

Please be advised:

Aboriginal and Torres Strait Islander readers are advised that this thesis may contain the names of people who are now deceased. Please be aware that some Aboriginal and Torres Strait Islander peoples, when hearing the names of deceased persons, may experience sadness or distress.

Chapter One: Introduction

Overview

Indigenous health is of concern in Australia. For example, Indigenous Australians are much less likely to reach old age than non-Indigenous Australians (Australian Indigenous HealthInfoNet, 2012). In fact, by almost every objective measure of life quality, Indigenous Australians remain disadvantaged in comparison to the general Australian population (Tomyn, Norrish, & Cummins, 2013, p. 1014). The reasons why the health of First Nations Australians is worse than that of non-Indigenous people are complex and multifaceted, and involve general factors, such as inequities or disadvantage in education, employment, income, and socioeconomic status, and specific health sector factors, such as a lack of access to culturally appropriate services or support mechanisms (Australian Indigenous HealthInfoNet, 2012, p. 13). In this thesis the terms ‘Indigenous’, ‘Indigenous Australians’, ‘Aboriginal’, & ‘Aboriginal and Torres Strait Islanders’ are used interchangeably to refer to First Nations Australians.

There is no simple solution to Indigenous health problems, as they are both multi-layered and extremely complex. In this thesis I hope to outline why Indigenous health, and in particular Indigenous mental health, is an issue that has to be addressed. I will also attempt to add to the body of knowledge about Indigenous health and well-being.

Indigenous conceptions of health tend to be holistic; considering the whole, not only the individual parts. Therefore, seemingly ‘peripheral’ issues such as communication can be critical to individual, family and community health. Westerman (2010) stated that “it is generally accepted that Aboriginal culture is holistically based ...in definitional terms, this means that concepts of mental ill health for Aboriginal people will always need

to take into account the entirety of one's experiences, including physical, mental, emotional, spiritual and, obviously, cultural states of being" (p. 215).

When working with First Nations Australians it is important to be open to a different world view, and be adaptive to the context. Early intervention thus becomes broader than it might be conceptualised in non-Indigenous settings, and incorporates cultural awareness, the strengthening of culture, self-esteem, and the support that these factors can give. In a similar vein, holistic approaches to resilience must incorporate strategies and approaches that address the past (i.e. colonisation and the ongoing effects of such), and that include recognition of the past for its role in the problems with health now; the context must be considered. Concepts themselves may need to be dissected and analysed, challenged, and adapted to incorporate these so-called 'peripheral' determinants. The need is not to define resilience as it is understood as a western construct, but rather to consider that conceptualisation as a base for comparison with the findings of this study. Whether resilience is a different concept for some First Nations Australians is important to explore.

The Theoretical, Philosophical and Epistemological bases for this thesis

I am in quite a unique position with the [at times] conflicting roles and identities I bring to this research; a researcher, who is a First Nations Australian, and who is a psychologist. I will discuss this further in the methodology section, under the subheading 'Philosophical underpinnings'.

I find myself in a complex situation of dual roles, dual responsibilities and dual allegiances. I need to be aware how these competing roles influence the epistemology of this thesis. For example, in this thesis I discuss the context of the discipline of psychology and its role in perpetuating oppression and racism in Australia, as historically, the

discipline of psychology has “served the dominant culture in the oppression of Indigenous people” (Harris, Hill, & Kiernan, 2012, p. 129). For example research and psychological testing research has perpetuated stereotypes of lesser intellect, where such stereotypes could be used in both segregation and child removal ‘justifications’. Therefore, as a psychologist myself, I am in fact ‘part of the problem’ in a sense.

As a researcher, many of the same issues come to the fore – research has been part of the dominant culture and has not served First Nations Australians well in the past. For example, psychological research has not been based on reciprocity, as the research has rarely either directly benefited the individual or communities involved, nor has it advocated for Indigenous communities and individuals (Harris et al., 2012).

However, I also bring many of the attributes and strengths of my roles to the research, which can counter the historical context. For example, being both Indigenous and a psychologist/researcher, I am only one of an estimated forty two Indigenous psychologists in Australia (Harris et al., 2012, p. 128). The literature is reflecting a wider push for more Indigenous participation in psychology, and “this would ultimately lead to a greater representation within the discipline, which should have flow-on effects to therapy, knowledge, and appropriate practice” (Harris et al., 2012, p. 128).

There are many benefits of my dual roles position that contribute to the robustness of this research. As Harris, Hill, and Kiernan (2012) state, Indigenous psychologists in Australia are much sought after both by Indigenous people and other consumers or agencies. The perception is that they bring with them to the discipline the experience of being Indigenous, but also they bring a perspective of holism that, when combined with the discipline’s training and accreditation requirements, make them highly valued (Harris et al., 2012). They consider that “these competencies are also highly sought by the academic

enterprise of psychology for the potential contribution to research, knowledge, and practice” (Harris et al., 2012, p. 129).

I see myself as having a mandate to represent my people and help give voice to First Nations Australians (including my voice) but I also feel compelled as a psychologist to represent the discipline in sound Indigenous research. As a researcher, it is philosophically important to me to undertake research that ‘gives back’ and that is respectful of culture and differences. It is also important for me to undertake research ‘with’ First Nations Australians rather than ‘on them’.

It is important for me to contextualise where I sit within this research, as I have done in the previous paragraphs and also throughout this thesis. It is also important to address the past in regard to the discipline of psychology, in relation to First Nations Australians, as I have alluded to previously, and will further discuss throughout the thesis.

The following section will continue this exploration of context; colonisation and its effects will be considered and examined.

A historical overview of colonisation in Australia:

Historically, the Indigenous people of Australia and the Torres Strait Islands have been subjected to displacement from their traditional land. It is very important to understand that land and spirituality are very closely linked. The land was declared ‘vacant’ by the British, thus allowing the invasion “and Indigenous Australians were forced to wait until the Mabo judgement in 1992 for the recognition of the survival of Indigenous property rights” (Saggers, Walter, & Gray, 2011, p. 6). For this to happen, the First Nations Australians were thought of, and treated as, sub-human (Morgan, 2006a; Rickwood, Dudgeon, & Gridley, 2010), and as such were to be eradicated or controlled. This mindset led to a racist base, where to be Indigenous was to be second class. Socio-economic factors and status kept the First Nations Australians in a position where

culturally and economically they were disadvantaged. This, over the long-term, led to health problems to do with hygiene, nutrition and poverty. Death and illness became much more widespread than in the general population. Saggers, Walter and Gray (2011) discuss the various differences and similarities in the history and context of invasion between Australia, Canada, and New Zealand, highlighting that what is a commonality is “a colonial history of invasion, dispossession of traditional country, marginalisation from mainstream economies, and persistent disadvantage which is associated with health inequalities in each country” (p. 6).

The racism and the inequality took their toll psychologically, especially in the long term. Self-esteem and associated issues became intertwined with substance abuse, suicide, hopelessness, and depression, while broader health issues added to this anxiety and stress. Parker (2010), a psychiatrist, discusses Australian Aboriginal mental health: “the much greater prevalence of mental illness and suicide in the current Aboriginal population is a reflection of the significant disruption to Aboriginal society and has a strong context of social and emotional deprivation” (p. 3). This racism, inequality, and mental illness, in turn, further impacted upon the feelings of dispossession, bereavement and loss. These issues included the loss of culture, land, spirituality, and more immediate losses, such as the loss of loved ones, due to morbidity and mortality, and separation.

Historical influences, society and culture, stereotypes, power, and personal history all combine to influence the individual (colonisation and its impacts will be explored further in other chapters of this thesis).

First Nations Australians have been subjected to various post-colonial influences, and these experiences have had their impact on a number of levels. First Nations Australians report higher stress than the remainder of the Australian community (Parker, 2010). Recognition of the factors that accumulate to create stress and other psychological

problems is critical. Parker (2010) also highlights the fact that, given the context of this higher level of stress, there has been a substantial leap in the reporting of anxiety symptoms by Aboriginal Australians.

Accumulated stress can lead to psychological problems, which in turn can manifest in physical maladies, and vice versa (Kelly, Dudgeon, Gee, & Glaskin, 2009). Kelly, Dudgeon, Gee, and Glaskin (2009) state that “serious psychological distress should also be viewed as a possible ‘common causal pathway’ that may translate the social determinants of health into individual risk of increased morbidity and mortality. As such it should be recognised as a key issue to monitor and address in efforts to close the gap in a range of health outcomes” (p. 31). The effects of this accumulated stress can be current and handed down transgenerationally (see for example Krieg, 2009, for a discussion on collective trauma).

An understanding of the issues surrounding Indigenous health, Indigenous culture and spirituality, is important for the future of health provision. For example, the Australian Government’s Department of Health and Ageing (2005) recognises the impact of past policies and practices on First Nations Australians (in this instance in relation to palliative care service provision) and notes that this may act as a barrier to the accessing of services.

In addition to this need for an understanding of Indigenous peoples and the effects of the past on current context, Indigenous autonomy, and input into decisions affecting First Nations Australians is vital. The Department of Health and Ageing (2005) states that past government policies like the forced relocations from traditional lands, and the Stolen Generations, have contributed to the breakdown of culture. A denial of basic rights and decision-making power was also key.

In order to address these issues, it is important to consider the influences of the past and the manifestations of these influences today, and in the future. Okazaki, David and

Abelmann (2008) call on psychology to pay greater attention to socio-political discourses and historical contexts: “We make note of current efforts in various areas of social and cross-cultural psychology to build a knowledge base of the psychology from the perspectives of the individuals and groups with historical legacies of colonialization ...” (p. 91). The current study hopes to follow on from this call. The impacts of Australia’s colonisation will be explored further in other chapters of this thesis.

We need to be holistic in our approach to issues that are so entrenched, complex and multilayered. Both mental health and healthcare in general, in regard to First Nations Australians, sometimes relies heavily on early intervention. Early intervention in mental health aims to ‘intervene’ at a time when a possible problem might be avoided or minimised. While early intervention is good, it must not be at the cost of ignoring context, as the acknowledgment of context is a comprehensive process, and early intervention can focus priorities onto more immediate practice. We therefore need to consider the social, emotional, cultural and spiritual elements of a person’s life. We can attempt to address the influences of the past, and try to resolve these, and the associated stressors that can have an impact on mental health. We can aim to strengthen community, culture, self-esteem and support. We can look at the whole picture. We can help people understand these issues, and hopefully they will modify the concepts for use in their own communities. Part of an approach that is committed to holistic intervention may be to redefine, examine, and clarify concepts used with, for and by Indigenous peoples.

Resilience and Survival.

“But through all of this turmoil [racism, genocide, colonization, oppression] the battlers of Australia have struggled, coped, survived. This is the real history of our people. We have been taught another version: a succession of big names, a history of conquest of nature (and of man!)...” (Stockton, 1995, p. 23)

I will now share my personal perspective in order to contextualise my role in this research; and to be transparent with how I am placed as the researcher. I am a proud Indigenous Australian, and I find the concept of ‘*survival*’ fascinating. Survival is an important theme to many Indigenous people: Survival through invasion, survival through personal crisis. We have retained hope, compassion and love. We have retained our identity, our Aboriginality and our dignity. We have survived through hardship, economic disadvantage, sickness, disease and prejudice. We need to find out more about this survival, about this ability to rise above adversity. Adversity encompasses a spectrum of negative experiences and contexts that may impact on the individual, family or community. I am interested in this powerful ability to rise above oppression and hardship, and continue to tell our stories.

These stories will contribute to knowledge of survival research. ‘Survival’, as a word drawn from Aboriginal English [when I say Aboriginal English I mean both the mode of language Aboriginal people who speak English as a second language speak, and the nuanced, specific version of English that many Aboriginal Australians speak], can connote something akin to the psychological construct of resilience, but with a stronger emphasis on the cultural and political. For an early example of this use of the word ‘survival’, see books such as “Survival in Our Own Land. Aboriginal Experiences in South Australia since 1836” (Mattingley & Hampton, 1988), or “The Aboriginal Gift: Spirituality

for a Nation” (Stockton, 1995); or consider journal articles (for example “Indigenous Peoples' Law-Ways: Survival against the Colonial State”, by Watson, 1997), and the media (for example Smyth, 2009). Or we could consider Australia Day, which is a National, annual public holiday in Australia (the 26th of January, the anniversary of Captain James Cook’s landing in Botany Bay), which has been re-appropriated by many as ‘Invasion Day’ or “Survival Day” by First Nations Australians and non-Indigenous Australians alike.

There is a long history with this type of reclaiming of the date to make a social justice comment; for example, in 1938 an important National Aboriginal civil-rights gathering, the ‘Day of Mourning’, took place in Sydney (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2014). To many First Nations Australians this day mourns the invasion of Australia (colonisation), marks the killing of ancestors and celebrates our survival (New South Wales Aboriginal Lands Council, 2012). This celebration of our survival symbolises that, despite government systematic policies that were aimed at ‘breeding out the Aborigine race’, the fighting spirit, the culture, the connection to land, continued (New South Wales Aboriginal Lands Council, 2012). What both the government and the colonisers did not count on was “the strong blood lines of our people that would continue the innate connection to our Aboriginality that would prove unbreakable. We have survived!” (New South Wales Aboriginal Lands Council, 2012, online).

Survival, as a construct for Indigenous peoples, can be understood from both a local and an international perspective. Here in Australia, colonisation has been devastating in a number of ways that are being echoed now and into the future. But this is not an anomaly. Internationally, people who have been suppressed or violated also have a long journey to empowerment. In this thesis I will outline some of the international

perspectives on survival, such as liberation psychology, decolonisation, and the striving for human rights.

To place survival within a Western psychological framework, resilience is a useful concept. But it is a construct that needs to be opened up and defined more fully in terms of cultural context. Zubrick and Robson (2003, p. 9), in a research agenda paper prepared for the Criminology Research Council, listed as research priorities the following questions:

1. “What do these constructs [including resilience] mean for the Aboriginal population?”
2. “What do concepts of resilience, mastery and ‘good outcomes in spite of serious threats’ look like from an Aboriginal Australian perspective?”
3. “How are these operationalised into measures that are meaningful, reliable and valid?”

Western knowledge paradigms can sometimes act as barriers to effective research into Indigenous health and education practice (Rigney 2001; Thaman, 2003). While many education and health professionals argue that the Western framework is in fact incorporating Indigenous worldviews into professional practice, the reality for Indigenous people appears to be different.

Mismatched Worldviews.

“There is a sound literature that discusses the ways in which the foundational assumptions and culture of the discipline [psychology] are discordant with Indigenous world views (Harris et al., 2012, p. 129).

Early medical anthropological analysis of the Indigenous world view of health conducted by Reid (1983) and Nathan and Japanangka (1983) reported on how the Western health care system comprehensively failed to recognise, understand, or incorporate the Aboriginal world view of health into the delivery of health care. Both

described a situation where Western health frameworks and Indigenous health frameworks were ‘unequal and separate’. The views of a number of authors (Anderson, 1997; Hunter, 2007) as well as the continuing poor health of Indigenous people would suggest that little has changed.

It has been widely reported that there is a disparity between the Aboriginal and non-Aboriginal conceptions of what constitutes ‘mental health’ (Hunter, 2007; Vicary & Westerman, 2004). Indigenous conceptions of mental health tend to be holistic and broader than a biomedically based approach. The former would incorporate such concepts as well-being, spirit, and resilience into the broader definition of mental health. Vicary and Westerman (2004) elucidated the need to educate professionals on Indigenous conceptualisations of mental health, but cite Sykes’s (1986) cautions that professionals may learn only a little, but then use this to make larger decisions. Clinicians may base decisions on incomplete, uninformed, or flawed information, and this can have implications for client outcomes (for example, it may jeopardise safe and effective treatment).

Miscommunications and assumptions about ‘shared’ ideas and worldviews can impact upon the access to services and treatment efficacy for Indigenous Australians. Language is power, and power, when dysfunctional, needs to be challenged. Wallerstein and Duran (2010) discuss the fact that language holds power, and they also note the power of the ‘naming’ of terms; a power imbalance between the Indigenous community and the academy. Wallerstein and Duran (2010) consider that “the use of language is closely tied to knowledge dominance” (p. e3). Sonn (2012a, p. 33) raises questions about the meaning of terms used in relation to Indigenous peoples, and calls into question “...deeper issues about the power to name and the role of science and psychologists in naming”.

Bohm's (1996) book *On Dialogue* gives us an account of how communication is affected by people's assumptions of the meaning of words. Checkland (1993) labels our personal assumptions about what we experience as our "world view" (p.319). A world view is influenced by culture, history, experience, religion and any number of other factors. Where a shared history and culture between individuals does not exist, then a shared assumption about the meanings of words does not exist and communication will break down. Bohm (1996) suggests that the snowballing of effects of inter-cultural miscommunication can lead to 'anger and hostility' (p.41). Where the power imbalance is so uneven, as exists between the Western model of health and education, and Indigenous health and education values, then one model dominates to the exclusion of the other.

Cultural safety is a concept that describes an interaction between client and practitioner as 'safe' for the client involved. The description needs to be described as such by the client, not the practitioner, and the concept is essentially about a holistic sense of 'doing no harm'. Taylor and Guerin (2010) illustrate the power of a 'culturally safe' practitioner and the difference these practitioners can make. The authors consider that the cultural values of health practitioners can have a 'profound influence' on their judgments, attitudes, and responses to their interactions, observations, and practices with those of a different cultural background. Inherent in a culturally safe approach is the requirement that practitioners examine both their conscious and subconscious beliefs and attitudes, thereby ensuring they do not adversely impact upon those in their care (p. 181).

Non-Aboriginal professionals working with Aboriginal individuals and families should be aware of the dissonance between assumptions underpinning the Indigenous use of the English language and the general population's use (Vicary & Westerman, 2004). The call for culturally safe actions by professionals working with Indigenous people demands that educators and health workers alike should consider the differing assumptions

that underpin all communication. In particular this demands a re-examination of the most basic constructs that are commonly used in health and education.

An example of a construct that requires re-examination is 'resilience', which is used by both health and education professionals to inform strategy for improving outcomes for Indigenous people (Merry, McDowell, Wild, Bir, & Cuncliffe, 2004). Resilience is a construct which is increasingly referred to within psychological and developmental literature, as well as in research, and in the planning and implementation of programmes. Within such research there is an emerging body of literature which discusses the resilience of Indigenous people, with particular reference to the development of processes which promote characteristics that 'make' people more resilient.

