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Title: Three Days Together Around the Table: Using the Group Analysis Method to Value the Expertise and Lived Experiences of Key Voices to Innovate Solutions.

Abstract

Purpose: This paper presents the use of the Group Analysis Method (GAM), an innovative method developed in a francophone context, to discuss issues related to the services offered in the field of addiction in Quebec's Indigenous communities, and to identify perspectives for innovative solutions.

Design/Methodology/Approach: This article begins with a detailed description of the method's phases and steps based on the French-language writings of the developers of the GAM. The authors then illustrate a concrete example of how this method has been applied to addiction intervention stakeholders in Indigenous communities in Quebec (Canada), highlighting the type of results possible.

Findings: The strengths and weaknesses of the GAM for addressing sensitive issues in an Indigenous context are discussed. Recommendations for further integration of the Indigenous perspective into the approach are proposed.

Originality: This article presents a relevant qualitative method for co-constructing solutions with groups which, to our knowledge, has not been described in the English-language literature. In the light of their experience in an Indigenous context, the authors adopt a critical perspective, demonstrating the relevance of the method and suggesting adaptations to ensure an equitable distribution of power.

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Introduction

This article reports on the first steps of a participatory action-research project, which has been underway since 2017. It has resulted in the creation of Wise Choices (references removed for revision), a secondary prevention program that aims to support Indigenous people in their choices regarding substance use. Still in an iterative process of co-construction, Wise Choices is currently being implemented in several Indigenous communities in Quebec. The first steps described in this article were designed based on the use of a Group Analysis Method (GAM) protocol that opened up a dialogue and new perspectives on alcohol use interventions in some Indigenous communities of Quebec. The scope of this article is to capture the richness of the lessons learned through this process, in which we were fortunate to participate as academic researchers.

Indigenous Peoples in Quebec

The Canadian Constitution Act, 1982 recognizes three distinct Indigenous groups: First Nations, Inuit and Metis, although no Metis group is legally recognized in the province of Quebec (Bergeron *et al.*, 2018). Indigenous people in Quebec number approximately 100,000 people living in 55 geographically widespread communities, and they belong to ten different First Nations as well as the Inuit (Government of Quebec, 2021). While culture, tradition, and way of life differ greatly from one First Nation to another, they share a history of suffering caused by colonization. Traumas generated by the forced adoption of a sedentary lifestyle, cultural assimilation, residential schools, and child abduction have had long-lasting consequences that are responsible for the challenges these communities face today. This is reflected in the significant disparities between Indigenous population on one hand, and the general population on the other in terms of general health, suicide rates, and issues related to substance abuse (Castellano and Archibald, 2007; Reading and Wien, 2009).

Alcohol Use Among Indigenous People in Quebec

Numerous are the devastating consequences that alcohol use has had on Indigenous people since being introduced in their communities by Europeans (Dell and Lyons, 2007; Korhonen, 2005). The use of psychoactive substances and the related harms are recognized as an important health and social issue among Indigenous communities (Firestone *et al.*, 2015). The available data on substance use by First Nations and Inuit in Quebec is incomplete as it does not include all Nations (Lévesque *et al.*, 2018). Although imperfect, studies show that heavy and binge drinking, patterns of consumption associated with at-risk behaviors and major personal and social consequences (violence, suicide, accidents, etc.), appear to be more common among Indigenous people than in the general Quebec population (Éduc'alcool, 2017; First Nations of Quebec and Labrador Health and Social Services Commission [FNQLHSSC], 2018; Lévesque *et al.*, 2018; Nunavik Regional Board of Health and Social Services [NRBHSS], 2020). However, the proportion of regular drinkers among Indigenous people appears to be comparable to or slightly lower than in the general Quebec population (Lévesque *et al.*, 2018). Indeed, whereas the data indicates a proportion of alcohol consumers of 81% in the general population of Quebec (Statistics Canada, 2019; Institut national de santé publique du Québec, 2023), the 2015 First Nation Regional Health Survey, conducted among people aged 12 years and over from 8 Nations, reported that 63% of respondents described themselves as alcohol consumers (FNQLHSSC, 2018). Similarly, in the 2017 *Qanuilirpitaa?* Nunavik Inuit Health Survey conducted in the 14 Nunavik communities among people aged 16 and over, the proportion of alcohol users was 83% (NRBHSS, 2020). Moreover, in these studies on First Nations and Inuit alcohol consumption, more than one out of every five people reported a pattern of moderate or occasional drinking (FNQLHSSC, 2018; NRBHSS, 2020). Thus, there is a diversity in the patterns of alcohol use among Indigenous people, but despite this fact, the myth that Indigenous people cannot drink in moderation remains a popular belief (Dunbar-Ortiz and Gilio-Whitaker, 2016).

Myths Surrounding Indigenous People Alcohol Consumption

The misconception that Indigenous people who consume alcohol necessarily have an alcohol problem is based on the premise that Indigenous people are biologically more vulnerable to the effects of alcohol and addiction (Gonzalez and Skewes, 2016). While several studies have shown that genetic factors are involved in alcohol abuse and dependence (Edenberg *et al.*, 2019; Lopez-Leon *et al.*, 2021), we have not found any studies demonstrating that these genetic factors are more prevalent among Indigenous peoples than among non-Indigenous peoples, and recent scientific literature agrees that problem drinking is a multifactorial phenomenon with not only biological, but also psychological and sociocultural etiologies (Enoch and Albaugh, 2017). Indigenous peoples around the world share a history of colonization marked by historical traumas that are recognized as the root causes of the various social problems they face, including substance use (Menzies, 2019). This sociohistorical context in which members of Indigenous communities have been stigmatized and labeled as unable to consume alcohol in moderation due to

genetic vulnerability has numerous consequences (Roy, 2005). In their work, Gonzalez and Skewes (2016) examine the association between belief in the myth of biological vulnerability and various variables among 157 Alaska Native university students demonstrates that belief in this vulnerability is associated with several negative consequences, including a decreased sense of self-efficacy regarding the ability of drinking moderately and increased heavy episodic drinking. Erroneous beliefs about Indigenous alcohol consumption contribute to stigmatization and hinder the development of a range of services which include harm reduction interventions. This creates a context that strongly favors services aimed at those with serious alcohol use issues, often based on abstinence-based models, neglecting services targeting moderate drinkers.

