in participating in this study. The benefits are in sharing experiences of accessing supports services as a problem gambler and/or a family member to a problem gambler.
8. I understand that I will receive a $15.00 grocery voucher as thanks for my participation in this research project.
9. Consent forms and all data files (including the audiotapes and transcripts) will be stored in Jody Burnett's office for a period of not less than five years and then they will be destroyed.
10. Findings of this study can be obtained by contacting Jody Burnett directly and requesting a copy.
11. I have received a copy of this consent form for my records.
12. I understand that if I have questions regarding the procedures and goals of the study at any time, I can contact the researcher, Jody Burnett, Doctoral Student, Faculty of Education, University of Regina by telephone at (306) 536-1637 or by e-mail at jjburnett@sasktel.net or I can contact Jody Burnett's supervisor, Dr. Jennifer Tupper, Faculty of Education, University of Regina at (306) 585-5603 or by e-mail at Jennifer.Tupper@uregina.ca.
13. This project was approved by the Research Ethics Board, University of Regina. If research subjects have any questions or concerns about their rights or treatment as participants, they may contact the Chair of the Research Ethics Committee at 585-4539 or by e-mail: research.ethics@uregina.ca
14. If distress is experienced at any time, a list of support/counselling services will be provided.

_____, 2011
Signature

_____, 2011
Researcher's Signature

Appendix D

Guiding Questions

Guiding Questions

1. Demographic Questions:

   Gender

   Age

   How do you identify as Aboriginal (i.e., First Nation, Métis, Inuit)?

2. What has been your experience with problem gambling?

3. What are some of the main challenges or consequences of being a problem gambler/and or being related to a problem gambler?

4. In what ways have you been able to cope with the consequences of problem gambling in your life?

5. Have you attempted to access support services? If yes, what types of services (private/public, urban/rural)? If no, what prevented you from attempting to access support?

6. How successful or unsuccessful has this process been? What has your experience been like?

7. In your opinion, what types of qualities/services should be included in a successful problem gambling support program for Aboriginal people?