Professionals should not assume constructs such as resilience have a shared meaning in cross-cultural settings. An outcome of this possible misconception may be incorrect assumptions about the meaning of words and the resultant miscommunication that can lead to less than optimum results, or culturally unsafe practice.

Professionals who limit their understanding of a concept such as resilience by not examining its cultural context may fail to fully apply this important concept to a group within Australia that has been identified as most in need. Miscommunication can be the result of any falsely assumed understanding of terms, and a consequence of miscommunication can be a lack of access to services by Indigenous people, and an accompanying dis-comfort with these services. Westerman (2004) considers that the solution to increasing access to mental health services by Indigenous people requires the integration of specific cultural and clinical competencies that are necessary within the system, and at practitioner level, and discusses 'cultural competence' as the ability of practitioners to identify, intervene and treat mental health issues in a manner that recognises the central role of culture in mental illness (Westerman, 2004).

The role of psychology: the 'whiteness' of psychology:

The previous section discussed the importance of worldviews and how miscommunications can affect healthcare. Psychology as a discipline needs to challenge and broaden its science and practice to ensure it is not limiting its worldview. Psychology as a discipline needs to understand that it is part of a culture with a very specific world view, and it needs to also recognise the history and context of this world view. This context facilitates and maintains the historical inequality and oppression that this world view has been imbued with (Gillies, 2013; Ranzijn, McConnochie, Clarke, & Nolan, 2007). If we, as psychologists, know of evidence of discrimination and of infringements against human rights, and if we do not engage in social action, then we are in essence condoning these practices (Rickwood et al., 2010).

Ranzijn, McConnochie, Clarke, and Nolan (2007) discussed Indigenous voices in the critique of psychology's role in discrimination and the marginalisation, oppression and dispossession of First Nation Australians, considering this role to be unethical. These authors call for psychological practice to change radically. Dudgeon and Kelly (2014) note the past role of psychology with Aboriginal and Torres Strait Islander peoples, and they call for genuine acknowledgement of both colonisation and the roles of disciplines such as psychology in the 'whiteness' that carries implicit power and privilege that is in disciplines and professions today.

What specific role has psychology played in the colonised experience of First Nations Australians? Earlier, it was discussed that research on psychological testing was used by many as a way of 'justifying' the belief that First Nations people were somehow 'lesser than'. It was also discussed that psychology, in general, did not advocate for Indigenous Australians, whilst the Stolen Generations were happening. According to Rickwood, Dudgeon, & Gridley (2010)

...the history of the discipline shows that psychology has been complicit in the colonising process and, as a dominant discourse, has a documented past that has been ethnocentric and has objectified, dehumanised and devalued those from culturally different groups. (p. 14)

Further to this part that psychology played in colonisation, Dudgeon and Pickett (2000) highlighted the point that psychology is well placed to help Indigenous Australians heal and continue their survival, but these authors warn of the “equal potential to be enlisted as an agent of assimilation, oppression, and control, as so much of its past has documented” (p. 86).

Assessment and diagnosis has been a problem with First Nations Australians, and mainstream mental health screening and assessment and tools are still used without appropriate adaptations and effective considerations of cultural differences; “this leads to test bias, inappropriate application of normative data, or depletion of test construct validity and reliability” (Thomas, Cairney, Gunthorpe, Paradies, & Sayers, 2010, p. 41). Drew, Adams, and Walker (2010) discussed the history of mental health assessment and misdiagnosis with First Nations Australians. They consider that it is critical to address such current power differentials as notions of whiteness because “whiteness positions people in unequal power relations and leads to the reproduction of colonising practices that perpetuate marginalisation and oppression” (p. 199). Riggs (2004) criticised psychology as ‘monoculturalist’, based on its ‘whiteness’. This ‘whiteness’ is about an unconscious assumption, informed by the dominant culture, of what is ‘normal’. Anyone who does not fit this tight categorisation of normal, becomes ‘other’. The ‘other’ therefore becomes ‘inferior’ in this light. This process then impacts upon psychological practice in Australia, because of the world view of many Australian psychologists (Riggs, 2004). This criticism

of psychology is essential to the current thesis, as assumptions informed by worldviews, when unchallenged (or unexamined), can impact upon First Nations Australians.

What this thesis is undertaking:

This research will explore and examine the concept of resilience, incorporating an Indigenous perspective. To date, the term resilience has been a construct based on research undertaken with non-Indigenous groups. This study will allow Indigenous people to describe survival through adversity, therefore giving a window into the resilience of First Nations Australians. This will add to the field, and allow an exploration of the term ‘resilience’ from a unique cultural context. This study is also an opportunity to ensure that cultural safety is incorporated into the study and practice of resiliency work. This is especially important as resiliency relates to Indigenous health.

This thesis is based on the premise that a professional’s ability to perform with cultural safety can be improved by examining terms such as ‘resilience’. Such improvements can increase the knowledge base and efficacy of healthcare practitioners and educators, and enhance their cultural competence, and more importantly, the cultural safety of the interaction. Conversely, an assumed congruence of concepts and terminology can be damaging in a number of different ways, from misdiagnosis to a lack of access to services by Indigenous people. There are debates in the literature regarding ‘mainstream’ diagnostic criteria, being too narrow or too culturally specific, and debate about its relevance or consistency across cultural groups, and especially Indigenous peoples (for example Durey, Thompson, & Wood, 2012; Froggatt & Liersch-Sumskis, 2013; Vicary & Westerman, 2004).

In order to fully understand the Indigenous experience of adapting through adversity, research need to be done in such areas as Indigenous worldviews, and

Indigenous conceptions of health. The basic premise of this research is that the Aboriginal experience of resilience is a cultural construction unique to the Indigenous people of Australia. Resilience, as it is currently defined, is a Western concept, which could lead to ongoing miscommunication if it is not also informed by Indigenous knowledge. This research will explore an Indigenous perspective on resilience as survival, and therefore help develop a more culturally safe approach to the use of terms such as resilience, when used with Aboriginal people and/or communities.

One of the adversities discussed with the participants is their experiences in systems such as health, the legal system and education. Individual empowerment can be facilitated or inhibited by systems, and education is one such system that can have a dramatic influence (positive or negative, or a combination of both) on First Nations Australians. Malin and Maidment (2003) make the point that social context is important to education, and that education itself can influence that context. These authors also argue that we need to collaborate to ‘dismantle these social barriers’ and provide access to education that is ‘meaningful and empowering’ (p. 85). This current research (my thesis) acknowledges this principle (of the need to dismantle these social barriers to accessing and benefiting from education) and goes on to posit the idea that Western constructs can be social barriers. Cultural safety calls for safe and competent healthcare from ‘reoriented’ health professionals. This thesis calls for the essence of culturally safe practice to be broadened to include professionals in general, not only health professionals. We have discussed the need for holistic approaches to mental health. An issue (such as Indigenous mental ill health) evolves over many years, with many antecedents and determinants. A solution needs to be similarly complex, multifaceted, and encompassing.

What's resilience and what's it got to do with 'survival'?

Bensimon (2012) adopts a definition of resilience as a reference to an individual's overall resistance to traumatic events, due to the presence of previous personal characteristics. These personal characteristics are seen to be composed of three elements or components: Hardiness, self-esteem, and a suppressed overall response tendency to avoid thoughts, unpleasant emotions and memories associated with the traumatic event. Some definitions of resilience see it as a personality trait, and the concept seems to be applied to a minority of 'exceptional' people, as this quote from Bonnano (2004) illustrates:

Unfortunately, because most of the psychological knowledge base regarding the ways adults cope with loss or potential trauma has been derived from individuals who have experienced significant psychological problems or sought treatment, theorists working in this area have often underestimated and misunderstood resilience, viewing it either as a pathological state or as something seen only in rare and exceptionally healthy individuals. (p. 20)

Resilience is not broadly associated with Indigenous peoples. However, Indigenous peoples are exceptional survivors. Many First Nations Australians are proud to be seen as survivors through adversities, despite genocide (Australian Human Rights Commission, 2014) and ongoing inequities in regard to human rights and social justice. They have survived through colonisation, and the ongoing effects of colonisation such as racism, socioeconomic disadvantage, and through other various social determinants of health that are at detrimental or disadvantageous levels. It is not contradictory to say that First Nations Australians are survivors on the one hand, but then to discuss the adversities on the other – the morbidity and mortality rates, the incarceration rates, and the lessened life expectancy

rates. It is not contradictory because despite the various and plentiful adversities, and in defiance of these, First Nations Australians are survivors.

An example of this pride in survival is demonstrated in a profile done on Dr Marlene Kong, one of Australia's few First Nations doctors. She stated that "the courage, determination, and resilience of Aboriginal people is why we are the oldest living culture in the World" (Shetty, 2009, p. 19). This pride in survival has been frequently acknowledged by such authors as Rigney (2001), who prior to a forum to discuss decolonising methodologies and education, states that "before engaging in the critique, we first celebrated our survival and the continued Indigenous struggle" (p. 1). Another example is found in Grieves (2008) who comments on the "remarkable resilience of Aboriginal people" (p. 367), and Cameron (2011) who states that "the Indigenous peoples of Australia are strong and resilient, but the effects of subjugation have rippled through time and generations" (p. 3). This quote is important because it notes the strength of First Nations Australians, but also speaks to the adversities faced, which continue to be faced. First Nations Australians have a connection and culture, and great strengths, creativity and endurance, that has served them as a "unique reservoir of resilience and recovery in the face of prolonged adversity" (Dudgeon & Kelly, 2014, p. 10).

Earlier in this thesis the point was made that sometimes the term resilience has been linked with exceptional people, and because of this narrow focus, conceptions of the term can be underestimated and misunderstood (Bonanno, 2004). Common perceptions of 'resilience' seem to overlook how remarkable resilience in fact is, or the significance of the tremendous capacity to survive. This lack of attention and acknowledgment towards Indigenous peoples, when considering such constructs as resilience, may reflect a lack of respect. Respect for the Indigenous understanding of resilience could underpin engagement in culturally safe activities by professionals.

A consideration of this research is, therefore, to undertake an analysis of the ability of Indigenous people to bounce back from adversity. We will review the term resilience as it is defined by the Western tradition and compare it to the Indigenous construction of the term.

This research asked the question, what is it to be resilient, according to Indigenous Australians? The answers to this exploration will allow professionals to know if and how resilience differs from the mainstream/general understanding of resilience. In planning this research, two outcomes were anticipated:

If it proved true that Indigenous Australians do conceptualise resilience differently, there are implications for culturally safe healthcare and education. If alternatively there was no major difference in the conceptualisations, then this too is valuable information.

Research questions/problem, aims, contribution to knowledge and statement of significance

Research Questions

The current study critically addresses the term ‘resilience’ as it is understood and defined in Western psychological literature. This study will contribute to a critical discussion of how the use of Western constructs in Indigenous contexts may be adapted (in line with cultural safety). Three key questions the study explores are:

1. What do you think the term resilience means for Aboriginal people (from an Australian Aboriginal perspective)? How is resilience experienced by Indigenous Australians? How does this compare to the Western definition of resilience?
2. How well does resilience, as a Western psychological construct, map onto Indigenous people’s experiences and understanding of survival?

3. Is survival, as it is experienced by Indigenous people, a similar concept to the Western construct of resilience?

This study considered the concept of resilience from an Indigenous perspective, using a multiple case study methodology, with analysis that is based on the principles of qualitative designs. The aim of this study was to develop an understanding of resilience that is more appropriate for Indigenous peoples. In line with the call for ‘priority research’ on ‘disentangling’ the meanings of concepts such as resilience from Zubrick and Robson (2003), this study’s research questions are rooted in prior resilience research and literature.

It is important to state here that Indigenous health (physical, psychological, and spiritual) needs to be addressed. Indigenous peoples need access to effective and appropriate healthcare and education, and they have a basic human right to ‘safe and effective care’. Safe and effective care, in this context, needs to be well-informed and relevant.

This thesis is divided into eleven chapters. In Chapter Two I describe colonisation, decolonisation and subsequent calls for liberation psychology. Chapter Three considers miscommunications and the role of cultural safety. Chapter Four gives an introduction to the three studies of this thesis; and Chapters Five through Seven outline these three studies in depth - the literature, the biographic analysis, and the interviews. Chapter Eight is an exploration of researcher reflections; Chapter Nine is the general discussion chapter. Chapter Ten discusses the implications and recommendations that arise from this research, and finally, Chapter Eleven is the conclusion to this thesis.

We turn now, in the next chapter, to a review of the relevant bodies of literature; however it is important to bear in mind that these literature reviews are necessarily long

and complex. They lead to the current studies by providing a rich background for them. The nature of this topic, of psychology and First Nations peoples, is rich and complex. These explorations of the literature need to be read in the context of the examination of psychological practice, where mismatched worldviews, assumed knowledge and the role of psychologists in our shared history, is explored. There is a need for the psychology to decolonise its practice, and the literature is explored in anticipation of this. These sections are extremely important as they provide a critical backdrop to the study.

Chapter Two: Literature Review - Colonisation, Decolonisation, and Liberation Psychology

Indigenous research is a form of resistance to centuries of colonial domination. As such, Indigenous research is part of a much broader political, economic, cultural and spiritual project of Indigenous resurgence. (Coburn, 2013, p. 52)

As has been discussed previously; language is political. It has power; it therefore can be wielded with power and can be a tool of oppression. Power differentials need to be uncovered, examined, and addressed.

Colonisation has had a devastating effect on all groups of people subjected to it. The effects of colonisation are many and varied, and these effects do not affect only the generation primarily involved (please see the sections of this thesis related to transgenerational transmission of trauma). Cunningham and Stanley (2003) described a process model of the effects of colonisation in Australia, and my adaptation of this model is outlined in Figure 1 below. The effects include marginalisation, losses and socioeconomic disadvantage; which in turn transmit into disease, addictions and morbidity and mortality.

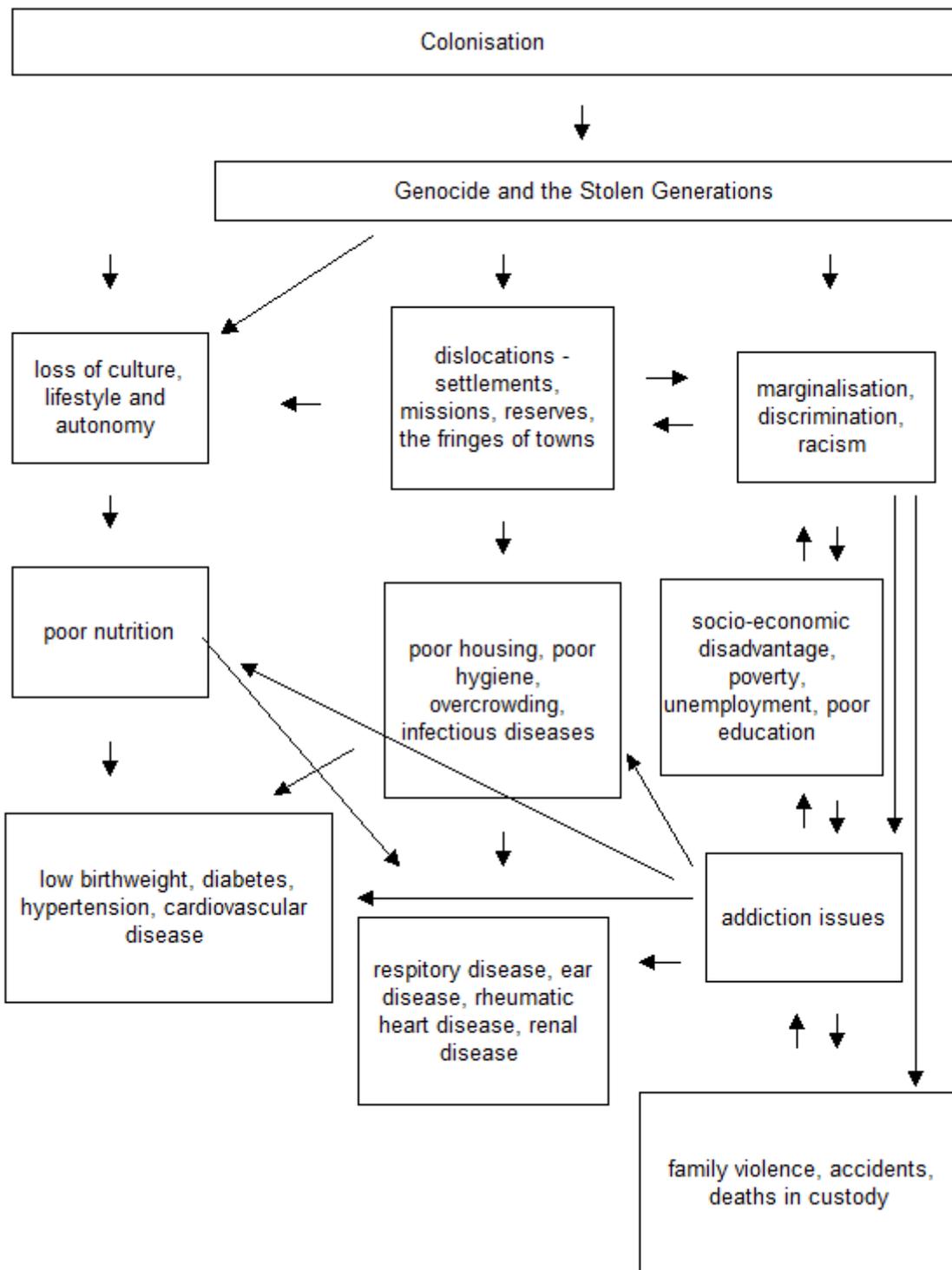


Figure 1: The Effects of Colonisation (Adaptation by Merritt 2014 from Cunningham & Stanley, 2003, p. 403).

Colonisation has many far-reaching effects on the colonised. This is true of all colonised societies. Indigenous peoples throughout the world have unique status post-

colonisation, and the effects of the colonisation process still manifest in policy. The World Health Organization (2008) discussed the effects of inequity in colonised countries worldwide, and highlight the toxicity of the combination of policies that govern Indigenous peoples such as separate and particular laws that apply to Indigenous peoples only. This results in a distinct status, and brings with it a specific need, relative to other people, for separate and unique consideration in relation to social exclusion discussions (World Health Organization, 2008).