Implications for the Services Offered

Since not all Indigenous people have the same drinking pattern, there is a diversity of needs in terms of prevention and intervention regarding alcohol use. To meet those needs and promote agency, a continuum of services that includes both harm reduction and abstinence-based interventions should be developed, and those two approaches should be seen not as contradictory but as complementary (Dell and Lyons, 2007; Korhonen, 2004; Lévesque *et al.*, 2018; Wardman and Quantz, 2006). The development of culturally safe harm reduction interventions can help provide people better access to services suiting their needs, thereby filling the gaps in services for people who do not want to stop the use of substances completely (Lavalley *et al.*, 2020). However, harm-reduction approaches present challenges of social acceptability in Indigenous communities and must be implemented through participatory projects to ensure that all voices are heard (Dell and Lyons, 2007).

Discussing New Avenues for Addiction Intervention Through the Group Analysis Method

When conducted by non-Indigenous researchers, even those with the best intentions, research and development of interventions aimed at Indigenous people carry the risk of giving insufficient consideration to the knowledge, methods and priorities of the communities involved (Curtis *et al.*, 2019). Recognized worldwide as a promising approach to reducing the social inequalities in health experienced by Indigenous people, community-based participatory research (CBPR) enables the development of health research projects that take into account the social and environmental factors associated with different health issues (Holkup, 2004; Israel *et al.*, 1998), including alcohol consumption. In this perspective, one well-known approach is called Two-Eyed Seeing, a pragmatic approach which draws on the best of both Western and Indigenous philosophies to address a research object (Forbes *et al.*, 2020). Two-Eyed Seeing was introduced by Mi'kmaq Elder Albert Marshall in 2004. As he explains it, the purpose of this approach is to "LEARN ... to see from one eye with the best in the Indigenous ways of knowing, and from the other eye with the best in the Western (or mainstream) ways of knowing … and LEARN to use both these eyes together for the benefit of all" (Barlett *et al.*, 2015, p. 283). The GAM appears to align with these approaches and might represent a powerful tool for working in a decolonizing and culturally safe perspective. This method, which will be described in detail in a subsequent section of the text, aims to bring together, on an equal footing, diverse stakeholders who have concrete experience of the problematic in question. The goal is to engage in a dialogue with these stakeholders about their respective experiences, and have them participate in a reflexive analysis and generate new practical perspectives (D'Arripe *et al.*, 2022; Van Campenhoudt *et al.*, 2005). Such a method appeared to be the ideal means of initiating a conversation about the different drinking patterns of people in Indigenous communities, exploring the service needs associated with them, and developing a deeper understanding of the barriers these people face in seeking support related to alcohol consumption. Thus, we used the GAM to discuss the issues surrounding the provision of services related to alcohol use in Indigenous communities of Quebec in a seminar funded by the Canadian Institutes of Health Research (CIHR).

Objectives of This Paper

The aim of this paper is to describe how the GAM was used to identify the issues and needs relating to interventions relating to alcohol consumption in the Indigenous communities of Quebec. More specifically, it aims to 1) provide a detailed and operational description of the GAM in English, since the literature on this method is mainly written in French; 2) present a concrete example of an experience with the GAM and the findings it brought to light with regard to the challenges pertaining to services related to alcohol consumption and the relevance of developing new intervention approaches in Indigenous communities; and 3) discuss the strengths and weaknesses of the GAM for addressing sensitive issues and exploring possible solutions with Indigenous communities.

Method: A Comprehensive, Step-by-Step Description of the Method

In line with the primary aim of this article, which is to provide a comprehensive and operational description of the GAM in English, its step-by-step structure will be described in detail in the following paragraphs.

The Group Analysis Method[1]

Developed and practiced since the early 80s by the Center for Sociological Studies of the *Facultés universitaires Saint-Louis* in Brussels, in Belgium, the GAM consists of bringing together people concerned by a problem in order to construct meaning and draw out practical perspectives through stories of lived experience (Franssen *et al.*, 2014; Van Campenhoudt *et al.*, 2005; Van Campenhoudt *et al.*, 2009). Although flexible and respectful of the pace and ways of doing things of the stakeholders involved, the GAM is a highly structured process that can produce concrete practical and theoretical outcomes, and it is therefore distinct from other forms of group interviewing (Konaté *et al.*, 2019). Concretely, this method brings together 10 to 12 stakeholders – the experts – involved in the area of interest, who are invited to share a story about an experience they have personally undergone that illustrates the problem being investigated (Van Campenhoudt *et al.*, 2005). The process also involves 2 to 3 researchers who play the roles of facilitator (in charge of the process) and notetaker (in charge of documenting what emerges from the process), adopting an egalitarian position with the participants, who are not being interviewed, but rather invited to collectively analyze the issues raised in collaboration with the group as a whole (Franssen *et al.*, 2014; Van Campenhoudt *et al.*, 2005). Typically, 2 to 3 narratives are analyzed. The process can therefore take place over 2 or 3 consecutive days, or over shorter periods, depending on what is realistic for the participants (Van Campenhoudt *et al.*, 2005). Implementing the method requires a certain amount of preparatory work, and is then divided into 4 phases, each including specific steps.

Preliminary Considerations

Various contexts and objectives are suitable for the GAM. While it has mostly been used to tackle problems in the professional context of public policy, it can also be used as a tool for training, and perhaps for intervention (Van Campenhoudt *et al.*, 2005). The origin of the request leading to a group analysis process may come from the practice environment, granting agencies or academia. The important point is to be clear and transparent with all participants regarding the nature of the request, the respective interests of each of the parties involved, and commitments in terms of communicating the results of the process. Participants selected must be directly involved in the problem

[1] Several authors have used the Group Analysis Method as a basis for their work, but the book by Van Campenhoudt *et al.* (2005) is the seminal work on which all these authors base their work and which constitutes the foundation of the present article.

under study, and the group must present a reasonable balance between homogeneous and heterogeneous profiles: people sharing sufficient common ground to dialogue on the topic of interest, but with sufficiently varied characteristics to provide access to a diversity of perspectives (Van Campenhoudt *et al.*, 2005). Participants must be provided with all the information they need to give informed consent and prepare for the process. This includes explaining the nature and objectives of the process in which they are to take part, informing them of the structural and logistical elements, setting out the ethical rules that apply, and asking permission to record the exchanges. If feasible, it may be worthwhile to bring participants together for a preliminary information meeting to answer their questions and initiate the group dynamics (Van Campenhoudt *et al.*, 2005).

Phase 1 – The Narrative

The first phase of the GAM consists in generating the basic material that will be interpreted and analyzed throughout the process. This phase consists of 5 steps. In **Step 1**, called "Story Proposals," participants take turns presenting a brief narrative of a situation in which they have directly experienced the problem being studied. The story should be as factual as possible and take around 5 minutes to tell. The participant concludes by stating how this narrative is relevant and the group chooses an evocative title for it (Van Campenhoudt *et al.*, 2005; Van Campenhoudt *et al.*, 2009). In **Step 2**, called "Narrative Selection," the group chooses 2 to 3 narratives that will be explored in greater depth throughout the process. Each participant has the opportunity to highlight which stories they find most relevant, and to justify their choice. Ideally, the group comes to a consensus on the narratives chosen, but this can be decided by a vote if it is not the case (Van Campenhoudt *et al.*, 2005; Van Campenhoudt *et al.*, 2009). During **Step 3**, "Narration," the person whose story has been chosen tells it in detail, thereby acting as the narrator. During this step, the narrator is not yet sharing their impressions of the situation, but presenting it as completely and objectively as possible. It is important to record this part so that the narrative can be listened to again later (Van Campenhoudt *et al.*, 2005; Van Campenhoudt *et al.*, 2009). In **Step 4**, called “Stakes From the Narrator’s Point of View,” the narrator is invited to express what appears to be the most evocative aspect of the narrative, its relevance and the issues at stake (Van Campenhoudt *et al.*, 2005; Van Campenhoudt *et al.*, 2009). **Step 5**, "Information Questions," allows all participants (including the researchers) to ask factual questions to clarify the details of the story. There is no interpretation at this stage, but rather only an attempt to ensure that participants fully understand the story, and that the narrator takes a certain distance from personal experience to enhance reflexive thinking (Van Campenhoudt *et al.*, 2005; Van Campenhoudt *et al.*, 2009).

Phase 2 – Interpretations

This phase is generally the one with the strictest structure, designed to ensure that all participants are on an equal footing. The aim is to bring out different interpretations, so that each point of view can be confronted with that of others, and evolve through a reflective posture (Van Campenhoudt *et al.*, 2005). Throughout this phase, interpretations will be carefully noted by the notetaker to enable subsequent analysis. **Step 6** is the "First Round Table," in which participants take turns formulating their interpretations of the narrative. An interpretation is defined as a way of grasping the reality presented by highlighting what is considered most significant. The goal is not to make a recommendation or present a practical perspective (Van Campenhoudt *et al.*, 2005). In **Step 7**, "Narrator’s Reactions," the narrator can respond to the interpretations put forward by the group. They can agree or disagree, enrich certain interpretations with their own perspective, or relate how the interpretations heard have influenced their own. **Step 8**, "Replaying the Story," can be skipped if time is short or if it is not deemed necessary. However, it may be a highly relevant step for distancing oneself from initial interpretations and adding depth to the thought process (Van Campenhoudt *et al.*, 2005). **Step 9**, "Second Round Table," follows essentially the same sequence as Step 6, but participants respond to the initial interpretations: they can enrich them, nuance them, confront them, etc.

They take a position in a respectful, non-judgmental way (Van Campenhoudt *et al.*, 2005). **Step 10**, "Narrator's Reactions," is carried out in the same way as Step 7, and allows the narrator to have the "final word." There may also be a short period of free discussion if the need arises (Van Campenhoudt *et al.*, 2005).

Phase 3 – Analysis

The analysis phase is divided into three steps. **Step 11**, "Convergences and Divergences," consists of organizing the interpretations into a coherent framework. The idea here is not to develop new interpretations, but rather to build on the interpretations that have already been voiced and noted by the note taker. Convergence occurs when several interpretations point in the same direction. Some convergences represent strong threads and elements of consensus, while others are partial, being shared by only some of the members of the group. Divergences represent points of tension, interpretations that are conflicting or contradictory. Mapping out convergences and divergences is not intended to resolve tensions and reach a consensual representation, but rather to agree on a way of formulating what we agree and disagree on (Van Campenhoudt *et al.*, 2005; Van Campenhoudt *et al.*, 2009). There are several ways of carrying out this step, but in most cases, the research team develops an initial articulation of convergences and divergences, which is provisory and will be filled out, modified or clarified with the entire group (Van Campenhoudt *et al.*, 2005). At the end of this step, all participants should recognize the framework developed as an accurate representation of their interpretation work (Van Campenhoudt *et al.*, 2005). **Step 12**, "Theoretical Contributions," is intended to help the group improve its analyses by drawing on the scientific knowledge of the researchers. This may involve conceptual clarification, providing the group with some theoretical benchmarks in the field of knowledge that are relevant to the analytical work being carried out, or informing them of the most recent developments in the domain (Van Campenhoudt *et al.*, 2005). In **Step 13**, "Researchers' Hypotheses and New Issues," the researchers suggest a coherent explanatory analysis to the group, namely the hypotheses they consider central to the group analysis. In line with this method, which places experiential knowledge at the heart of the approach, the group does not receive these hypotheses passively, but reacts to them by discussing them, adding to them, pointing out their flaws, asking questions, etc. (Van Campenhoudt *et al.*, 2005; Van Campenhoudt *et al.*, 2009). This group discussion allows alternative hypotheses to emerge and new problematizations to be formulated, providing resources for further analysis (Van Campenhoudt *et al.*, 2005).