In a post-colonial examination of inequity, poverty can be seen as a result of power differentials, and an example of a current effect of colonisation is socioeconomic disadvantage. Context is important when considering poverty. Poverty comprises of more than a simple lack of income, as it is bound up with policies that favour some over others, and manifests in issues such as health inequity (World Health Organization, 2008). This prizing of the interests of some over others is the epitome of colonisation, and this 'prizing' translates into structurally embedded inequities that continue today. A history of colonisation has current effects on First Nations people worldwide. There is an impoverishment of Indigenous peoples on many key indicators of health and well-being, as the effects and consequences of the injustices that stem from colonisation, such as the historic dispossession from traditional lands and country, and the current lack of access to power, take their toll (United Nations, 2009). The ongoing effects of a colonised past are many. Poverty is one, but poverty can be seen as a symptom, and as a determinant, of structural inequalities. Importantly, these structural inequalities are prevalent in developed countries, as this quote from the United Nations (2009,) highlights:

Poverty and well-being of indigenous peoples is an issue not only in developing countries, as it is often thought. Even in developed countries, indigenous peoples consistently lag behind the non-indigenous population in terms of most indicators

of well-being. They live shorter lives, have poorer health care and education and endure higher unemployment rates. Those indigenous persons who do enjoy full employment earn significantly less than their nonindigenous counterparts. A native Aboriginal child born in Australia today can expect to die up to 20 years earlier than his non-indigenous compatriot. (p.p. 22-23)

On many indicators of health and wellbeing, Indigenous Peoples are disadvantaged in a post-colonial setting.

The effects of colonisation include psychological legacies. Okazaki, David and Abelmann (2008) have been mentioned previously in this thesis with regard to their calls for the discipline of psychology to better heed socio-political discourses and historical contexts. When discussing decolonisation, it is important to consider discourses and the legacies of colonisation that may influence these discourses. This is vital within disciplines like psychology, where language and communication is foundational. In order to make a difference now and into the future, psychology as a discipline needs to acknowledge these legacies, and be prepared to scrutinise and challenge dialogues that perpetuate these legacies.

Okazaki, David, and Abelmann (2008) discuss the context behind the 'colonised person', stating that "... there is enormous social, psychological, and infrastructural work in producing the colonized person". Given this context, they consider that "...a postcolonial consideration of contemporary individuals needs to consider the effects of that psychological and institutional infrastructure into the present day." (p. 96).

The colonised are, in a way, a fountainhead (a culmination) of years of colonial power wielding efforts. Okazaki David, and Abelmann (2008) are making the point that psychologists need to be cognisant, as a discipline, that colonisation would have an effect on the individual now; "...it is critical for psychology to be attentive to colonial discourses

and their legacies in order to appreciate the effects of the discursive regimes that made postcolonial subjects” (Okazaki et al., 2008, p. 96).

The preceding quote is quite clear on the mechanisms by which the trauma of colonisation is systemically carried forward. It is also clear in its mandate to the discipline of psychology to undertake to be cognisant of the perpetuation of discourses and the effects on this on First Nations individuals. Along these lines, this thesis argues for psychology as a discipline to consider terms and concepts, and calls for terms and their meanings, such as resilience, not to be assumed.

In order to make any meaningful change for Indigenous peoples, we must commit to decolonisation. Programs, methodology, healthcare, and language, need to be examined for prejudice and inequities; and changes need to be enacted.

Stereotypes, prejudice, internalised domination and internalised oppression

Professions, disciplines and institutions are still affected by institutionalised racism (Rickwood et al., 2010). The effects are pervasive and often invisible,

...and can take the form of the dominant group being seen as normal or the standard against which all else are judged, while those who are not part of the dominant group are viewed as abnormal or inferior and in need of correction.

(Rickwood et al., 2010, p. 18)

Rickwood, Dudgeon, and Gridley (2010) called for disciplines to “examine their role within the social and political structures and systems that give rise to, and perpetuate, racism” (p. 18). They single out Australian psychology as a discipline, stating that it has

been conservative and as a discipline has identified with the dominant Anglo-based and Western European cultural traditions (Rickwood et al., 2010).

People who are oppressed and marginalised can internalise the prejudice they experience (Paradies, Harris, & Anderson, 2008; Pyke, 2010). Rickwood, Dudgeon, and Gridley (2010, p.p. 17- 18) define internalised oppression "...as the incorporation and acceptance by individuals within an oppressed group of the prejudices against them within the dominant society". The effects of colonisation can be devastating; one such consequence is the constantly reinforced messages that First Nations Australians receive regarding their 'worth'. In various ways, Aboriginal Australians are treated differently than other Australians. These messages of a 'devalued status', and the subsequent feelings of oppression can be internalised, and "...can lead to the adoption of denigrating views and judgments both about themselves and about others in their racial or ethnic group" (Rickwood et al., 2010, p. 18).

Closely linked to this phenomenon of internalised oppression is 'internalised domination'; those who are privileged by status internalise the messages they receive in regard to worth and value. A good example of this is the 'white male effect', where white males show a distinct set of attitudes and orientations that seem to arise from their privilege, and perpetuate their own dominance (Finucane, Slovic, Mertz, Flynn, & Satterfield, 2000). This type of effect can then be cyclic; the process actively encourages and reinforces the oppressed group's own process of internalised oppression (Rickwood et al., 2010), by observation and by how they are treated by those who have power.

The relationship between power and health inequities

Structural inequities lead to health inequities. Those who are disempowered are therefore at risk of ill health. At its core, colonisation is about power; the power that a dominant culture has wielded over another culture or group. This can continue, as many First Nations peoples are still disempowered post-colonially. The World Health Organization highlights the relationship between power and health inequities (World Health Organization, 2008). Social exclusion is one way that power can manifest, and many Indigenous peoples are routinely excluded in society, whereas “being included in the society in which one lives is vital to the material, psychosocial, and political aspects of empowerment that underpin social well-being and equitable health” (World Health Organization, 2008, p. 155).

The World Health Organization (2008) considers that power is a major structural driver of health inequities. Therefore, if we are to address health disparities in any meaningful way, we must consider power and its ongoing effects. More so, “any serious effort to reduce health inequities will involve political empowerment – changing the distribution of power within society and global regions, especially in favour of disenfranchised groups and nations” (World Health Organization, 2008, p. 155). This change in the distribution of power is vital to addressing health inequities in Australia. The decolonisation of health programs, language, methodology and healthcare is a core necessity to this political empowerment of First Nations Australians. How do we achieve better health outcomes? To achieve health equity we need to empower individuals, and

groups, so that they themselves can represent their own needs and interests

(World Health Organization, 2008).

The relationship between this thesis, the term resilience, and decolonisation

This thesis aims to empower First Nations Australians to have input into terms, concepts and communications used ‘on’ them and their communities. The thesis can also empower psychologists (and other health professionals) to approach Indigenous Australians in a more culturally safe manner.

In this research ‘Resilience’ has been selected as a term to investigate. Resilience is a term that is often used when discussing programs, interventions and psychotherapy with First Nations Australians. The term is investigated here in partnership with older Aboriginal Australians, thus empowering First Nations Australians to have input into terms and concepts relevant to them. This is an approach that can help to decolonise language. It is also a way to empower stakeholders.

The following diagram is an illustration of the various pathways relevant to resilience, as it has been constructed in regard to both developmental prevention, and to broadly address resilience to offending for at risk youth:

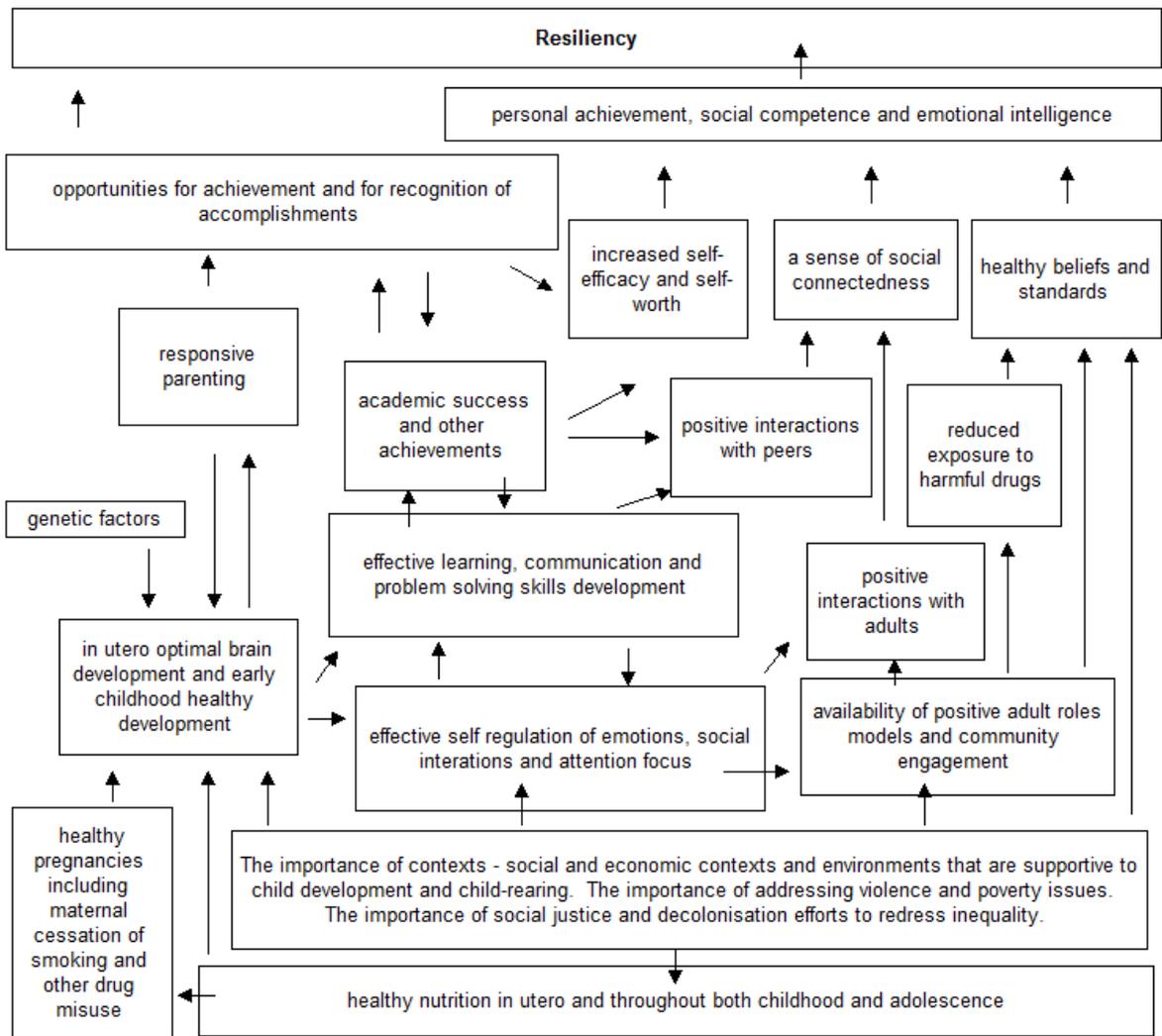


Figure 2: Pathways to Resiliency (Adaptation by Merritt 2014 of a diagram by Silburn, 2003, unpublished, cited by Stanley, 2003, slide 35).

The diagram above highlights the complexities of resilience. Perceived pathways to resilience are important to consider in the context of the ongoing social determinants of health (contexts such as social and economic disadvantage) that are currently affecting First Nations Australians. Many factors interact to optimise resilience for individuals, families and communities. These factors have been affected by colonisation, and the interruptions to these pathways can be ongoing. Decolonisation can help return these factors to an equal baseline for Indigenous Australians.

Cultural Safety can be a core tool in decolonising

Cultural safety developed in New Zealand, around the nursing practice and health care for Maori people. A basic tenet of cultural safety stems from the idea that “...to provide quality care for people from different ethnicities and cultures, nurses must provide that care within the cultural values and norms of the patient” (Brascoupé & Waters, 2009, p. 7).

Whilst many academics, researchers and practitioners consider cultural safety to be a useful concept, there are many who also recognise a need for the concept to be adapted and redefined. Researchers, such as Brascoupé and Waters (2009) consider the definition of cultural safety to be problematic, and an aim of their paper was to attempt to clarify and deepen the current understandings of the concept. Similarly, Johnstone and Kanitsaki (2007) found that “...the notion of cultural safety is conceptually problematic, poorly understood, and underresearched and, unless substantially revised, cannot be meaningfully applied to the cultural context of Australia” (p. 247). Johnstone and Kanitsaki (2007) go on to call for better understanding of cultural safety and how it is defined, if it is to be effectively used in an Australian context.

Cultural safety is a more complex and nuanced concept than is generally understood. As with many concepts, there is also a lack of consensus regarding what cultural safety encompasses, and what it doesn't. One of the earliest definitions of cultural safety is outlined by Papps and Ramsden (1996) and outlines healthcare delivered to a person of another culture. In this definition, cultural safety exists where the healthcare professional is aware of their own cultural identity, and also has recognition of the impact of their own culture on their practice.

Despite Johnstone and Kanitsaki (2007) calling for cultural safety to be fully adapted to settings other than where it originated in New Zealand, they consider that

cultural safety's relevance to decolonisation and liberation is in that the concept originated as a uniquely Indigenous response to colonisation and its harmful effects, such as the legacy of ineffective or unsafe healthcare in mainstream practice. Cultural safety can aid in the decolonisation process as it is an approach that can help acknowledge and redress inherent power differentials.

Cultural safety is essentially about doing no harm. It is not necessary to understand or even to accept all facets of the differences of others, but the respect implicit in the understanding that there will be differences is vital. An important factor in the concept encompasses a political component that highlights the power transfers that happen in safe exchanges. The client decides on the safety of the care, not the practitioner, and this firmly empowers the Aboriginal client. However, expressing the concept in a manner that names the power differential can be challenging and can be threatening (Brascoupe & Waters, 2009). Cultural safety, like language itself, is political.

Decolonisation in Practice – decolonisation of programs

Recent literature has focused on programs and initiatives that aim, directly or indirectly, to address the consequences of colonialism. An example is work by Oka and Chenhall (2010) who, by comparing 'recovery models', document how some communities are adapting models to be effective for Aboriginal client groups in Australia. Oka and Chenhall (2010) call this particular Indigenous re-working 'The Decolonising Model'. An example of a decolonised model is the Alcoholics Anonymous model of addiction recovery; "In Aboriginal Alcoholics Anonymous meetings, Steps are also used. However, stories and anecdotes are more important, because stories are more directly connected to Aboriginal culture. Importantly these stories are told within a group and it is this group focus that gives individual members support" (Oka & Chenhall, 2010, p. 3). In this

Indigenous re-working of the standard ‘recovery model’ of Alcoholics Anonymous, the emphasis on narrative is an important adaptation, as it helps the model to be appropriate, responsive, and culturally safe. The emphasis on a group focus and the spiritual component of the model are also important components of the new model. This reconfiguration of the original model, in turn, affects outcomes, for example it engages those clients who desire a notion of spirituality to be core to their recovery. This type of adaptation is in line with the tenets of decolonisation and liberation. Reclaiming and/or strengthening culture is both political and empowering. This process can be ‘resistance’ (in this case, resisting alcohol, which was originally introduced by the colonisers, as a statement of resistance: a purposeful commitment to recovery, which in this context is a type of decolonising stance), which relates to an emerging theme of this current thesis of ‘agency’: Oka and Chenhall (2010) discussed how the participants valued the importance of the reconnection with their identity as Aboriginal people, and that this sense of recovery was important as a ‘way back to culture’ and connection, and the authors named the behaviour of the participants as ‘resistance’ (p. 3).

Decolonisation in Practice – decolonisation of methodology

Historically, social science has been an expression of the colonial project; now, for many Indigenous communities, Indigenous research is becoming one site for the affirmation of Indigenous peoples as actors, rather than objects, in social science research. (Coburn, 2013, p. 62)

A growing number of authors are espousing the need to decolonise research practice. For example, Saunders, West and Usher (2010) argue for the need to embrace Indigenous culture, Indigenous worldviews and Indigenous knowledge systems. They

also argue for the need “... to conduct research which espouses a critical and liberating intent” (p. 3).

Breen and Darlaston-Jones (2010) discuss positivism (the assertion that knowledge is objective and value free and that this knowledge is only obtained through scientific method) and highlight the need for psychology to move beyond positivism “...to more readily capture the complexities and context of psychological phenomena” (p. 72).

The same authors (2010) highlight how psychology is still very much monocultural and essentially ‘white’ (p. 72) and they outline their concerns that if the discipline does not attend to these types of issues, it will not evolve, it will not break from the status quo, and it will not be socially relevant (p. 72).

Western scientific epistemologies need to be challenged, not only for racism but also in regard to other issues such as sexism. This challenge, in the academy and in the discipline of psychology, needs to be met, because, as Rigney (2001) argues, Indigenous people must ask themselves: “can we participate in Western science without reinventing the hegemonic colonial imagination about ourselves?” (p. 7).

A working, pragmatic example of decolonisation is the move to decolonise methodologies. In this section I highlight what the literature states about the need to decolonise. The effects of colonisation are still being felt in systems that have their roots in a colonial past. Fredericks (2007) considers that the influences of a colonial past are still felt today in knowledge construction. Rigney (1999) discussed the ‘sad legacy’ of racialisation and how its ideologies continue to influence Indigenous people through colonial paradigms. Rigney (1999) considers this to be a ‘sad legacy’ because Aboriginal researchers who want to work with Indigenous knowledge are forced to follow these traditions, even though “Indigenous people have the fundamental right to expect research

and its epistemologies to address the issues and racializing practices that have been an inherent part of postinvasion history” (p. 114).

The discipline of psychology, if it is to address the oppression of race based power, needs to be informed by a pedagogy that is critical, reflexive and, therefore, transformative (Sonn, 2008).

Decolonisation in Practice – decolonisation of methodology – the role of Psychology

As has been discussed in the subsection of the introductory chapter ‘The role of psychology: the ‘whiteness’ of psychology’, there are calls for psychology to address its role in colonisation. Among those who recognise and have spoken out against psychology’s marginalising role toward Indigenous Australians, including at the current time, are Ranzijn, McConnochie, Clarke, and Nolan (2007).