Phase 4 – Practical Perspectives and Evaluation

When more than one narrative is being analyzed, steps 3 to 13 are repeated for each of the narratives before proceeding to the final phase of the method. This final phase consists of two stages which aim at concluding the process by reflecting on ways of using its results and by taking a critical look at the experience of the GAM. In **Step 14**, "Practical Perspectives," participants explore concrete avenues for putting their analytical work to use. The problems to which the GAM is applied are often highly complex, so obviously it is not expected that they will be completely solved at the end of the process. However, participants should come away with concrete courses of action that have the potential to improve situations related to the problem analyzed. This step can be carried out in different ways, for example by inviting each participant in turn to suggest practical avenues for improvement, or by inviting them to share proposals in subgroups. This step seeks to structure the various practical perspectives without imposing a consensus. **Step15**, "Evaluation," enables participants to freely express how they feel about the method and the way it has been deployed, as well as to take an intersubjective appraisal of the work carried out and the relationships within the group during the process (Van Campenhoudt *et al.*, 2005).

Results: A Concrete Illustration of the Process and Its Results

Next, in line with the second objective of this article, this section provides a comprehensive presentation of the GAM process deployed and the results that emerged from the experiment. To ensure that this illustration is as operational as possible, the experiment will be described using a structured approach based on each step of the method.

Participants

The seminar brought together 10 participants (the experts) from nine different Indigenous communities and organizations, who were involved with addiction intervention as care providers, community workers, or managers. Most participants had been selected by FNQLHSSC, a non-profit organization responsible for supporting the efforts of the First Nations of Quebec to, among other things, plan and deliver culturally appropriate and preventive health and social services programs. Other participants were selected by the NRBHSS and the CBHSSJB, whose mandates are to organize health and social service programs in their respective regions. Both organizations were partners in this project from the beginning. Three researchers shared the role of facilitator and one acted as notetaker. The participating researchers are non-Indigenous and have been working in collaboration with Indigenous partners for over 20 years. Despite their respect and recognition of Indigenous ways of knowing, they acknowledge that they are biased by a Western scientific perspective.

Origin of the Request – The Need to Enrich the Services Offered

The project originated from a request made by an addiction counsellor for workers in her community to receive training on Alcochoix+ (Cournoyer *et al.*, 2010), a program aimed at promoting controlled drinking, which has been used in Quebec for around twenty years. This request reflected a need to enrich the addiction services offered in this community, but also raised the question of the cultural appropriateness of the program and its philosophy, as it had been developed and implemented only in a non-Indigenous context. As the program and its curriculum were not culturally relevant to Indigenous people and communities, it would not have been appropriate to implement it as is. However, the NRBHSS, the FNQLHSSC as well as the CBHSSJB agreed to engage in a reflection process regarding the service offer in their communities in the field of substance use (but mainly alcohol) and to explore new intervention perspectives.

Preliminary Considerations – From My Story to our Stories

Researchers' Preparation

Prior to the seminar, the research team conducted a literature review on addiction intervention practices for Indigenous people. The aim was to provide researchers with an overview of the main existing services in Canada, but also to identify promising approaches used elsewhere in the world, which could be then used to support Step 12 "Theoretical Contributions" of the GAM. Since not all the researchers involved were familiar with the GAM, they discussed its objectives and philosophy, and a document describing each of its step was produced.

Participants' Preparation

Approximately two weeks before the seminar, participants received a letter outlining the objectives of the seminar, the topics to be discussed, how the GAM would be applied, as well as various tips for preparing their stories. It explained that the main objective of the seminar was to discuss the challenges associated with interventions related to alcohol use in Indigenous communities, and to identify possible courses of action or solutions to be implemented. Participants were asked to choose a particular situation they had experienced in their professional practice that was relevant to the theme of the seminar and that they would feel comfortable sharing with the group. They were asked to give their story an evocative title and to be prepared to tell the story in their own words, as factually as possible and within five minutes. The letter also explained that 2 or 3 stories would be chosen for in-depth analysis, and detailed what would be expected of them if their story were to be chosen. Examples of stories were also provided.

Group Analysis Method Experience

The 3-day seminar took place in November 2017 in the community of Wendake. Participants shared meals and participated in entertaining activities organized by the museum highlighting Indigenous culture. With the exception of two participants who lived in the community of Wendake and preferred to return home for the night, all participants were lodged on site. The fact that participants and researchers stayed in the same location for the three days enabled informal exchanges and bonding.

Day 1

On the first day, participants were warmly welcomed by the research team, who emphasized from the outset that they were co-producers of knowledge. They also reviewed the objectives of the process and explained how the seminar would unfold concretely. The importance of everyone's participation in the collective effort, with an attitude of openness, was stressed. Each day of the seminar began with an opening prayer and ended with a closing prayer, recited by members of the group in their own language. Participants did not all share the same mother tongue, but they all spoke enough French or English to be able to take part in the process in one of these two languages. A simultaneous translation service was in place, so that everyone could participate in the discussions in the language of their choice. At the outset of the seminar, the research team ensured that all participants agreed to the recording of the discussions, so that the narratives and exchanges could be replayed for analysis.

Phase 1, Step 1 – Story Proposals. Participants were invited to take turns giving the outline of their story, in the style of a "teaser trailer." There were no predetermined speaking turns, and everyone could present their short story whenever they felt ready to do so. Although not every story was going to be analysed in depth, this phase was important as it provided an initial picture of the participants' concerns. These included the story of a mother who was using and whose counsellor felt unable to help her, and the story of a policeman who, since his divorce, felt he was using a little too much, but who was only recommended an in-house treatment formula by his counsellor. There were dramatic stories too, including the one of a young man who died in a car accident. Each proposal was heard in a climate of deep listening and respect.

Phase 1, Step 2 – Narrative Selection. Each participant was asked to select the two stories they found most interesting in regard to intervention around alcohol use in Indigenous communities. The two narratives chosen by the majority were retained for further analysis. The two narratives chosen, which will be described in detail below, related stories with contrasting affects, the first reflecting a sense of competence, while the second spoke of an

experience of stigmatization. During this crucial stage of the GAM, which sets the stage for the bonding through the common experience it provides, the atmosphere was very positive and respectful. Curious to hear what others had to say, everyone listened with great interest to the stories of their peers, who shared a reality that could be both similar and different when compared to their own.

Phase 1, Step 3 – Narration of the First Story. The first narrative chosen dealt with the importance of culturally relevant intervention. The narrator described a situation in which he was asked to go to a school to intervene in a classroom where several students were displaying difficulties and aggressive behavior. He recounted how his first instinct was to use animal-related metaphors to connect with the students and address their behaviors. He returned to the classroom several times to pass on his knowledge of the meaning and elements associated with the different months of the year, as well as the wildlife of the surrounding area. The students were happy to see him every time he returned. After a few of his visits to the classroom, each student chose their favorite animal which was then used to explain school subjects to them. He even invited elders from the community to meet with the students and share their traditional knowledge. He stressed that most of the programs provided in schools do not resonate with Indigenous youth and described how using his Native language as well as traditional stories and animal symbols was his way to bring life to his interventions. He explained that he was there to guide the students, to pass on traditional knowledge drawn from a nomadic philosophy, so that school subjects could come "alive." A few years later, these children, now teenagers, would still visit him, expressing their appreciation of his teachings and even asking for his advice.

Phase 1, Step 4 – Stakes from the Narrator's Point of View. Following the first story, the narrator emphasized that a nomadic mentality ought to be recognized in any intervention with people of his Nation, stressing the importance of their connection with nature. He explained that, like other Indigenous communities, his community had only recently adopted a more sedentary lifestyle, and so they continue to carry within them the attitudes and philosophy that are inherent to the nomadic lifestyle.

Phase 1, Step 5 – Information Questions. This step where clarifying questions could be asked about the story enabled participants not only to better understand the details of each story, but also to discover different realities in different communities: the organization of social services, the school system, traditions, wildlife and so on. This stage was very brief, as participants knew they had to limit their questions to very pointed ones aimed at clarifying specific points. As the narratives were very detailed, and knowing that they would have the opportunity to ask probing questions later, participants said very little during this stage.

Phase 2, Step 6 – First Roundtable. Reactions to this narrative were emotionally charged, given that the majority of participants had already witnessed or experienced a lack of consideration for their culture when receiving education or health services. They agreed that ancestral culture must be linked to contemporary realities. Some participants stressed that, as their culture is deeply rooted in their territory, traditions and symbols are specific to individual communities, each with a unique experience of colonization. There were converging elements in the participants' discourse, everyone seemed to share the suffering caused by colonization and historical trauma as well as resilience and a desire to build a future rooted in pride in their history and traditional values. Responsibility, perseverance, autonomy, and community are examples of values that were common to all participants, and they agreed that these values should be recognized in the development of any intervention program or service.

Phase 2, Step 7 – Narrator's Reactions. The narrator stressed that animism is a philosophy that includes all human beings, regardless of ethnicity, cultural identity or religion. He also insisted on the fact that rituals are important for all humans.

Phase 2, Step 8 – Replaying the Story. Given that a considerable amount of time had been spent on the first story, and that participants did not feel the need to listen to it again, the first story was not replayed.

Phase 2, Step 9 – Second Round Table. Although the GAM states that practical perspectives are addressed at a later stage, participants demonstrated a willingness to discuss the integration of culture into intervention practices, and the research team chose to invite them to elaborate on this point by relaunching a question on how Indigenous culture could be integrated into addiction intervention. Participants rooted problematic substance use in the historical trauma of colonization, and two main points of convergence emerged from the discussions. First, the importance of taking an interest in young people, speaking positively of them and inspiring pride in their identity by emphasizing the positive elements of their culture, such as the heritage of resilience and adaptation developed through connection with nature. Then, several examples were given of how the territory plays a fundamental role in the recovery of people who use substances. Being out in nature provides a safe environment and can act as a coping strategy to replace substance use.

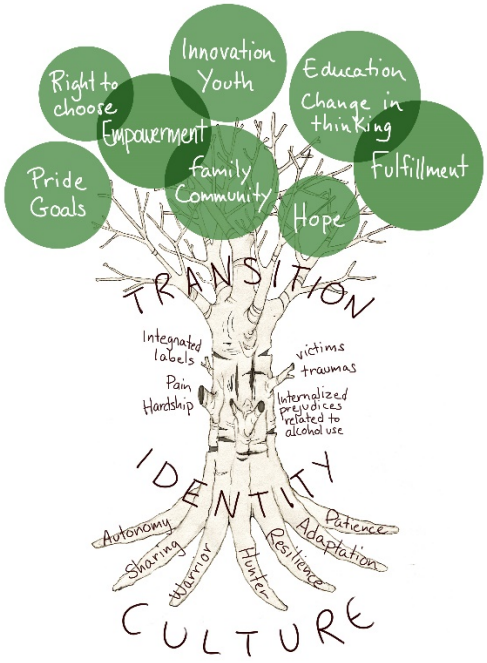
Phase 2, Step 10 – Narrator's Reactions. The narrator chose to speak during the round-table discussion rather than have the last word, and highlighted the issue of identity transition, which according to what they had learned, requires the construction of a new identity without forgetting the past.