Sonn (2008) discusses the need to decolonise methodology, and he singles out psychology as a discipline to comment on. He states that “...psychology, along with other social sciences, has been criticised because of its role in colonisation and oppression of different groups including many First Nation peoples” (Sonn, 2008, p.156). Sonn (2008), an Australian academic and psychologist, considers that Indigenous authors in Australia (e.g. Glover, Dudgeon, and Huygens 2005; Martin 2003) have articulated Indigenous ways of knowing, being, and doing. Martin (2003) stated that she, as an Aboriginal researcher, actively used her strength sourced from her heritage to the role. I consider my research to be Indigenist and to uphold the four principles outlined by Martin.

The four principles she sets out are:

1. *Recognition of our worldviews, our knowledges and our realities as distinctive and vital to our existence and survival;*
2. *Honouring our social mores as essential processes through which we live, learn and situate ourselves as Aboriginal people in our own lands and when in the lands of other Aboriginal people;*
3. *Emphasis of social, historical and political contexts which shape our experiences, lives, positions and futures;*
4. *Privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands (p. 205).*

Additionally, Sonn (2008) highlights the point (as has been made elsewhere in this thesis) that Australia is not alone in perpetuating the ongoing effects of colonisation, and he calls on psychology to embrace social justice. Ranzijn, McConnochie, Clarke, and Nolan (2007) consider that psychology has been detrimental to Indigenous Australians, and they articulate their position as the need for liberation and social justice rather than the current role that psychology plays as an ‘agent of the dominant culture’ (p. 28). It is possible for psychology to change, through self-criticism and self-awareness, but it needs to acknowledge its role in oppressions facilitated by psychological practices (Riggs, 2004, p. 120). This is a mandate for psychology to become accountable and proactive in social issues.

Decolonisation in Practice – decolonisation of language

Awareness of language differences is critical to effective communication, and this awareness (or lack of) has an impact upon Indigenous participation and treatment in systems such as the justice, education and health systems of Australia. However,

awareness *alone* is not enough. That is, whilst the awareness of communication differences between Aboriginal Australians and non- Indigenous Australians is, on its own, not enough to elicit broad, structural change, such as addressing the over-representation in the judicial system, this awareness (or sensitivity to communication difference) can aid in exposing power differentials and expose implicit power dynamics at play. Eades (2004, 2013) stresses the importance of recognising that language is inherently political and that we need to understand this power, taking into account the various micro components of such, for example the aspects of manifested power differentials, such as gender and race.

Eades (2004) discusses the fluid nature of domination, whereby power is being worked for and worked against (resisted). The process is not static, and power is not assured, as “there is always some kind of struggle or work involved in retaining power, and there are always ways in which the dominated groups or individuals resist the power of the dominant group” (Eades, 2004, p. 504).

There have been calls for more understanding of the power the law wields, especially in relation to dealings with Aboriginal peoples, and the role language plays in this. Eades (2004) considers that language can be an instrumental mechanism in producing inequalities, and that language is more than simply a conduit for power, it is power itself.

The decolonisation of healthcare

Until appropriate assessment tools and investigation methods are developed and utilized, the prevention, recognition and treatment of mental health problems for Indigenous Australians will remain severely inadequate. (Dingwall & Cairney, 2010, p. 28)

Culture is complex, and the relationship between health and culture is even more complex. Any critical inquiry into culture needs to incorporate various perspectives on what culture is, how it is informed by discourse, and how power differentials may influence the context. The broader context of culture is important in healthcare: Culture

influences health, and more importantly, influences health care and effective health provision. Lynam, Browne, Kirkham and Anderson (2007) have explored the issues around culture and health, specifically from a nursing perspective. They expanded upon the work of Bourdieu, and used his work as a platform for reconciling the tensions between theories around discourse on health and culture. Their aims were to understand cultural influences that may influence health in a multicultural context, and to allow for ways that took consideration of individual perspectives and viewpoints (Lynam et al., 2007). Contexts such as social relations, power differentials and the variables of resource 'entitlements' are important perspectives and viewpoints that need to be considered. This is in essence a process that constructs privilege (Lynam et al., 2007). This context of constructed privilege and power differentials is vital in understanding the mechanisms of structural inequity and other ongoing influences that stem from colonisation (Dudgeon & Kelly, 2014).

The call to consider other perspectives, and the call to make visible the invisible factors that form the context of people's lives, leads us to the next section on liberation psychology.

Liberation Psychology

Latin American scholarship has significantly influenced community social psychology through the work of Brazilian educator Paulo Freire and also liberation psychologist Ignacio Martín-Baró, both strong advocates for developing and apply psychology to serve the poor and excluded, and to work alongside the excluded to achieve social change (Sonn, 2012a, p. 32).

The above quote highlights the need for psychology to become more involved in social change. However, it could be argued that psychologists have a limited role, and limited responsibility, in addressing broader, contextual issues regarding their client's social circumstances. Wider societal and social justice issues could be seen as a

distraction, or these types of complex issues could be designated to the ‘too hard basket’, at the expense of ‘more immediate’ priorities.

There are growing calls for disciplines such as psychology to advocate for wider social change. Lykes (2000) cites her understandings of the work of the social psychologist Ignacio Martín-Baró, in regard to efforts to facilitate change; “he [Martín-Baró] argued that taking sides is not bias but rather an ethical choice, grounded in the truths of reason and compassion” (p.384). Liberation psychology can be defined as an extension of community and social psychology, but specifically as an “...indigenous approach in Latin America that places the struggle for social justice at the center of the problem of promoting human well-being” (Anderson & Christie, 2001, p. 180).

Anderson and Christie (2001) argue that liberation psychology is well-suited for social transformation. The authors consider that Western psychologists have yet to foster large-scale empowerment movements, ones that build participatory and inclusive structures, and that help give voice to those who are oppressed (Anderson & Christie, 2001).

Lykes (2000) discusses liberation psychology in relation to health psychology and the creation of ‘more just’ futures. She discusses how we, as psychologists, can contribute to local communities, to accompany them in the journey from disadvantage, and she gives an example of her involvement in participatory action research with Mayan women in Guatemala. Lykes makes several conjectures about what Ignacio Martín-Baró might say about whether a ‘psychology that liberates’ is an oxymoron. She posits that Martín-Baró may have replied that liberation psychology is a call to action that took up the challenge to practice from a foundation within the community that the psychologist lives and works in (Lykes, 2000). We need to therefore become more congruent in our dual roles as both

community members and psychologists. In this scenario we are not ‘psychologists who liberate’; we are ‘liberated individuals who are psychologists’.

Lykes (2000, p.384) highlighted Martín-Baró’s perspective that a *liberated* psychology was a necessary requirement for psychology to become *liberating*, an essential point for this thesis that recognises how Indigenous knowledge is often overlooked, undervalued, and/or assumed. Lykes and Martín-Baró saw that psychology needs to be decolonised (in their words, ‘liberated’). An important part of this ‘liberation’ is the need to scrutinise terms, concepts and assumptions. Power differentials need to be acknowledged and addressed. Further, remembering (as discussed earlier in this chapter) that language is political and that power needs to be understood in its micro operations are both essential (Eades, 2004).

Worldwide, the human development index (a composite index that measures a country’s average achievements in three aspects of human development: health, education, and standard of living) is rising, but not for many First Nations people. The United Nations (2009, p.p. 23-24) report that Indigenous people in general are significantly behind the general populations, and this discrepancy is particularly pronounced in Australia.

Ranzijn, McConnochie, Clarke and Nolan, (2007) critique how psychology and other structures continue to reproduce inequality, and they challenge us to understand how psychology engages in oppression. They also challenge us to examine how we can help with liberation and social justice processes. One way to take up these challenges is to practice in a safe way, and to also be mindful of difference.

The ongoing effects of colonisation have been discussed, as has the subsequent need for the decolonisation of systems and disciplines. Liberation psychology has been posited as a valuable ‘tool’ to focus this decolonisation. To decolonise we must examine

our thinking, our core values and beliefs, and our practice. In light of this, the next section examines assumed congruence and the effects of miscommunications.

Chapter Three: Literature Review - Miscommunications and Cultural Safety

“Few investigators have studied the extent and consequences of miscommunication in Australian Aboriginal healthcare, an area in which effective communication is extremely important” (Cass et al., 2002, p. 466).

As we exist and interact in this world, we make many assumptions about the way the world is ordered, about the kinds of things that can be observed, and we make assumptions about how these things relate to each other. We make assumptions about their differences and their similarities, and “these assumptions are implicit in the languages that we speak” (Watson, The Yolngu community at Yirrkala, & Chambers, n.d., Section 2, para. 1).

Watson, the Yolngu community at Yirrkala, and Chambers, (n.d.) analysed the interaction of European and Aboriginal knowledge and belief systems, mainly in relation to nature. This work gives a linguistic, cultural and historic view of how language holds power in Australia, and how important it is to understand context and complexities when assuming ‘shared’ knowledge. An intrinsic part of the problem is that people think that their assumptions are the ‘truth’. People can also be unaware of the power of language; they may be oblivious to how intricacies interplay, and how miscommunications develop.

Problematic aspects of communication in the biomedical approach.

We often take for granted that others know what we are talking about. When communicating with individuals who are from a separate/different cultural and/or linguistic background, can we be sure that our meaning and instructions are understood and easily followed, and if not, what consequences might occur? (Hampton, 2013, p. 135)

Westerman (2004) highlights that because Indigenous culture is holistically based, this means that concepts of mental ill health for Indigenous people ‘will always need to take into account the entirety of one’s experiences, including physical, mental, emotional, spiritual and obviously, cultural states of being’ (p. 3). The biomedical approach is the dominant western paradigm for conceptualising western health and medicine, which is based in a positivist philosophy of science. The biomedical approach tends to have a very narrow focus on physical symptomology and the Western model of ascribing illness to disease can be seen as narrow, irrelevant, or inappropriate by many Indigenous Australians (Westerman, 2004).

There is an inherent irony of a model presenting as ‘solid’ while being itself a product of fluidity; the Western biomedical model is a product of evolving thought and knowledge, yet presents itself as ‘absolute’, objective, and definitive. While it has been depicted and characterized in this way it is in fact “historically and culturally contingent, always changing and contested” (Coulehan et al., 2005, p. 3).

It is important to be realistic and informed when discussing health and it is vital to consider culture and diversity. A main criticism of the biomedical model, when used in intercultural settings, is that it works from a specific cultural standpoint to understand health rather than a standpoint that is more universal (Coulehan et al., 2005).

Ypinazar, Margolis, Haswell-Elkins and Tsey (2007) discuss a “... disjunction between traditional Indigenous understandings and knowledge of wellness, and Western medicoscientific constructs of mental health and mental disorders” (p. 476). An in-depth understanding of the issues around Indigenous mental health, informed from an Indigenous perspective, is vital, and if this is absent, the status quo of a focus on a biomedical framework of illness will remain (Ypinazar et al., 2007).

Miscommunications are pervasive.

Miscommunications have wide-reaching effects, and are embedded in a number of interactions within systems in Australia, where there is evidence that the health, legal and education systems are all rife with potential episodes or environments of miscommunication. For example, Eades (2004) highlighted issues in the legal system, stating that “In understanding Aboriginal English in the legal system, we certainly need to understand cultural and linguistic features that are involved in conversational inferencing ...” (p. 506).

I have discussed cultural safety in depth in other sections of this thesis. Miscommunications and cultural safety are inextricably linked. A study by Johnstone & Kanitsaki (2007) considered healthcare professionals’ understandings of cultural safety, and how to them it meant that patients had to have received ‘safe care’ and did not suffer mishaps and harms because ‘communication was not effective’ or because ‘staff lacked cultural knowledge and awareness’ (p. 251).

Cass, Lowell, Christie, Snelling, Flack, Marrnganyin, and Brown (2002) highlighted the pervasiveness of miscommunications, and noted that this is so entrenched as to have become subconscious for many health professionals. For example, practitioners involved in this study felt that a particular client understood their diagnosis and the importance of medication, when this was far from the truth; in fact there was a pivotal absence of a shared understanding of key concepts relating to both diagnosis and the subsequent need for medications (Cass et al., 2002). The authors have also identified significant concerns about communication in the literature, and they highlighted what they see as a ‘grossly deficient’ standard of cross-cultural communication that is, in some cases, seen as the accepted norm. These authors also make the point that this is probably ‘the tip

of the iceberg' and that the communication gap may be so large and ingrained that it is not perceived any more by the staff involved (Cass et al., 2002, p. 466). Cass and colleagues (2002) therefore undertook research to help understand the interactions between Aboriginal patients (from the Yolngu language group of north-east Arnhem Land) and medical, nursing and allied health professionals who were caring for them. This research was with a specific group of Indigenous people, many of whom spoke other languages as well as English. The researchers however, explored the effects of miscommunication, separate to language differences. Their conclusion was that miscommunication is pervasive, and that interpreters provide only a partial solution. The research team considered that 'fundamental change' in the way health professionals approach treatment is required for Aboriginal patients, and for the efficacy of their health outcomes (p. 466).

This thesis considers resilience and survival, as example constructs, which are being examined in the context of the decolonisation of psychology. Assumptions of shared knowledge need to be examined by health professionals; language can be culturally laden, and this can impact upon communication, which in turn can impact upon treatment. Communication is vital for treatment outcomes (Hampton, 2013); effective communication between health professionals and consumers has been correlated with physical health and physiological indicators. Good communication can have physiological benefits, whereas barriers to communication can have an impact on the outcomes of the interactions. Cass, Lowell, Christie, Snelling, Flack, Marrnganyin, and Brown (2002) stated that "effective communication correlates with improved outcomes, including physiological criteria such as levels of blood pressure and blood sugar. Conversely, professional, language and cultural barriers can impede communication" (Cass et al., 2002, p. 466). As Hampton (2013) states, effective communication is critical to achieving the right outcome (p. 131),

and “Indigenous Australians face many barriers to accessing health and these may have grave repercussions on health outcomes” (p. 132).

Ernest Hunter is a psychiatrist who has worked in, and who has published on, Indigenous mental health. In a study on the quality and efficacy of healthcare provision in Southern Queensland, Hunter and his team (led by Diann Eley) found miscommunications to be a major problem. They found that communication with Indigenous mental health patients was still an issue in practice, for example there were mismatched views between clients and practitioners around the client’s control over treatment, where the clients and their family members felt a lack of power (when asked ‘did you have much say in your treatment?’, seventy eight percent of patients said ‘no’); whereas most practitioners felt they were meeting client needs. Miscommunications and misunderstandings were common and resulted in negative consumer experiences (Eley et al., 2006). Hunter and the research team highlighted the need to address these type of situations by calling for an increase in the awareness of the requisite cultural sensitivity and understanding, and for the adaptation of written and oral language to help avoid miscommunications(Eley et al., 2006).

Miscommunications are not just about language barriers.

Cross cultural communication can be complex, and effective communication needs to be based on holistic approaches, for example, not simply employing interpreters or cultural advisors. A multipronged approach is important. This communication issue is not just confined to those First Nations Australians who have English as a second language; Aboriginal people who speak English as a first language may still face serious communication difficulties, as the context of complex sociolinguistic, cultural and political

factors need to be taken into account when considering miscommunications (Coulehan et al., 2005).

Another complicating factor is that “when Aboriginal people speak non-standard English, or Aboriginal English, as a first or subsequent language, a ‘pseudo intelligibility trap’ may apply, with standard English speakers thinking they fully understand speakers of non-standard English or Aboriginal English and vice versa” (Coulehan et al., 2005, p. 3). Assumptions about ‘who understands what’ are thus another complicating possibility, further to assumed congruence about the meanings of constructs.

It is important to note that miscommunications are pervasive, and that communications between disciplines can be equally problematic: communication between practitioners such as psychologists and other Indigenous and non-Indigenous professionals can be problematic, especially given profession-specific jargon and complex terms (Ranzijn et al., 2007).

Effective communication is difficult to achieve in the best of circumstances. When added layers of complexity are present, such as cultural factors, then the efficacy is even harder to achieve. There needs to be commitment to effective communication and a commitment to minimising assumptions in any setting where people are communicating across language and culture. Is this commitment alone enough to solve the problem? Other factors and initiatives stemming from this commitment are needed. For example, cross-cultural training, regarding different client groups that health professionals commonly work with, may assist.

Cultural differences and differences in worldviews.

The argument for attention to communication for health professionals is not only about the risk of mis-diagnosis. The risks include the ongoing effects of unsafe or

incomplete communications between the client and the health professional, such as the decreased likelihood of the client further accessing services if their experience has been lacking. Another risk is damaging the therapeutic union between the client and the professional, as assumptions and mis-understandings can be detrimental to the therapeutic alliance. For example, within a therapeutic alliance, authenticity is important, and if the practitioner is perceived to be not fully engaged, or culturally unsafe, then the therapeutic alliance will suffer. The point has been made that misunderstandings are not because of language alone. Coulehan and colleagues (2005) considered that, as well as language barriers, there are barriers around cultural differences, and differences in worldviews. This exacerbates the difficulties around reconciling Aboriginal and non-Aboriginal constructions of the causation and treatment of illness.

Problems with diagnosis are well documented, and culturally based behaviours and ideas can be misdiagnosed against Western-informed criteria. Cultural differences can inform differences in worldviews, and worldviews can in turn affect diagnoses.

Miscommunications can be about a lack of informed choice and can be implicit in power imbalance.

Coulehan, Brown, Christie, Gorham, Lowell, Marrnanyin, and Patel (2005) discuss the “sharing the true stories” longitudinal participatory action research project that focused on identifying barriers to effective communication between Aboriginal client groups and health staff (in renal and hospital services in the Northern Territory). The research paradigm chosen was to accommodate Aboriginal participants’ ways of communicating and negotiating meaning. Part of this was to facilitate the awareness that knowledge is a ‘construction’, and as such could be different for each of those involved in an interaction. The awareness that this competing construction of knowledge had a role in staff, patient,

and family interactions in health practice delivery was also discussed with the participants. A major part of the research strategy was to foster change or ‘reconstruction’ within the systems and institutions to allow effective communication and shared knowledge, that incorporated shared understanding of Aboriginal health (Coulehan et al., 2005, p. 5). The authors (2005) make the point that a very basic tenet of health service delivery must be that the staff and consumers must be able to communicate in an effective way, because informed decisions regarding treatment are reliant on this.

Language is intimately linked to knowledge dominance; therefore ongoing dialogue and changes in the discourses used with Indigenous peoples is vital. This dialogue needs to remain ongoing between all involved, to continue to be effective and current; the dialogue also needs to have a focus that is specific to the communities and locales involved (Wallerstein & Duran, 2010).

Examples of miscommunication - Indigenous experiences in the Systems

Communication is an issue in healthcare, education and the legal system in Australia. Miscommunications can impact upon Indigenous Australians in any of these arenas, and can lead to poor health outcomes; attrition and student satisfaction issues in the education system; and overrepresentations in the legal system. In this section, the impact of miscommunications, assumptions and bicultural competence will be explored, beginning with consideration of the justice system in light of Aboriginal experiences.

There has been an active push for an understanding of ‘Aboriginal English’ in the legal system for a number of years. Communication has affected Aboriginal Australians in the legal system, and this has been commented on by linguists, anthropologists, and legal

professionals for many decades (Eades, 2004). However, the issue of miscommunications and its effects still remains.

Eades (2004, 2008, 2013) has written extensively on Aboriginal experiences in the justice system. She discusses miscommunications and how they can cause inherent power differentials, and therefore injustice in the treatment of Aboriginal Australians in the courts. This base of miscommunications can impact Aboriginal treatment in systems in general; miscommunications are not simply confined to the justice system.

Eades (2008) talks of the assumptions made around culture, and the damage that can result from assuming knowledge or meaning between cultures. The way that a witness is 'allowed' to tell and defend their story in the court-room, and how that same story is evaluated, is dependent upon the cultural assumptions present on 'how language works'. These assumptions include those inherent from the legal culture itself, and this excludes those not familiar with such a culture, for example Indigenous defendants. Other assumptions that are found in the mainstream culture of Australia are also replicated in the court-room, and they can be counter to the way language works for First Nations Australians.

Miscommunications and assumptions can therefore have devastating effects on First Nations Australians. Eades (2004) discusses her previous work aiming to increase language awareness for legal professionals, specifically in relation to cultural and linguistic diversity, and inequality. She (2004) recounts that in the late 1980's and early 1990's questions were being raised by legal professionals about language variety and communication difficulties for Aboriginal Australians. Was legal ignorance a factor in incarceration rates for Aboriginal Australians? Eades (2004) questioned the role played by what she perceived to be the failure of the legal system. She was resolute in her observations and findings that those in the Australian legal system failed to recognise or

validate that First Nations peoples may have significantly different communication styles and patterns than those of either the court-room or the mainstream society (Eades, 2004). Professor Eades is resolute in her belief that Aboriginal Australians may be seriously disadvantaged in regard to their rights within the legal system, without proper and effective language awareness for legal professionals (Eades, 2004; Maxwell, 2013).

Eades (2004) gives details of one particular case (the Kina Case) to highlight how misunderstandings between a client (Aboriginal Australian) and her legal team can have severe outcomes. Misunderstandings, as a result of the legal team not being aware of Aboriginal English ways of speaking, were detailed in evidence as part of the appeal. The legal team lacked the requisite intercultural communication ability to represent the client effectively. A lack of effective communication between the team and the client resulted in a conviction for murder. Examples of the miscommunication were ways of speaking, and the misunderstood silences. Aboriginal people often have a 'considerable' period of silence before answering a question. In this case, the team did not wait for answers, and they considered the client was 'very difficult' to communicate with. The client felt that the lawyers did not wait for her to answer. The outcome of this was that important evidence (which could have been used in the client's defence) was not elicited. In the subsequent appeal, the court found that there was 'serious misunderstanding' which resulted in a wrongful murder conviction, and that the misunderstanding was based from cultural differences in the use of English (Eades, 2004, p. 495).

Discussions around miscommunications are not distinctly confined to the legal system. Miscommunications and racism have implications in other systems as well. In the health care system in Australia, these miscommunications can be a barrier to First Nations Australians getting the appropriate healthcare that is needed. For example, Haswell-Elkins et al (2007) consider that health services, and specifically mental health services, in

Australia are often ineffective in their health care provision and their ability to address the health differentials (between First Nation Australians and other Australians) and ongoing social justice issues. They specifically state that the “prevalent lack of cross-cultural understanding, communication gaps and the damaging impact of ‘difference-blindness’ limit non Indigenous services’ capacity to promote strength and resilience among Indigenous people” (pp. S30-31).

Barriers to access to health care services are not new, and these discussions are not confined to an Australian context: for example, the United Nations (2009, p. 173) noted that access to health services by Indigenous peoples is affected greatly by barriers such as racism and discrimination, so that, even when healthcare is available, the service may be under-utilised by First Nations people because of a lack of cultural sensitivity and a narrow service focus.

There are calls in the literature for further investigations into racism and prejudice in healthcare delivery. For example, Williams (2009) highlights the need for improvements in the conceptualisation and measurement of discrimination to investigate the effects on health of racism. Drew, Adams, and Walker (2010) also highlight the history of mental health assessment and misdiagnosis with Indigenous Australians, and the need to address current power differentials in light of this.

Miscommunications: the role of Worldviews

Ranzijn, McConnochie, Clarke, and Nolan (2007) consider that

...psychology’s world-view, in which the Western way is the ‘best’ (most advanced, since it follows the ‘superior’ Western scientific method), has led to a method of practice which may be effective and acceptable to Western clients but

may be totally foreign, irrelevant and ineffective for people who do not share that world-view. (p. 27)

‘Worldview’ is an important concept to consider when discussing miscommunication and barriers to service access. A ‘worldview’ in this context is a “collection of attitudes, values, stories and expectations about the world around us, which inform our every thought and action” (Gray, 2011, p. 58). This idea of differing worldviews and how this difference can manifest in whether care is effective or not, is expressed often by Indigenous people as a concern, and part of this concern is that of whether their worldviews and cultural beliefs will be respected (Ypinazar et al., 2007).

Ypinazar, Margolis, Haswell-Elkins, and Tsey (2007) discuss cross-cultural psychiatry and its inroads into integrating differing worldviews into practitioner interactions with consumers, stating that “cross-cultural psychiatry has influenced the delivery of mental health services to people of minority cultural groups for the past 30 years” (p. 468). These authors (2007) consider that cross-cultural psychiatry has emphasised the importance of practitioners understanding social, economic, historical and cultural factors, and the need to consider the role they play in mental health problems; and importantly, the impact they may have on treatment. Constructs around mental health, illness and wellbeing are informed by culture, and they therefore also affect worldviews (Ypinazar et al., 2007).

However, despite the inroads discussed above (that is, cross cultural psychiatry exploring contexts and factors at play in practitioner and consumer interactions), there is also a need to incorporate Indigenous peoples’ actual voices (Ypinazar et al., 2007). Culture is constantly in flux, “hence it is necessary to continue to explore and listen to the voices of Indigenous people to further understand both their cultural beliefs and their lived

experience concerning mental health and mental health problems” (Ypinazar et al., 2007, p.468).

This call to explore and listen to Indigenous voices around mental health, cultural beliefs, and constructs is important justification for this current study (this thesis). As discussed earlier, the issues around miscommunications with First Nations Australians is not simply confined to this continent. The idea that poor communication impedes healthcare is an international issue, especially in regions where Indigenous people have been subject to colonisation. For example, the Pan-American Health Organization discussed the challenges that cultural barriers present, and the bias toward Western medicine that is prevalent internationally. They also discussed the related disregard for Indigenous knowledge and understandings in relation to health. The authors also highlighted the poor communication between practitioners and consumers and how this compromises care, and how the way Indigenous people are treated when accessing healthcare can prevent further access to care (United Nations, 2009, p.p. 173-174).

Recent studies related to First Nations Australians and conceptions of mental health

We have discussed how language is intrinsically laden with various assumptions that are implicit within our communications. The power of language, and the way that language can perpetuate the power of a dominant culture, has also been discussed. World views vary between individuals, and between cultures, and assumptions of shared knowledge need to be challenged as language can be culturally laden and assumptions can impact upon communication, leading to miscommunications that can have a detrimental impact on healthcare. Psychology for example can be discordant with other worldviews, and as Harris, Hill, and Kiernan (2012) state: “...many of the concepts and foundational

assumptions in psychology are grounded in a perspective that is dissonant from holistic Indigenous world views” (p. 130).

Psychology as a discipline needs to revisit and re-evaluate these types of concepts, and the assumptions made around mental health concepts need to be challenged. Ypinazar, Margolis, Haswell-Elkins, and Tseyet (2007) investigated what is documented about Indigenous Australians’ understandings of mental health and mental disorders. The study (Ypinazar et al., 2007, p. 476) highlighted some gaps in knowledge, and formulated the following questions to guide how these gaps may be addressed:

- What narratives do Indigenous people tell to understand and describe mental disorders from a construct of wellness?
- What language is used by Indigenous people to construct mental disorders and mental health problems?
- What correlation is there to Western biomedical labels and diagnoses?
- What cultural beliefs/practices may be beneficial or harmful to mental health well-being?
- What is the impact of dynamic change on Indigenous youth and their mental health?

Ypinazar, Margolis, Haswell-Elkins, and Tseyet (2007), through these questions, highlighted the need for explorations on how Indigenous people experience coping, and how they experience carer roles for those with mental health needs in their families and communities. They also voice the need to explore how Indigenous Australians decide when, how, or if, they will seek Western models of treatment. This gap in knowledge, and the authors’ call for explorations of mental health as defined by Aboriginal people, is partly what this current thesis is working towards. I am heeding such calls as this one from Ypinazar, Margolis, Haswell-Elkins, and Tseyet (2007) to engage in further research that

will enable more sophisticated and complex understandings of First Nations peoples' own conceptualisations and beliefs around mental health and mental ill-health.

Concepts and meanings are not universal, and assumptions about shared meaning can be erroneous, and can be dangerous (earlier in this chapter some consequences of miscommunications in the legal and health systems were discussed). Indigenous concepts of mental health are not the same as non-Indigenous conceptualisations of mental health. Williamson et al (2010) highlights how inseparable spirituality, culture and social wellbeing are to mental health, for First Nations peoples. Further to this, the wellbeing of the individual, the family and the community are inextricably linked. Williamson et al (2010), although specifically discussing child and adolescent issues, emphasise how little we know about Aboriginal concepts of mental health, the factors influencing Aboriginal mental health, or how mental health services are perceived by Aboriginal Australians.

When considering specific discipline areas, such as psychology, there are calls for the exploration of meaning, and for the examination of concepts, such as the current research does with the concepts of resilience and survival. The assumptions we bring to constructs need to be countered by engagement, effective discourse, and any necessary deconstruction of structures and processes. This can only be achieved by professionals such as psychologists embracing and critically engaging in explorations of culture and cultural meanings, and by reflexivity into their own practice (Sonn, 2008).

Various Aboriginal leaders and academics have outlined the various traumas that Aboriginal Australians have dealt with, both collectively and individually, since colonisation (see for example Merritt, 2007; Merritt, 2011; Krieg, 2009 #137). The construct "trauma" (like resilience) has limited application and a specific discourse that is marginalising, in that it can leave the ongoing traumatic experiences of Indigenous Australian communities under-acknowledged. For example, a diagnosis of posttraumatic

stress disorder often relates to symptoms that arise from a distinct traumatic event, whereas the insidious and sustained effects of colonisation do not currently fit this narrow definition (Krieg, 2009). In fact, this narrow definition affects other people too, not only First Nations Peoples, as there are many people, as well as those who are Indigenous, who experience ongoing trauma in their lives. However, the implications of such ‘profound mismatches’ between Indigenous experiences and their conceptualisations of such, and those of mainstream service providers, can be devastating; “the contemporary impacts of colonisation and ongoing colonising practices do not constitute a ‘legitimate’ traumatic event and, as such, Aboriginal descriptions are at risk of invalidation by mainstream commentators and service providers” (Krieg, 2009, p. S30).

A lack of respect for or understanding of Indigenous worldviews can lead to unsafe interactions in healthcare. Without a commitment to a healthy respect for diversity in healthcare, there is a risk of continued hegemony over First Nations Australians. Hegemony, in this context, can be defined as the complex ways in which a dominant group maintains and exerts its cultural, economic or political power over others (Carey & Foster, 2013).

Okazaki, David, and Abelmann (2008), when discussing hegemony and Indigenous psychology, highlight that constructs such as ‘acculturation’, ‘ethnic identity’, and ‘collective self-esteem’ have become foundational concepts in cultural and cross-cultural psychology (p. 96). The authors explore issues around how larger sociopolitical conditions, especially oppressive or colonial ones, may play a role in shaping such cultural constructs. They make the point that we don’t tend to discuss these sociopolitical conditions in psychology; “...cultural constructs are not located in a vacuum and [that] all such culture-related variables are influenced by larger sociopolitical and historical contexts” (Okazaki et al., 2008, p. 96). The argument is not that we need to discard

existing constructs. To decolonise constructs used in psychology we need to first refine them. Okazaki et al (2008) consider it important that psychology, as a discipline, builds on the existing rich empirical data already collected. The call is for a commitment to refining concepts.

In addition to the calls for the reconceptualisation of concepts, there are calls in the literature for the inclusion of sociocultural and spiritual aspects in understandings of well-being and mental health as it relates to First Nations people. Indeed, spirituality can be seen as critical in effective health promotion and prevention projects (Ypinazar et al., 2007). A large part of this call for First Nations conceptualisations of mental health and wellbeing is the need for the acknowledgement of “the healing frameworks that exist within Indigenous communities, and to acknowledge cultural frameworks of learning, thereby utilizing the power of culture and community” (Ypinazar et al., 2007, p. 476).

Jones and Watson (2012) discuss themes relating to health communication, and outline one critical theme, relating to how communication affects a patient’s quality of care; crucial to this is how miscommunication leads to adverse health outcomes . Therefore, the literature is clear on both the need for the inclusion of more diverse worldviews, and the need for culturally aware staff to enhance effective healthcare provisions to First Nations people. However, it is not only individual health care professionals who need to be reflexive; institutions, especially those which provide healthcare, need to also become responsive to diverse needs.

Jones and Watson (2012) specifically support Johnstone and Kanitsaki (2008) in regard to language prejudice in institutions, concurring with the need for change at both the system level and with individual health practitioners. Jones and Watson (2012) also highlight that this kind of (structural) communication problem can be so entrenched in a

culture that it is invisible; and that “...sociostructural power inequalities lie at the heart of such miscommunication” (p. 11).

Cultural Safety is about vulnerability, power, and the legitimacy of difference

“As many Aboriginal people see it, psychologists are ‘White people’ who have a lot of power over Aboriginal people” (Ranzijn et al., 2007, p. 25).

Essentially, cultural safety is about power differentials, and cultural safety is about recognition of this inherent power, and ‘doing no harm’. Critical to the approach is the recognition that the power needs to be, instead, with the consumer. Ramsden (2002) discussed the negotiation aspects of the practitioner/consumer and the fluidity of the relationship. She addressed the negotiated first moment when dynamics are decided, and where the scene is set for the interaction to develop; “Cultural Safety therefore lies in the establishment of the trust moment and in shared meaning about the vulnerability and power followed by the careful revelation and negotiation of the specifics and the legitimacy of difference” (p. 120).

When working with Aboriginal people it is imperative to maintain an open and genuine dialogue, and it is important to enter into partnerships and interactions without preconceived ideas. Miscommunications can be hard to acknowledge or address if the parties involved are not vigilant to the possibility of differences in ‘shared’ knowledge.

As part of this ‘genuine dialogue’, there also needs to be a commitment to adapting terms and constructs, such as ‘resilience’, ‘trauma’, and ‘cultural safety’ to the contexts where they are to be used. Eckermann, Dowd, Chong, Nixon, Gray and Johnson (2006) highlight the difficulties in defining terms such as primary health care and cultural safety. This again highlights the need for a heightened awareness of terms (at the very least), and their ‘shared’ meanings when used interculturally.

Implicit in this call for better definitions and understandings of concepts, and in this case the concept of cultural safety (Aseron, Greymorning, Miller, & Wilde, 2013), is the effect that culturally unsafe practices can have on consumers. Culturally unsafe practice can be defined as practice that disempowers someone in regard to their cultural identity, while cultural safety is more about effective practice from a person of one culture to a person of a different culture (Parker, 2010). Cultural safety is an issue especially for Aboriginal communities in remote Australia (Parker, 2010). For example, Morgan (2006b) states that registrars have identified difficulties in effective doctor and patient communication in remote Northern Territory [a region of Australia] Aboriginal communities, and “this is consistent with the finding that serious and unrecognised miscommunication is pervasive in non-Aboriginal doctor/Aboriginal patient interactions” (p. 204).

Sonn (2008) states that “in the Australian context we are afforded differential power because of group membership. It is vital that we recognise the power that flows from these memberships because it impacts everyday relations.” (p. 164). Brascoupe and Waters (2009) discuss the ‘changed power structure’ implicit in the transfer of power inherent to operating in a culturally safe manner. They considered that the concept behind cultural safety is valuable because the power is retained by the client, not within the service or the practitioner, “...transferring the power to define the quality of healthcare to Aboriginal patients according to their ethnic, cultural and individual norms” (p. 7).

What’s the difference between cultural safety and cultural awareness, and cultural competence?

Healthcare, in a cross cultural context, has historically valued ‘cultural competence’. Some researchers and practitioners have however appreciated the debate around cross cultural healthcare, and have specifically assigned merit to the introduction of

the concept of cultural safety. Cultural safety is less about sensitivity to, or awareness of, other cultures, and more about the ‘professional acquisition of trust’ (Ramsden, 2002, p. 118). Brascoupé and Waters (2009) have also welcomed the debate around how to safely treat diverse clients, stating that it was significant that cultural safety allowed a focus on the notion of safety (and the risks associated with the absence of such safety) which extended the topic further than cultural competence could.

Vicary and Bishop (2005) discussed, in their qualitative study regarding culturally respectful and appropriate counselling with Aboriginal people the need for cultural safety, adding that “the results have clearly demonstrated the negative perceptions that Aboriginal people have towards the Western mental health system and to practitioners” (p. 18). This indicates the need for appropriate treatment options, and a commitment to safe interactions, but it also highlights how important the trust that cultural safety can elicit is, especially when a target group is rightly jaded in their expectations of appropriate care.