Day 2

Phase 3, Step 11 – Convergences and Divergences. After the substantive dialogues that followed the first narrative, researchers came together at the end of day 1 to synthesize the issues and ideas that had emerged from the first ten steps of the GAM. They had taken extensive notes and, while reviewing what the participants had said as well as the words used, the image of a tree emerged as a strong symbol illustrating the convergences and divergences in the participants' discussions. At the beginning of day 2, one of the researchers explained to the participants how this Tree of Values (Figure 1) represented the research team's understanding of what had been said the previous day. Much like the Indigenous peoples, the tree is solid and resilient because of its strong roots, which are the traditional qualities of autonomy, sharing, resilience, adaptation, and patience as well as warrior and hunter attributes. The roots also represent the diversity of communities that are independent but share the wounds and pain left by traumas, victimization, and labels related to alcohol use that have been integrated into self- and community-images. The tree is growing and moving into the future, just like the Indigenous people who are growing out of a transition period and regaining power. The leaves represent the revival and strengthening of Indigenous communities, which were injured by colonization but remain firmly rooted while moving toward empowerment and pride. Participants' reaction to the proposed image was enthusiastic. They agreed with this representation, which reflected the idea expressed during the discussions that recovery involves building a new identity based on traditional values and knowledge adapted to contemporary reality. A number of participants stressed the importance

of renewing addiction prevention and intervention messages, making them more positive and less guilt-inducing. Discussions then moved on to the need for services that would not strictly be based on an abstinence-based approach, but would also include the perspective of controlled drinking, thus introducing the second narrative.

Figure 1 – The tree of values (author erased for revision)



Phase 1, Step 3 – Narration of the Second Story. The second story shed light on the stigma experienced by Indigenous people who use alcohol, and it was chosen because it was directly linked to the purpose of the seminar. The narrator recounted an intervention with a family in which the parents drank alcohol in a way that would have been considered socially acceptable in a non-Indigenous context but were nonetheless labeled as alcoholics by social services because they were Indigenous. They felt powerless in the situation, experienced a great deal of stress, and eventually internalized the label of alcoholics. They might have needed help in reflecting on their consumption, but no such services were available in the community and attending a treatment center outside their community and away from their children was not an option.

Phase 1, Step 4 – Stakes from the Narrator's Point of View. Following this second story, the narrator described the anger she felt when she realized the injustice of the same behavior being interpreted in different ways because of bias against Indigenous people. She also explained how the situation of the family she had described demonstrated the consequences of the lack of services for people who do not wish to abstain from alcohol.

Phase 1, Step 5 – Information Questions. Questions from the other participants highlighted the fact that validated substance use assessment tools were rarely or simply not used in many communities, opening the door to subjective interpretation of substance use problems by care providers. This step also provided an opportunity to discuss the challenges involved in hiring workers from outside the communities to provide health and social services: staff turnover, difficulty in building trust, gaps in training, etc. As some communities are more affected by this reality than others, these exchanges allowed the creation of a sense of empathy between participants and brought to the surface a tension inherent in any process aimed at improving health and social services offered in Indigenous communities.

Phase 2, Step 6 – First Roundtable. Participants reacted emotionally to this narrative and stressed the need for culturally safe practices. One participant suggested that Indigenous natural caregivers should be involved in social services as they have a deep understanding of accumulated traumas and cultural losses. It was mentioned that non-Indigenous service providers often take a missionary-like attitude, deciding that they should take charge of children because they do not recognize Indigenous parents as competent in part because they lack knowledge and understanding of the dynamics of Indigenous families. Participants mentioned that prohibition has always been the response to alcohol problems (for example, establishing dry communities), eliminating the right to choose. Although it was not the stage to discuss practical perspectives yet, in their reactions, participants evoked different intervention possibilities. While some saw harm-reduction interventions as relevant for meeting the needs of some people in a non-stigmatizing way, particularly youth, others showed reluctance toward this type of approach and pointed to the fear in communities that educating people about alcohol and talking about it would encourage them to drink. Some participants shared their experiences of the damage alcohol has done to their communities, to which other participants responded by stressing the importance of addressing the root causes of substance use problems among Indigenous people.

Phase 2, Step 7 – Narrator's Reactions. The narrator expressed gratitude and humility towards the insights shared by the participants and emphasized the importance of nurturing hope. As participants showed that they had expressed what they wanted to express in response to the narrative, and that they wanted to move towards practical perspectives, the research team chose to respond to this situation and move directly on to Step 11 (Convergences and Divergences), rather than listening to the story again and doing a second table roundtable.

Phase 3, Step 11 – Convergences and Divergences. The research team met during the lunch break to identify the convergences and divergences that had emerged from the morning's conversations. The image of fire appeared to them as a strong representation of what had been expressed by the group during the previous discussions. Like alcohol in some of the shared experiences, fire can be destructive, destroying homes, families and communities, but it can also brighten and warm, like alcohol when used in moderation. The image of fire also appeared to be significant for most of the participants. One of them pointed out that he saw the number of logs in the fire as a metaphor for risk factors for alcohol use problems: the more logs (risk factors) there are, greater is the risk of the fire flaring up, spreading uncontrollably and damaging its surroundings. Thus, the idea of representing the continuum of risk related to alcohol use through the image of a continuum of fires (Figure 2) seemed evocative to the group.

In the following discussions, several participants agreed that it would be difficult for them to describe a person from their community who uses alcohol in moderation. A few of them mentioned that such people were not visible in the community and suggested that they might be experiencing a certain level of stigmatization that led them to be

discreet about their alcohol use. Participants also shared the perception that people who consume in a moderate way were active and had passions, goals, and projects, all protective factors on which any intervention should focus. While some participants seemed to agree with a harm reduction and moderate drinking approach, others had reservations. However, there was a general consensus on the importance of developing ways to empower community members to make informed choices about their alcohol use.