Cultural competence can be defined as the practitioner’s understanding of social and cultural influences on clients’ health beliefs and behaviours, and the importance of these to the client; the consideration of how these factors interact in health care delivery and planning interventions to assure quality health care delivery (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003). Brascoupé and Waters (2009) state that cultural competence (and ‘cultural sensitivity’ and ‘transcultural practice’) concentrate on the building of effective service delivery, as opposed to a commitment to “...the outcome of the success of the interaction” (p. 28). The same authors (2009) determine that “however knowledgeable or sensitive the professional is, this does not in itself ensure the effectiveness of the interaction” (p. 28).

In addition to the point made above in relation to successful interactions, one of the main areas of concern with cultural competence and transcultural practice is outlined by

Brascoupé & Waters (2009) as the focus on knowledge rather than the true efficacy of the interaction, "...therefore, recommendations for achieving cultural competence contained in the literature commonly feature extensive culture training for professionals (nurses). Proponents of the concept of cultural safety (see Ramsden, Coup, Cooney, and Ball,) regard this as useful but inadequate" (p. 28).

Knowledge about cultural minutiae is admirable and can be useful, but it does not guarantee safe interactions between practitioner and client. Brascoupé and Waters (2009) frame it succinctly, "while it is desirable that professionals be knowledgeable of Aboriginal cultures, this criterion is inadequate to ensure that the outcome of the interaction with Aboriginal clients is culturally safe" (p. 28).

Further to this, Brascoupé and Waters (2009), perhaps controversially, posit that "it can be extrapolated from their [Ramsden, Cooney and Coup's] writing that a professional without in-depth knowledge of Aboriginal culture can still perform their work in a culturally safe manner" (p. 28).

The understanding of both similarities and differences is critical when health professionals are working with consumers. This is especially true when working with those from a different cultural background. Cultural awareness is a beginning step to highlight that there is a difference, whereas cultural sensitivity helps to highlight "the legitimacy of difference and begin a process of self-exploration as the bearers of their own life experiences and the realities and impact this may have on others" (Bin-Sallik, 2003, p. 27). The first part of the preceding quote highlights a vital point for effective and meaningful interactions, the need to understand the legitimacy of difference. This is a core and essential part of safe interactions especially those that are deemed safe by the consumer themselves.

To date, much emphasis has been placed on 'tolerance' within multicultural societies, but there is a great need for health professionals to *really* understand that 'difference is legitimate'. This premise underpins the efficacy of treatment and healthcare initiatives.

I would argue that the process outlined in the following figure is necessary for all health professionals, and indeed for anybody who interacts with Indigenous people. The figure is adapted from Irihapeti Ramsden's (2002) PhD thesis. Ramsden aims to illustrate the process to cultural safety, and highlights the progression that can culminate in culturally safe health professionals (in this case nurses and midwives). Ramsden (2002), in part, highlights this progression to make it explicit that these concepts are separate, and not interchangeable with cultural safety.

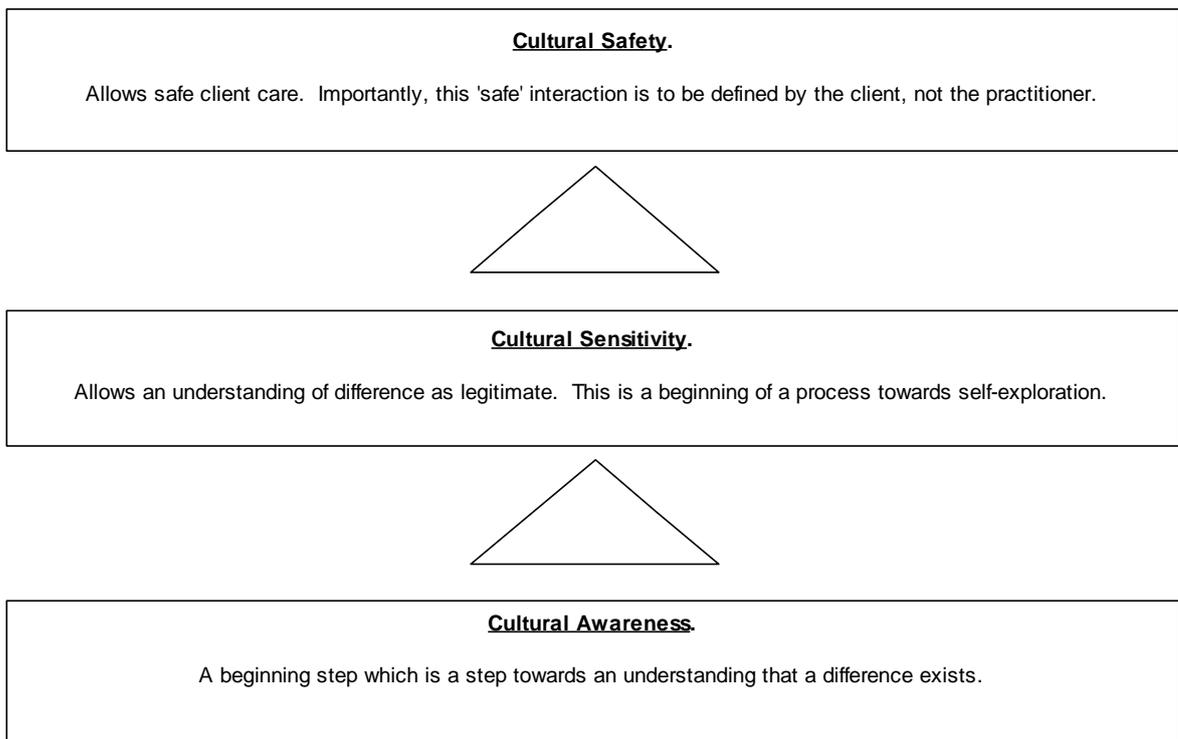


Figure 3: Ramsden's Process to Cultural Safety (Adaptation by Merritt 2014 of Ramsden, 2002, Figure 6 - The process toward achieving Cultural Safety in nursing and midwifery practice, p. 117).

Ramsden (2002) discussed cultural safety as a separate approach or philosophy that highlights the consumer's right to 'safeness' in regard to identity facets, further than simple cultural sensitivity; there is a need for a regard and respect for difference.

A study by Johnstone & Kanitsaki (2007) aimed to examine the construct of cultural safety within the Australian context. It also investigated the possible application of cultural safety in the Australian healthcare system context, however, the authors highlighted the construct as both poorly understood and without value in Australia, at the time. Johnstone and Kanitsaki's (2007) study does not discount the construct of cultural safety per se, but it does highlight problems of applicability of a New Zealand developed approach for the Australian setting. It also highlights a lack of clarity and shared understanding around the term 'cultural safety'. Johnstone and Kanitsaki (2007) state that "the findings of this study strongly suggest, however, that as a rhetorical framing device, the construct is inadequate in its present form" (p. 254).

The same authors further state that if cultural safety is to succeed (outside of its original context) it needs to be more carefully adapted for other contexts and countries than it has been, and they believe that "...the conceptualization and practice of cultural safety needs to be more comprehensive and critical in nature..." (Johnstone & Kanitsaki, 2007, p. 254).

Thus, Johnstone and Kanitsaki (2007) make some important points about cultural safety, and the necessity to adapt even seemingly sensitive and inclusive approaches to micro environs. They do consider that this is achievable, and that the "...situation is, however, retrievable" (p. 255). In order for this 'retrievable' goal (of cultural safety that is adaptable and nuanced) to be achieved, Johnstone & Kanitsaki (2007) call for robust cultural safety research, and critical scholarship "...with a view toward redressing the theoretical and practical weaknesses that have been identified and developing a strong

body of evidence to support the benefits of critically applied cultural safety processes” (p. 255).

Indigeneity and Identity

We have talked about cultural awareness, cultural competence and cultural safety. The differences between the concepts were discussed, and cultural safety was focused on because of its sense of giving the consumer the power in the interaction.

Indigenous identity will now be discussed. This will be discussed in this chapter because we have also discussed cultural safety; cultural safety is largely about First Nations Australians feeling safe in their identities, especially when accessing services.

As Yap, Settles, and Pratt-Hyatt (2011, p. 94) state, “identities are not just static group memberships, but they can ‘do’ something for identity holders”. The same authors highlight the importance of group identification for life satisfaction and overall psychological wellbeing, “overall, our results support our notion that identity functions may help to explain the relationship between identity and well-being” (p. 94). This finding suggests that the relationship between identity and well-being can be better understood by considering ‘group belonging’ to be a mechanism for better psychological wellbeing.

We have discussed the issue of identity; as being vital to wellbeing. Racial identity can be a resilience factor that is vital as it can mitigate the impact of racial discrimination (Sellers, Copeland-Linder, Martin, & Lewis, 2006). Identity is important to First Nations people, as a source of pride, and as a badge of resistance. For example, Nelson, Macdonald, and Abbott (2012) recount that a participant in their study “...maintained that her Indigeneity was a source of pride which made her life better. ‘What’s good about my life? That I’m a Murri... I just reckon that it’s mad [good] being a Murri.’”(p. 94).

Indigeneity, and the freedom to identify as First Nations people, is vital to wellbeing (as has been discussed in this section). Identity ‘does something’ for

stakeholders. It can empower; this is why identity is important. In a previous section we talked about cultural safety; that it is vital to acknowledge the legitimacy of difference. Colonisation has left a lingering legacy. In order for that legacy to be diffused, decolonisation needs to take place. A fight for liberation is a means of decolonisation.

Why discuss Indigeneity when this thesis is about resilience? Identity is integral to resilience. Resilience and identity are interlinked, in that identity is important to the ability to cope with adversities (McMurray, Connolly, Preston-Shoot, & Wigley, 2011; Sellers et al., 2006). When identity is challenged or not valued, then this ability can be compromised. As Ypinazar et al (2007) state it, the "...loss of identity, both spiritual and cultural, impacts on self-esteem and emotional well-being and on one's ability to cope with stressful situations" (p. 475).

The definition of 'Indigenous' is yet another concept that is hard to define, with any consensus. Discussions around the definitions of who is (and who isn't) 'Indigenous' are critical to the understanding of any linking of resilience and identity. Internationally there is a call for these definitions to be by Indigenous peoples themselves, as a basic human right (United Nations, 2009, p. 4). Additionally, some International authors are linking identity with 'survival': "The very identification of peoples under the rubric of 'indigenous' is articulated precisely in order to better fight for their survival as 'Peoples' who are distinct from settler societies" (TallBear, 2007, p. 416). This sense of belonging (of the 'we who are distinct from the coloniser, and who have survived despite extraordinary odds'), is empowering; and protective.

Williamson, Raphael, Redman, Daniels, Eades and Mayers (2010) found that ...a strong sense of identity as an Aboriginal person is vital to the wellbeing of Aboriginal young people. Identity issues were seen to emerge at a very young age

for some children, often undetected, and to become a major source of difficulty...

(p. 604)

Being a First Nations Australian, and being free to identify as such, is important to our sense of self, and is also integral to our wellbeing and therefore our mental health. For example, research conducted by Williamson (2010) found that a strong sense of identity was critical to young Aboriginal people with regard to their mental health, and specifically in regard to how strong they needed to be to overcome their experiences of discrimination. The converse was also true, in that those who did not feel they belonged, or did not have a strong sense of who they were as Aboriginal Australians encountered problems with overcoming adversity (Williamson et al., 2010).

We have discussed how important identity is to First Nations Australians, and that this strong identity manifests in an individual's sense of wellbeing. It has also been discussed that it is important that Indigenous people get the power to define who is Indigenous; and that Indigenous people are free to define what it means to be Indigenous. This relates to previous discussions relating to the power of language, and the power of 'naming'. Identity and intergroup relations can be influenced by external factors. If we do not have access to either power or privilege, we may be disempowered in a number of different ways (Sonn, 2008). For example, if your cultural identity is largely defined by an institution such as a school or hospital, or the juvenile justice system, then you will be disempowered, even in such a basic power as cultural identity. Part of this challenge around identity, and who 'gets to define it', can be the 'political statement' (in that it is political to claim my identity and to be transparent in how it informs my practice; it empowers me, and it fulfils my mandate to honour Indigenous voices in a discipline area that has not done so); to 'embrace your identity' and to include it in your identity as a researcher or academic. I am in line with Williams (2007), an Australian First Nations

academic who states that “it is my social, cultural and political sense of Indigenous being that is the lens of my research, and it is our spiritualism, collectivism, autonomy and sovereignty that provide its focus” (p. 11). This can be seen as political in the academy, and in disciplines such as psychology, because it takes a conscious effort to ‘go against’ the status quo. Martin (2003) is a pre-eminent Aboriginal academic and Indigenist research methodologist. She discusses the need to de-colonise research methods to incorporate other knowledge bases. The following quote illustrates Martin’s (2003) sense of self and her strong sense of identity as an Aboriginal Australian:

My belief as an Aboriginal researcher is that I actively use the strength of my Aboriginal heritage and do not position myself in a reactive stance of resisting or opposing western research frameworks and ideologies. Therefore, I research from the strength and position of being Aboriginal and viewing anything western as ‘other’, alongside and among western worldviews and realities. (p. 205)

Another factor in identity is that many First Nations people have to navigate around prejudice. Some negative stereotypes are perpetuated by prejudice and ‘rationalisations’ of differential treatment. For example, sometimes ‘blaming the victim’ is easier than questioning your own racism. Krieg (2009) stated that there is a “strong tendency for society to judge ‘extremely harshly’ those who have been chronically traumatized and even to discredit those who by association bear witness to the stories of trauma and loss” (p. S30). This ‘blaming of the victim’ can be devastating and can be re-traumatising. It can also have profound impacts upon identity. Identity can, and has, been undermined within systems (such as the legal system, the healthcare system, and the justice system). Identity, like that of an Indigenous Australian for example, is a symbol of diversity; but identity can be used as a category or a representation of attributes. This is true internationally, and Palmater (2012) for example, speaking of the Canadian context, states that “the general

public is relatively uneducated about First Nation poverty and its historical roots, and as a result, they can be easily swayed by the media and other commentators who blame First Nations for the current situation” (p.118).

Lynam, Browne, Reimer Kirkhamb, and Anderson (2007) focus on the understanding of cultural influences on health. They discuss the complexities of culture, but note that these are sometimes masked by representations (for example stereotypes or prejudice) attributed to these groups of people. Within the healthcare system this stereotyping of groups can allow the diversity within groups to be overlooked or undervalued, and can caricaturise individuals, groups and communities. This may ultimately lead to a context of ‘blaming of the victim’; a healthcare system is not at fault if this cultural group are long characterised as belligerent in regard to their health. However, part of the complexity of culture is that it can be dynamic and shifting, as well as enduring and static, and Lynam et al (2007) highlight “the need to move beyond descriptions ‘of culture to an understanding of cultures as dynamic, and to show ways cultural practices create contexts that have the potential to foster or impede health” (p. 23). Poverty is often explained in one of two ways, the first of which is to ascribe the ‘victim’ the blame, as the author of their circumstances, the second being to understand the societal factors of disadvantage (Palmater, 2012, p.118).

A deficit model of health focuses on how the media and health programmes tend to focus on the negative aspects of individuals or communities. In regard to health promotion and public health, a focus on Indigenous disadvantage may help to raise the issue of health for communities, but will also reinforce stereotypes and further enflame stigma (Pyett, Waples-Crowe, & van der Sterren, 2008).

We need to find a way of “...critically appraising ‘culture’, the assumptions inherent in it, and the processes sustaining it” (Lynam et al., 2007, p. 28). We need to

explore assumptions, and make explicit underlying processes. This will help inform our understandings of *context*; of how the complexities of the relationships between culture and health can be examined, recognised (Lynam et al., 2007) and addressed. We also need to understand the complexities of power and disadvantage. This understanding is important for social justice and decolonisation/liberation. It is vital that we explore the underlying power structures, dialogues, and discourses at play in a post-colonial setting, so that differential health outcomes for Indigenous peoples can be effectively resolved.

Identity is important for wellbeing, mental health, and resilience. When identity is disregarded or minimised or suppressed, First Nations Australians are disempowered (or, as within a system, consumers are disempowered). Williams (2007) states that identity is vital not just for our own power, but for our spirit and our collective knowledge: “What must be known is that we never relinquished our individual cultural identities; each of our cultures has unique life ways and knowledge ways... It is more accurately our collectivism, our spirituality as well as our autonomy” (p.p. 53-54).

Cultural identity is important for First Nations Australians. Culturally unsafe practices can alienate Indigenous Australians, and in healthcare this can result in health delivery that is inadequate or ineffective and / or under-accessed.

Colonisation leaves legacies. These legacies manifest in many ways, one of which is structural inequality; this can include ongoing power differentials from continuing attempts at dominance, and this can be based on assumptions of superiority of one group over another. The next section considers hegemony as a vital clue to why we need to consider cultural safety.

Those who have power in society in turn dominate many facets of that society, and this includes such things as power over knowledge, perpetuated by implicit and explicit hegemony. Shayne Williams (2007, p. 55) notes that “more menacingly it [subtle and

insidious hegemony] can be seen in the hegemony of Western knowledge”. Williams continues by stating that realising that “...hegemony has epistemological [the study of knowledge] significance opened up for me the idea that hegemony can occur within knowledge construction and diffusion and, I would think, within research as a primary tool for knowledge production” (Williams, 2007, p. 55).

The preceding quotes highlight that a dominant culture and its influences are nuanced and pervasive. This pervasiveness is in part because of how subtle hegemonic influences can be. Williams (2007) clearly states that we must not underestimate the effects of hegemony simply because it ‘takes a soft form’. I read Williams (2007) and feel resolute in the need for this current study; the call to de-colonise knowledge construction is therefore heard and addressed in this current thesis.

The call for health conditions to be considered from a power perspective is also highlighted in the international literature. It also speaks to the importance of identity in re-empowerment; and highlights that this is in turn important for health. Importantly, it also highlights the importance of worldviews through this lens of power perspectives.

In the Canadian setting, for example, identity and a sense of agency is seen as important. The World Health Organization (2008) noted the presence of the differential status that some enjoy at the expense of others [in this case First Nations Canadians], and this manifests in differential opportunities afforded them. Inequity in health conditions is an example of this, as this inequity can be a symptom [or end product] of this access to power and opportunity. The World Health Organization (2008) discussed how, if this power differential was addressed, and a sense of identity and agency was optimised, then this “regaining personal and cultural continuity has massive implications for the health and well-being of these communities, as shown in youth suicide rates among First Nations youth in Canada” (p. 157).