Figure 2 – The continuum of fires (author erased for revision)



Day 3

Phase 3, Step 12 – Theoretical Contributions. At the start of day 3, the results of the literature review on addiction intervention practices that had been carried out by the researchers in preparation for the seminar were presented to the participants. The literature consulted came from several regions of the world (Canada, Australia and the United States) and highlighted the strong importance of holistic approaches to addiction, rooted in cultural principles and practices. The researchers pointed out from the outset the extent to which the literature converged on similar themes to those expressed by participants during two previous days of work. The group was then given a brief overview of the main intervention approaches used in the Indigenous context, illustrating the predominance of abstinence models and the virtual absence of interventions aimed at managing or reducing consumption. The idea that there are different levels of severity in substance use, and that intervention must be tailored to each of them, was also discussed. This more academic portion was carried out by the researchers and the participants listened, with few interventions. It should be noted that this third day was the day when the participants would be leaving. The participants were more tired and knew they would have to set off later for their respective communities. What's more, the task at hand was more theoretical, and it was clear that the group energy level was changing, that this more "academic" portion was less in tune with the learning style of the participants. However, as a climate of trust was established, both sides were able to say things more directly and get straight to the point.

Phase 3 Step 13 – Researchers' Hypothesis and New Issues. The researchers met at the end of day 2 to share their thoughts and key findings from the group analysis process, and their associated hypotheses were then presented to the participants on the final morning of the seminar. They emphasized that the realities experienced by Indigenous communities were not all the same, and therefore any new intervention cannot be applied across the board. They

also suggested that conversations held over the previous few days had led them to realize that the belief that Indigenous people "cannot drink" is quite widespread, and that those who drink moderately experience stigmatization. As a result, people with low-risk drinking habits, who might for example see their alcohol consumption increase because of a difficult situation and would be concerned about it, are likely to experience a lack of current services adapted to their situation, as those services often aim for abstinence and are better suited for more severe drinkers.

Since a request had already been made by one of the participating communities to implement the Alcochoix+ program, and that a project to develop several versions of this program was already underway, the researchers hypothesized that the conditions were ripe for developing a culturally adapted version of this program for Indigenous communities. They stressed the importance of taking the traumatic history of Indigenous peoples into account when adapting the program, as well as involving community workers and caregivers.

Phase 4, Step 14 – Practical Perspectives. Some participants noted that conversations about the need for new interventions and new ways to provide education about alcohol use have been going on for years and they would be disappointed if participating in another discussion of this type failed to result in something tangible. There was consensus that there should be a diversity of options available for help with alcohol consumption, and several participants expressed an interest in adapting and implementing the Alcochoix+ program in their community. The importance of such a program being complemented by healing interventions using Indigenous culture was also emphasized by one participant, eliciting comments and nods of approval from the rest of the group. While all participants agreed on the relevance of intervening from a perspective of supporting people in their choices (vs. aiming solely for abstinence), some of them expressed reservations about implementing a program like Alcochoix+ in their community, mainly because of a perceived lack of social acceptability. The seminar concluded with a decision to undertake a process of cultural adaptation of Alcochoix+ with the communities that expressed a readiness to do so. It was agreed that the communities that had taken part in the reflection seminar but who did not wish to commit themselves to this project, would be kept informed of the progress of the process, and could choose to participate if their situation changed.

Phase 4, Step 15 – Evaluation. Several participants expressed their gratitude to other participants for sharing their knowledge and experience. All participants said they had learned something, and even those who had reservations about the moderate-drinking approach said they had found it an enriching experience to take part in the seminar. All expressed appreciation for their participation in the GAM, and some stressed that they felt the process had set something in motion, and that it gave them hope.

Discussion: Strengths and Weaknesses of the Group Analysis Method

The stakeholders in addiction intervention who participated in the GAM deployed as part of the seminar were able to reflect and dialogue about the challenges that exist in services related to alcohol consumption in their communities, and to co-construct practical perspectives for the development of innovative approaches in this regard. Bringing these people together in the same place for three consecutive days provided the time and space needed to build trust within the group, and for in-depth dialogue and reflection. The use of a storytelling- and conversation-based method was appreciated by participants and appeared to us as a powerful way of valuing the knowledge and experience of Indigenous stakeholders.

One of the main strengths of this method, as highlighted by our experience, is that it enables participants to express their ideas in various ways and to come up with innovative solutions. In concrete terms, two visual representations emerged from the process: the tree, as a symbol of the resilience shared by First Nations and Inuit, and the fires, as a tool for approaching alcohol consumption from a more inclusive, less stigmatizing perspective. These two powerful images then served as the basis for the development of Wise Choices, a secondary prevention program designed to support Indigenous people in their choices regarding substance use. As researchers who have been involved in the collaborative development of the Wise Choices program over the last few years, looking back to those three days when the GAM was deployed laid the foundation on which the project would be built and would continue to evolve. The approach enabled cultures to meet and created bridges that are now described by some of the Indigenous stakeholders involved in the project as part of a broader process of reconciliation (reference removed for revision)