The quotes above highlight that any colonised people will suffer from ongoing health concerns; the problems are caused by systemic determinants and therefore these issues must be addressed systemically.

The United Nations (2009, p. 65) also recognises that traditional knowledge is vital for self-determination, empowerment and human rights, stating that “traditional knowledge is also directly linked to the concept of self-determination in the sense that indigenous peoples have the right to manage their own heritage, knowledge and biodiversity and, in order to do so, their rights to their territories and resources must be fully recognized and protected.”

The United Nations (2009, p. 66) remind us that International law recognises traditional knowledge, and worldviews and their importance for Indigenous peoples and culture; and they also recognise that violations of human rights may occur if this is not recognised. This relates to healthcare and psychology in that it is a reminder for practitioners, and the discipline as a whole, to value difference. As Kirmayer (2012) stated,

cultures provide their own interpretive frameworks, notions of authority and standards of truth. Listening to the voice of patients therefore means considering other sorts of evidence: not only their own “subjective” experience but also the specific sources of authority and ways of knowing they privilege. (p. 253)

Cultural safety is important in the efficacy of healthcare provision. An understanding of the legitimacy of difference is a critical tenet for culturally safe practice, as is the valuing of consumer power in evaluations of constitutes safe practice. Miscommunications can impede this safe practice, and a respect for legitimate differences can allow a commitment, on the practitioner’s part, to challenge assumptions; and therefore minimise the risk of assumed shared knowledge.

The studies that form this thesis will be discussed in the following chapters.

Chapter Four: Introduction to the Three Studies

Before considering the three studies that constitute this thesis, some transition paragraphs will be used, and an overview is provided, including revisiting the study questions, as it is easy to lose sight of the study focus given the rich background provided in the preceding literature review sections. These sections, whilst long and involved, are extremely important as they provide a necessary backdrop to the study.

The research questions consisted of the following: What do you think the term resilience means for Aboriginal people (from an Australian Aboriginal perspective)? How well does resilience, as a Western psychological construct, map onto Indigenous people's experiences and understanding of survival? How is resilience experienced by Indigenous Australians? How does this compare to the Western definition of resilience? Is survival, as it is experienced by Indigenous people a similar concept to the Western construct of resilience?

The need for healthcare provision, and psychological practice in particular, to be examined has been presented in this thesis. Mismatched worldviews, assumed knowledge and the role of psychologists in the historical inequality and oppression of First Nations peoples has been explored. The need for psychology to decolonise its practice, and to take on a liberation role, has also been discussed, as has the call in the literature for a base of culturally safe practice and philosophy for psychology as a discipline. This leads to the current study.

The theoretical position this research takes

Fredericks notes that “there has been a long history of research conducted on Aboriginal peoples” and that “historically, the vast majority of this research has been

carried out by, non-Indigenous people” (2007, p.p. 2-3). Research has been ‘on’ First Nations Australians, rather than ‘with’ them, and a consequence of this has been that First Nations Australians have been suspicious, or at least questioning, of research for many years in regard to research undertaken in their communities (Fredericks, 2007, p. 3).

The theoretical positioning of this thesis’s methodology is not a straight forward one. As an Indigenous man, psychologist, and researcher my roles or identities are sometimes at odds:

‘how do we speak to what is known about us, written about us and not owned by us?’ We as Aboriginal peoples and as Indigenous researchers within the research academy need to challenge what is written about us and what knowledges are controlled about us, otherwise we will continue to perpetuate the untruths and the ways in which we are marginalised, minimised, misrepresented, represented and devalued. (Fredericks, 2007, p. 5)

My theoretical positioning is first and foremost, as an Indigenist researcher. I have conducted research with Indigenous Australians and I have asked them about resilience, and their journeys through adversity. I conducted this study using a qualitative approach; case study methodology. I used various data sources (and qualitative techniques) to ensure triangulation, by which we use different methods to tackle a question. The three corners of the triangle are a theme extraction and synthesis of the academic literature focused on resiliency and Aboriginal people; case studies from a selection of published biographies and autobiographies from Indigenous Australians; and the in-depth interviews. In total, I have 13 case studies, which consist of 5 life stories and 8 interviews, as well as a theme extraction of the relevant literature.

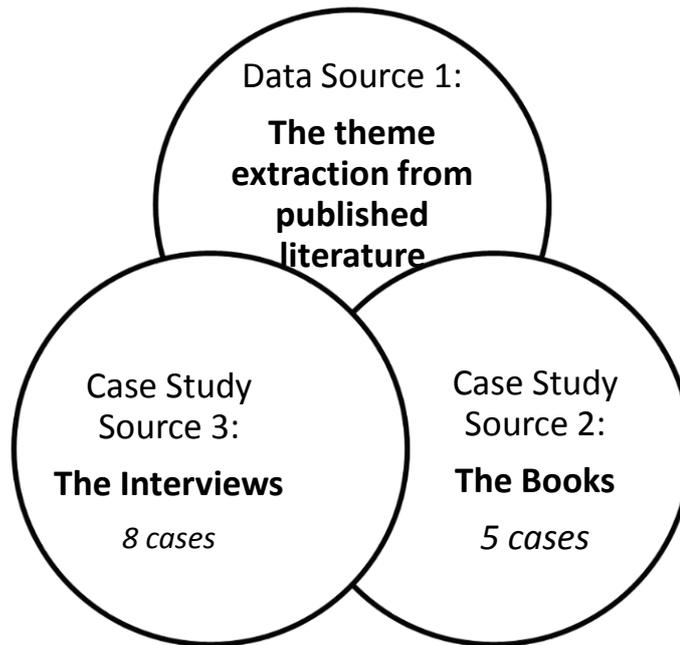


Figure 4: The Triangulated Data Sources

Why qualitative methods?

Qualitative methods were chosen for a number of reasons. Some have already been outlined in the previous sections of this thesis on “Decolonisation in Practice – decolonisation of methodology” and the section “Decolonisation in Practice – decolonisation of methodology – the role of Psychology”.

There have been calls for the increased use of qualitative research in psychology (Ponterotto, 2010; Willott & Larkin, 2012), and for psychologists to become more competent and sophisticated in this use of qualitative methodology (Lyons, Bike, Johnson, & Bethea, 2012). Within psychology there is an emphasis on quantitative research, and although qualitative research methods are prominent in some social and behavioural sciences, psychology has been slow to accept qualitative research. The topic area (surviving through adversities); the context (research with Indigenous peoples who may have a mistrust of the research process); and the theoretical framework (Indigenist methodologies and decolonisation), all spoke to the need for qualitative methodology.

Some strengths of qualitative research include its ability to give voice to those who have been voiceless in research, its ability to be relevant to individuals and communities (and to be reflexive in this), and its ability to allow participants to be involved in research in a way that is familiar to them (Lyons et al., 2012), such as a ‘yarn’ or a discussion circle.

Another possible benefit of qualitative research is that self-reflection is required as part of the research process, in that reflexivity concerning the researchers’ awareness of their biases and assumptions are examined (Lyons et al., 2012). This reflexivity and examination of prejudice can be a critical benefit to the research when used with First Nations people.

Qualitative research, Liamputtong (2010) reminds us, “...holds the view that reality is socially constructed by an individual, and while this socially constructed reality cannot be measured, it can be interpreted” (p. 17). This current research seeks to discover more about the socially constructed reality of a number of First Nations Australians, in regard to adversity, assumptions, and miscommunications. In qualitative research, the researcher cannot fully understand the phenomenon being investigated without also understanding the context (Liamputtong, 2010).

Context, in this thesis, is seen as vital; experimental designs that isolate variables and study cause and effect would limit understanding that is available through contextual consideration. Qualitative research also allows for an attention to culture, context, and point of view (Braun, Browne, Ka’opua, Kim, & Mokuau, 2013).

According to Ponterotto (2010) the emotive interaction that may happen with qualitative methods (as the researcher enters the ‘meaning making world’ of their participant) can be transformative and can allow deeper understandings and an appreciation across cultures (p. 583). Ponterotto (2010) stated that “researchers attempt to

understand the worldview of our participants through intensely listening to and respecting their own voice and their own interpretation of life events” (p. 583).

Wendt and Gone (2012) discussed their view that qualitative methods have many strengths over quantitative methods, when dealing with research with ‘Native American communities’. Many of these views are transferable to other First Nations people. The same authors outline four specific contributions that qualitative inquiry can facilitate; (a) the framing of the context of colonisation, (b) the focus on local cultural meanings, (c) the provision of “thick description” of cultural processes and practices, and (d) the reporting of results using the participants’ own words (p. 165). These focused contributions allow for a decolonising methodology to be used with First Nations people.

Quantitative methods and subsequent reporting of data and outcomes do not clearly give voice to the participants, or their experiences and perspectives, and it can be very difficult for the participants to see or recognise their perspectives in the data that can be aggregated from these quantitative methods (Wendt & Gone, 2012).

This study will consider the notion of survival and its relationship to resilience as a psychological construct. It will incorporate stories from selected Indigenous people who have analysed and reflected on the past and on their personalities, so that we can learn more about resilience and survival. My research will act as a formative, qualitative piece, which attempts to develop a theoretical understanding of resilience, from an Indigenous perspective.

The Methodological Approach and Context: Paradigms, Ontology and Epistemology

A quote from Rigney (1999) highlights the systemic issues that have an effect on research in Australia; and it alludes to the responsibility researchers have to decolonise. It

speaks to an inherent responsibility for research to be responsive and responsible, and it mandates that researchers need to be agents of social change:

But many have left the racialized institutional, oppressive structures untouched. In particular, Indigenous people have the fundamental right to expect research and its epistemologies to address the issues and racializing practices that have been an inherent part of postinvasion history. (Rigney, 1999, p. 114)

As an Indigenist researcher, my philosophical values and beliefs are the same as those shared by Rigney (1999) who insisted that to qualify as “Indigenist research”, initiatives must be undertaken through privileging the contributions, narratives and experiences of Indigenous Australians as well as be conducted by Indigenous Australians. As well, the goals of any Indigenist research project must be to seek and achieve increased power and freedom from oppression.

It is vital for me to embed my research in culturally safe and philosophically sound research methodologies. Lester-Irabinna Rigney (1999) has been instrumental in furthering the process of the decolonisation of research, as it applies to Indigenous Australians. Dr Karen Martin, an Indigenous Australian academic and researcher, highlights what she and Rigney consider important principles of research around Indigenous issues, which are based on, but expanded from, Lester-Irabinna Rigney’s principles [1997]:

- Recognition of our worldviews, our knowledges and our realities as distinctive and vital to our existence and survival;

- Honouring our social mores as essential processes through which we live, learn and situate ourselves as Aboriginal people in our own lands and when in the lands of other Aboriginal people;
- Emphasis of social, historical and political contexts which shape our experiences, lives, positions and futures;
- Privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands. (Martin, 2003, p. 205)

Many aspects of research practice involving Indigenous peoples have, historically, been problematic (Williams, 2001). Indigenous people have been researched in a way that has disempowered the subjects of that research. What can be lacking with research concerning Indigenous peoples is that the research has often been *on* Indigenous Communities, rather than *in collaboration with* them. With this has been a lack of proper consultation, community ownership or involvement, or inclusiveness. There is a great deal of anecdotal evidence to support the claim that Indigenous people are passively resisting ‘becoming the objects of research’ (Battiste, Bell, Findlay, Findlay, & Henderson, 2005; Merritt, 2007; Williams, 2001). The decolonisation of methodology is therefore important when discussing research with First Nations peoples. Indigenous voices need to be heard in the academy, and specifically in psychology. By placing our focus on methodology we begin to address the biases of the past in academia and health delivery, and thereby decolonise its future. Western knowledge is based on past research that has a history of dehumanising traditional peoples and their practices, whilst privileging others (Smith, 1999).

What is Indigenist Research?

Through such Indigenous research [using Indigenous ways of being, of knowing and of doing] Indigenous peoples who have long been the stigmatized “objects” of the expert colonial gaze participate as sovereign actors of their own histories in the academy, using research to answer questions that matter to their communities. (Coburn, 2013, p. 54)

It has been discussed previously in this thesis that the British ‘settlement’ of what is now called ‘Australia’ was based on a legal basis of an ‘uninhabited land’. The British therefore invaded this land using a doctrine of Terra Nullius; ‘vacant land’ or ‘land without owners’. This disregard for both the worth and sovereignty of the First Nations Australians was the basis for the invasion of Australia.

This basis of terra nullius has informed Indigenous and non-Indigenous relations since colonisation, including research (Martin, 2003). ‘Terra nullius research’ is a term coined by Karen Martin, a First Nations Australian, to describe the type of research conducted on Indigenous Australians: “we are present only as objects of curiosity and subjects of research, to be seen but not asked, heard or respected (Martin, 2003, p. 203). Research has been undertaken “in the same way Captain James Cook falsely claimed the eastern coast of the land to become known as Australia as terra nullius” (Martin, 2003, p. 203). Dr Martin highlighted the fact that First Nations Australians are overlooked in research, or dehumanised, much like the original colonisation context when the British invaded.

This research context is critical in understanding the push for the decolonisation of the academy, of psychology, and of the research that is the basis of such. Indigenist research is about reclaiming sovereignty over our knowledge, our thinking, and our paradigms. It is about redefining Indigenous research by Indigenous peoples, so that our

research is more likely to be culturally safe, respectful, and informed by the voices of First Nations peoples themselves.

Lester-Irabinna Rigney's work on Indigenist research is seminal, especially for First Nation Australians. Professor Rigney's guide to Indigenist research methodology is often quoted when the academy discusses the decolonisation of research, and the empowerment of Indigenous academics and researchers. Rigney stated that "Indigenous Australians have been excluded from all facets of research. The process of racialization declared that my people's minds, intellects, knowledges, histories, and experiences were irrelevant" (Rigney, 1999, p. 113). The issues that Professor Rigney highlighted still exist, whereby First Nations people are either overlooked in the academy, or are reduced to 'bit players'.

Methodological Overview for the Three Studies

Given the need for a qualitative method that was conducive to my commitment to an Indigenist research approach and epistemology, I focused on case study methodology as my overarching framework for this thesis. Case study method was used with two of the three studies that form this thesis (Study Two and Study Three). Study One did not actively follow a case study method, as it was a theme extraction process; utilising published literature rather than individual cases. The analysis, however, was thematic, which does fit well with case study methodology. It is also consistent with the way the other two studies were analysed; narrative analysis for Study Two, and thematic analysis for Study Three.

Case study methodology can be defined as an empirical inquiry used to investigate phenomena in real-life contexts, and this type of research is useful for helping to understand a complex issue. Alternatively, it can help us to add strength to what is already

known through previous research (Soy, 1997). In a case study approach, the case can be a child, a classroom of children, or even the motivation for professionals to study around childhood; the case involved in case study is a complex and functioning thing that is specific (Stake, 1995). In this thesis the case could have been the phenomenon of 'resilience and survival'; however, the cases that were chosen in this instance were the people selectively focused on; a number of cases of First Nations Australians who have survived through adversities.

Case study researchers such as Robert E. Stake (1995) and Robert K. Yin (2009) have written about case study research, and they have posited techniques for organising and conducting the research. Other authors such as Nagy, Mills, Waters, and Birks (2010) and Alston, and Bowles (2003) also see the benefits of using case study method. Soy (1997, para. 5) draws upon Stake's work and proposes six clearly articulated steps that should be used: i. Determine and define the research questions; ii. Select the cases and determine data gathering and analysis techniques; iii. Prepare to collect the data iv. Collect data in the field; v. Evaluate and analyse the data and vi. Prepare the report. These steps are consistent with the thematic analysis that I used in this study when analysing the data.

The case study research method has been used for many years across a variety of disciplines, and in the social sciences case study research continues to be seen as a critically important form of inquiry (Yin, 2009). Researchers in the social sciences have made use of this qualitative research method to examine contemporary real-life situations and provide the basis for the application of ideas and extension of methods (Soy, 1997).

Case study is usually undertaken with a combination of other methods, sometimes together with different sources that provide triangulation (Starke & Strohschneider, 2010). The use of case study in psychology allows description and analysis of various contextual factors like social structures and social processes; this allows a more complete

understanding of events and phenomena (Starke & Strohschneider, 2010). One main benefit of case study methodology is that it can provide a rich base of data, which allows for the emergence of detailed pictures of processes and individual case information (Starke & Strohschneider, 2010). Another major benefit of case study method is that it can prevent an oversimplification of phenomena by researchers, in that it can incorporate both complex causal factors lying beneath a phenomenon, can allow an examination from an insider's view, the participant, and can allow an external point of view, from the researcher (Starke & Strohschneider, 2010).

Case study in psychology can allow a focus on individual understanding of meaning and can allow for an exploration of factors that may have been neglected in larger group studies. Importantly, they may reveal theoretical conception flaws (Starke & Strohschneider, 2010), which is important for this thesis, which is considering concepts, miscommunications and the need for decolonisation.

This methodological framework, that case study offers, guided me, in line with Soy's (1997) proposed steps to successfully undertaking case study, to organise and conduct the research. I specifically used the framework to help me to determine and define the research questions, to help me decide upon data gathering techniques, to select the cases, and to inform my analysis techniques.