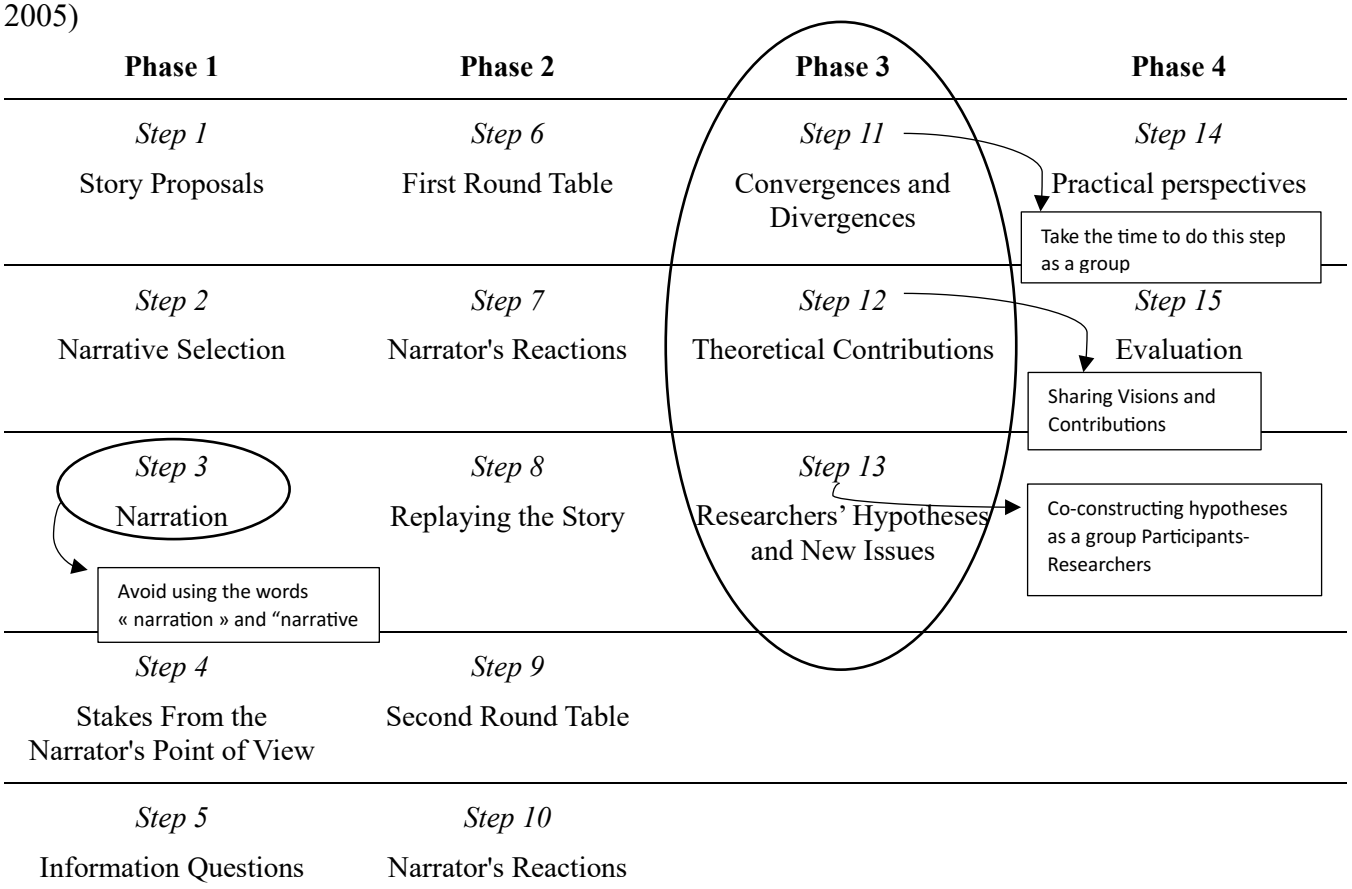
"*Wise Choices was adapted for First Nations with non-Aboriginal researchers [...] In this process, the contribution of researchers who support community workers in the recovery of users is very significant for me, as this process is part of truth, healing and reconciliation. We are working in unison for one and the same goal, to bring new thinking to substance use*." (free translation) (Quote of an Indigenous care provider in reference removed for revision)

The GAM is not without its limitations, and looking back on the experience shared during the three-day workshop has revealed a number of issues, the most important of which being, undoubtedly, the predominant role played by the researchers in data analysis and meaning construction. This limitation was also noted by French researchers who used the GAM to analyze the issues surrounding the participation of people receiving services in the training of social workers (D'Arripe and Janson, 2022). In our case, most of the analyses were carried out by the researchers during evening meetings or lunch breaks. Since participants all showed signs of fatigue towards the end of the work blocks, it did not seem reasonable to ask them for further effort. Although understandable, with hindsight, the level of stakeholder involvement in the analysis and interpretation stages seems questionable in a context where we strive to work collaboratively and bring lived experience and Indigenous ways of knowing to the forefront. The risk of reproducing power dynamics, even with the best of intentions, remains high and calls for strategies that avoid this pitfall.

Thus, to make the use of the GAM more appropriate for working in collaboration with people from Indigenous communities, we recommend adjustments to the method, as presented in Table 1. Our recommendations focus mainly on the third phase of the method (analysis). As suggested by D'Arripe and Janson (2022), the work of analyzing convergences and divergences, developing an explanatory model, choosing the theoretical elements to be presented, and formulating new hypotheses should be done as a group. This would make the process more democratic, enable an equitable distribution of power within the group, and prevent giving researchers a higher status. We think that considering all participants involved in the GAM as participant-researchers could also contribute to the decolonization of research practices. In addition to this, we suggest replacing **Step 12**, *Theoretical Contributions*, with a step called *Sharing Visions and Contributions*, inspired by the Two-Eyed Seeing approach, that would integrate Indigenous and Western modes of knowledge to enrich analysis and broaden perspectives (Barlett *et al.*, 2012). This would enable conceptual clarifications not only from the point of view of Western research, but also from that of the traditional and experiential knowledge of the communities involved, giving the process greater relevance and meaning. Finally, when using the GAM in an Indigenous context, the use of the terms "stories" and "storytelling" appear to be more meaningful than the terms "narrative" and "narration," terms that are

not significant and may even be considered presumptuous from the point of view of Indigenous people (Philips and Bunda, 2018).

Table 1 - Recommendations for the Groupe Analysis Method (Adapted from Van Campenhoudt *et al*., 2005)



Conclusion

This article was an opportunity for us to give the scientific community a comprehensive overview of the GAM in English, while presenting the experience shared during its deployment with Indigenous addiction workers. The GAM enabled free and respectful exchanges regarding the sensitive and often taboo reality of alcohol consumption in Indigenous communities, moreover concerning moderate use of alcohol. In concrete terms, these exchanges and the visual representations (the tree and the fires) laid the foundations for the eventual development of Wise Choices, an innovative and culturally appropriate intervention program (reference removed for revision). Challenges were identified and recommendations made to improve the cultural appropriateness of the GAM when used in an Indigenous context. Above all, though imperfect, the experience of the GAM enabled the establishment

of a working alliance based on sustainable bonds of trust that proved essential to the creation of what was to become the Wise Choices program.

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