The following table charts the techniques used in the studies, and it outlines how the various techniques used, such as triangulation and thematic analysis, relate to the overall case study methodology framework:

Table 1: The Methodological Overview of the Three Studies

Case Study Method Overview in regard to this Thesis	
<i>"Case study does not form only one method or set of methods, but is an approach or a research strategy that researchers often use in individual ways to apply to the research setting in question" (Aaltio & Heilmann, 2010, p. 73).</i>	
Case study is not a separate method, or research tool, that is isolated from the research context; case study methodology can facilitate a rich source for the understanding of multiple structures; and its strengths include its flexibility from the use of different methods (Aaltio & Heilmann, 2010).	
<p><u>Case selection:</u></p> <p>Studies Two and Three</p>	Selection is strategic rather than random in case study. The researcher selects cases that may enable the maximum amount of information being elicited, related to the research objective. This may be in line with the specific conditions and characteristics of the phenomenon being investigated. Therefore, how relevant a case or cases are to the research objective will be the most important selection criterion (Bleijenbergh, 2010). The process of adding cases can help a deeper understanding of a phenomenon and can refine concepts; that is until the addition of new cases no longer adds new information (Starke & Strohschneider, 2010).
<p><u>Triangulation:</u></p> <p>Studies One, Two and Three</p>	Triangulation is when two or more methods, or sources, are used in a study. Case studies by their nature are ‘multi perspectival analyses’; and case study method “is known as a triangulated research strategy” (Tellis, 1997, p. 1). Triangulation may facilitate better researcher understanding of complex processes (Wolfram Cox & Hassard, 2010).
<p><u>Thematic analysis:</u></p> <p>Studies One and Three</p>	Thematic analysis, where data is coded and themes and patterns are identified, is not a research method in itself; it is not particular to specific research methods, and is widely used across field and disciplines, including within case study methodology (Lapadat, 2010). Thematic analysis is not “particular to any one research method but is used by scholars across many fields and disciplines” (Lapadat, 2010, p. 926). Thematic analysis is an analytic, synthesising approach that helps with meaning-making in the processes of many research methods (Lapadat, 2010).
<p><u>Narrative analysis:</u></p> <p>Study Two</p>	Narrative inquiry, or narrative analysis, is a means of organising and making meaning of data. One can analyse a story for embedded meaning; as a way of understanding phenomena. In regard to case study method, it can be argued that “every case has an implicit narrative. Narrative analysis can make the implicit narratives in case study explicit” (Boje, 2010, p. 594).
<p><u>Theory building with cases, and grounded theory:</u></p> <p>Studies Two and Three</p>	Case study methodology, through its data and analyses, allows theory development on phenomena by its ability to expose paradoxes, and by the new data it creates through the analysis: This allows for an exploration of the relationship between current individual cases, and the case context and environments (Aaltio & Heilmann, 2010; Flyvbjerg, 2006). In fact, “when existing theories concerning the studied phenomena are inadequate, a case study can help theory formation...” (Aaltio & Heilmann, 2010, p. 6). In the current study grounded theory also informed the analysis and theory building process.

Procedures

Triangulation was discussed earlier in this thesis, as were the various data sources used. The first data source is the theme extraction from published literature, in which thematic analysis was used as a tool to give order to and aid in the analysis of a specific subsection of literature, which focused on resiliency and Aboriginal people between 1990 and 2010. The theme extraction from published literature is separate from the standard literature review which has been presented earlier in this thesis to frame the research study. The second data source involves the use of a small collection of biographies or autobiographies and the third is the in-depth interviews with the study participants. Using biography and autobiography also addresses what Mays, Pope, and Popay (2005) highlighted and considered to be important; to cast the net wider than academic databases when reviewing literature for qualitative research as relevant material may not be covered by the electronic and academic databases and resources that are available. Separate to the interviews, the books were included to gain information and relevant data that would not emerge from the theme extraction from published literature.

Development of themes

This research combined three different sets of results together for analysis - I looked at the themes from each of the data sets, and then considered how they 'spoke' to each other. Themes were derived from each of the sources, and I considered the similarities and differences, and the overlaps and comparisons from each set. With the theme extraction from published literature, and the books and interviews, I coded and thematically analysed the data. I derived themes from this analysis, from the sources of data, and then integrated the themes.

Coding may be defined as “the deciphering or interpretation of data and includes the naming of concepts and also explaining and discussing them in more detail” (Bohm, 2004, p. 270). A ‘code’ is a term that essentially means a named concept that is recognised in the text or discourse. These different concepts are then referred to as categories (Bohm, 2004).

Open coding involved the analysis and categorisation of the data, which were then named. I also relied upon grounded theory (Glaser & Strauss, 1968) to inform my coding and analysis of the data, largely because in grounded theory concepts from the analysis of the data may be developed for a model or theory to help explain a phenomenon (Bohm, 2004, p. 271; Gordon-Finlayson, 2010). Grounded theory can work as a process, in that the codes and categories generated by the researcher accumulate; the cumulative knowledge evolves through the integrated categories to ‘build’ theoretical frameworks (Pandit, 2014). In this case the phenomena I focused on were miscommunications and assumed concept congruence between psychologists and First Nations Australians, and within this I also focused on elucidations of what ‘survival’ or ‘resilience’ might mean to Indigenous Australians. Grounded theory informed my research practice, but also allowed for further theory building, along with that of case study method, which was important in my commitment to giving voice to First Nations Australians. I undertook open coding with the sources of data, which produced a number of themes for the thematic coding process.

Interpretation of the data was conducted using classic Glaser and Strauss (1968) thematic coding analysis, a way of coding developed with grounded theory (Haase, Heiney, Ruccione, & Stutzer, 1999). Grounded theory, whilst slow to be embraced by psychology, has been used for decades in mental health research. This method allows for

the production of “an inductively driven theory of social or psychological processes grounded in the material from which it was derived” (Tweed & Charmaz, 2011, p. 132).

Grounded theory is both a method and a research result because the resultant grounded theory is in fact the result. It can be defined as the formulation of a theory based on empirical research. The process (outlined above, of codes and categories generated by the researcher that build the cumulative knowledge that can lead to theory generation) allows for both a description of a social phenomenon, and an explanation for the same (Bohm, 2004). In relation to my thesis, in the future, this data can be used in a process of theory building (grounded theory) related to looking at ways in which health professionals can work with resiliency as part of the healing process. This work can be used by health professionals to improve their practice, as well as by educators in Universities around Australia who have developed or are considering developing programs that touch on resilience.

Earlier in this thesis I stated how transferability was important to me. Quantitative methods base ‘validity’ on assumptions involving objective reality, whereas qualitative data should not be held to the same rules (Liamputtong, 2010). However, there are ways to enhance and increase rigour and reliability in qualitative research.

There are established criteria to use to judge the trustworthiness of qualitative research. For example, Lincoln and Guba (1985) developed four ‘gold standard’ criteria to judge research trustworthiness; credibility, transferability, dependability, and confirmability. The following four criteria have been used as a guide to this current research, and were used by the researcher (in this thesis) to continually monitor his practice:

1. **Credibility.** The credibility of the research is enhanced, or gauged, by the perceived truthfulness and believability of the findings (Liamputtong, 2010; Lincoln & Guba, 1985).
2. **Transferability.** How the findings inform or contribute to knowledge in other contexts. Does the research aid in knowledge building outside of the context it was derived from? (Liamputtong, 2010; Lincoln & Guba, 1985).
3. **Dependability.** This requires that the researchers ensure that the process of the research is built on a solid foundation. This included a clear description of the method, a logical process and a clear detailing of the procedures used (Liamputtong, 2010; Lincoln & Guba, 1985).
4. **Confirmability.** This relates to how the findings are indicative of the inquiry, and not tainted or informed by the inquirer – the researcher. (Lincoln & Guba, 1985).

A grounded theory approach with thematic analysis enhanced by triangulation of data sources was used in this study. There are various ways to increase the trustworthiness of the methodology of qualitative research. This study adopted various criterion related to ‘good practice’ in relation to the theory, analysis and methods used. The study takes into account the cases (those interviewed), selected books, and the scholarly literature. This form of triangulation was used to enhance trustworthiness, in that more than one source of data is used.

Concluding statement on the methods and procedures of this study

Liamputtong (2010) highlights the benefits of qualitative research as being able to encompass contexts such as culture and history. Further to this, qualitative research methods allow for an exploration of “the complexity of human behaviour” (Johnson & Waterfield, 2004, p. 121).

The benefits of qualitative research include the capacity to pay attention to context and detail while privileging accounts of how individuals construct meaning from their own experience. In light of this, and as stated earlier in this chapter, the use of qualitative research is highly appropriate for Indigenist research. I will end this methodology discussion with a quote that sets the scene for the following chapters, in that it speaks to the need for Indigenous voices to be heard, and for decolonisation to continue to be enacted:

Racism will not be overcome by simply changing the attitudes and values of researchers, nor will it be overcome by simply adding Indigenous researchers to the academy of research and stirring. Indigenous Peoples must now be involved in defining, controlling, and owning epistemologies and ontologies that value and legitimate the Indigenous experience. Indigenous perspectives must infiltrate the structures and methods of the entire research academy. (Rigney, 1999, p. 114)

Chapter Five: Study One – Theme Extraction from Published Literature

What is resilience? The mainstream/general understanding of resilience is changeable and contentious. More research and debate is needed. What is resilience, according to Indigenous Australians? The answers to this exploration will allow professionals to know how resilience, from an Indigenist perspective, differs from the mainstream/general understanding of resilience. If differences are noted, there are implications for healthcare. Possible implications could include a renewed call for commitment to cultural safety in healthcare and education.

This study, the first of three studies within this thesis, is part of the thesis's approach and exploration in regard to liberation psychology, miscommunications and cultural safety. The review of the existing academic literature outlined previously, on the preceding topic areas, constituted the standard literature review that informs most theses. In Study One, it is important to differentiate the manner in which the literature was used. As opposed to a traditional review of the literature, I used select academic literature as a data source for analysis. This process is what I have termed 'theme extraction from published literature', and throughout this thesis it may also be referred to as the 'theme extraction', and the 'theme extraction synthesis'.

Methodology of the Theme Extraction from Published Literature

I approached the literature with a firm commitment to the need for rigour and transparency in the methodology of this theme extraction thus the theme extraction from published literature followed a systematic review protocol. Although this method of theme extraction is novel to this thesis, I was informed by the processes used in narrative synthesis. 'Narrative synthesis' is a term used by Mays, Pope, and Popay (2005, p 12)

when referring to processes where narrative approaches are used to ‘synthesise’ evidence. The difference between this and a related ‘narrative review’ is that a ‘narrative synthesis’ moves beyond a review, or simple summary of study findings, to a single entity of the synthesised results, that can be used to develop new knowledge (Mays et al., 2005; Popay et al., 2006). In a similar way, in this thesis, I approached the literature differently in the theme extraction than I did for my earlier standard literature review.

In this study the focus is on a particular term that is frequently used when discussing programmes or interventions with Aboriginal peoples and their communities; which is ‘resilience’. A systematic search of the literature that was published between 1990 and 2010 was undertaken (please note that a small number of documents were included even though they were published pre-1990 or post-2010, as they were deemed useful but came to my attention after the initial search). I mainly focused on literature that was specific to resilience as it related to First Nations people. To locate and access the literature I utilised various databases, within the psychology, health and social sciences areas. I searched using keywords, such as ‘resilience’, ‘miscommunications’, ‘Indigenous’, and ‘worldviews’. I also used other search terms such as ‘Aboriginal’, ‘Aboriginal Australian’, ‘First Nations’, ‘First Nations Australians’ and ‘Indigenous Australians’ as search terms and key words, and to filter the results of other searches. I also combined these types of keywords in various combinations, and also searched within searches using various combinations of keyword parameters, such as ‘Indigenous resilience’, ‘Indigenous Survival’ and ‘Indigenous worldviews’. Key databases used were Sociological Abstracts, SAGE Premier, Humanities and Social Science Collection, JSTOR, ProQuest, Gale Databases, & Taylor & Francis, Duke Scholarly Collection, PsycINFO, Social Science Research Network, Social Services Abstracts Selected, SpringerLink. I also used the search engine ‘Google Scholar’, through more than one

University website (where access to various journals and databases was authorised, subscribed, and therefore streamlined), and the ‘Summon’ search engine.

I then read the abstracts of those articles (or other documents) identified in the searches, and read those articles that were specific to the topic being focused on (around the keyword combinations). I also did a type of ‘snowball sampling’ very regularly, where I searched for sources and authors that were mentioned or referenced in the relevant literature I was reading. This became almost like a babushka doll (Russian nesting doll), where I uncovered valuable data that would not necessarily be included in the database searches, nested within other sources, through ‘mining’ the reference lists of key journal articles.

The data source in this study is the themes extracted from the selected published literature. Thematic analysis was used to aid in the analysis of this specific subsection of literature, which focused mainly on resiliency and Aboriginal people. As the sole researcher, I had to read all possibly relevant articles, and decide whether to include them in the theme extraction synthesis. Quality and relevance appraisals were made and papers that did not meet the inclusion criteria were excluded. Examining for duplication or articles whose central thesis was not directly related to the focus of the search, resulted in a reduction from several hundred articles to the thirty-three articles that were included and that became the material from which the theme extraction from published literature has been created.

This data was then coded using thematic analysis, which was used within the overall theme extraction and synthesis approach. Thematic analysis is the search for themes in relation to the phenomenon being studied, and it is a process that, through reading and re-reading the data set, allows patterns in the data to be recognised. Themes

emerge and then categories can be formed for analysis (Fereday & Muir-Cochrane, 2006; Floersch, Longhofer, Kranke, & Townsend, 2010).

Braun & Clarke (2006) define thematic analysis as involving “...the searching across a data set - be that a number of interviews or focus groups, or a range of texts to find repeated patterns of meaning” (p. 86). These authors see thematic analysis as a core qualitative method. Indeed, Braun and Clarke (2006) argue that “... thematic analysis should be considered a method in its own right” (p. 78). I was guided in my analysis by Fergus and Zimmerman’s (2005) work on the assessment of resilience in that it should include a focus on three levels, that being a focus on the individual and levels of self-esteem and stress; the family and its communications and relationships; and the community as a social resource network. I was informed by these three levels when reading the sources and when analysing.

The current research used six phases of thematic analysis, adapted from Braun and Clarke (2006, p. 87):

Phase 1. Familiarising myself with the data: I made notes, read and re-read the data, noting down initial ideas.

Phase 2. Generating initial codes: I coded interesting features of the data in a systematic fashion across the entire data set; collating data relevant to each code.

Phase 3. Searching for themes: I collated codes into potential themes; gathering all data relevant to each potential theme.

Phase 4. Reviewing themes: I checked if the themes work in relation to the coded extracts and the entire data set, generating a thematic ‘map’ of the analysis.

Phase 5. Defining and naming themes: I conducted ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating definitions and names for each theme.

Phase 6. Writing up the results: I selected vivid, compelling extract examples, conducted final analysis of selected extracts, related it back of the analysis to the research question and literature, and produced the Results section presented below.

Before the results are presented, I will discuss the overall process of how the key literature was found and decided upon. The selection process and specifically the search for appropriate sources are important in any type of synthesis. There are potential problems with database searches; such aspects as how effective the researcher's search protocols are, including the database used, the keywords used in the search or in the original database entry; all of these factors may have an impact on the richness, breadth, and appropriateness of the literature included. Mays, Pope, and Popay (2005) consider that "poor indexing in databases and the diversity of qualitative research make the development of search strategies for identifying qualitative studies difficult" (p. 9). I believe some of these potential problems were alleviated within this thesis by the manner in which I searched for literature; the systematic search protocols and quality appraisals for example, and the fact that I searched beyond database searches (e.g., the 'snowballing' technique I used whereby I followed up from reference lists from key literature).

The Results for Study One:

Six themes were identified during the theme extraction from the published literature synthesis process. They were: disparate resilience definitions; the cultural context of adversity; Indigenous survival behaviours; Indigenous concepts of health/mental health; intercultural practices and resilience; and assumptions about constructs.

Table 2: Summary of the Themes of Study One Emergent Themes

Author(s)	Title and Key Features of the Chosen Published Literature	Salient Emergent Theme
		<ol style="list-style-type: none"> 1. disparate resilience definitions; 2. the cultural context of adversity; 3. Indigenous survival behaviours; 4. Indigenous concepts of health/mental health; 5. intercultural practices and resilience; 6. assumptions about constructs.
Almedom, A., & Glandon, D. (2007).	Resilience is not the absence of PTSD any more than health is the absence of disease.	<ol style="list-style-type: none"> 1. disparate resilience definitions; 6. assumptions about constructs
Anderson, I. (1997).	The ethics of the allocation of health resources.	5. intercultural practices and resilience
Arrington, E. G., & Wilson, Melvin N. (2000).	A re-examination of risk and resilience during adolescence: Incorporating culture and diversity.	1. disparate resilience definitions
Bensimon, M. (2012).	Elaboration on the association between trauma, PTSD and posttraumatic growth: The role of trait resilience.	1. disparate resilience definitions
Bonanno, G. A. (2004).	Loss, trauma, and human resilience.	1. disparate resilience definitions
Bond, C. J. (2005).	A culture of ill health: Public health or Aboriginality?	3. Indigenous survival behaviours
Clarke, C., Hartnett, P., Atkinson, J., & Shochet, I. (1999).	Enhancing resilience in Indigenous people: The integration of individual, family and community interventions.	<ol style="list-style-type: none"> 1. disparate resilience definitions; 2. the cultural context of adversity
Fast, E., & Collin-Vézina, D. (2010).	Historical trauma, race-based trauma and resilience of Indigenous peoples: A literature review.	6. assumptions about constructs
Harvey, J., & Delfabbro, P. H. (2004).	Psychological resilience in disadvantaged youth: A critical overview.	1. disparate resilience definitions
Hollingworth, D. (1998).	Race and racism in Australia	6. assumptions about constructs
Homel, R., Lincoln, R., & Herd, B. (1999).	Risk and resilience: crime and violence prevention in Aboriginal communities.	2. the cultural context of adversity
Kirmayer, L. J., Sehdev, M., Whitley, R., Dandeneau, S. F., & Isaac, C. (2009).	Community resilience: Models, metaphors and measures.	6. assumptions about constructs
Leipold, B., & Greve, W. (2009).	Resilience: A conceptual bridge between coping and development.	1. disparate resilience definitions
Long, C. R., & Nelson, K. (1999).	Honoring diversity: The reliability, validity, and utility of a scale to measure Native American resiliency.	6. assumptions about constructs
Luthar, S. S., Cicchetti, D., & Becker, B. (2000).	The construct of resilience: A critical evaluation and guidelines for future work.	1. disparate resilience definitions
Luthar, S. S., & Zigler, E. (1991).	Vulnerability and competence: A review of research on resilience in childhood.	1. disparate resilience definitions
Masten, A. S., Best, K. M., & Garmezy, N. (1990).	Resilience and development: Contributions from the study of children who overcome adversity.	1. disparate resilience definitions
Mattingley, C., &	Survival in our own land. Aboriginal	3. Indigenous survival

Hampton, K. (Eds.). (1988).	experiences in South Australia since 1836.	behaviours
Nathan, P., & Japanangka, D. (1983).	Health business.	5. intercultural practices and resilience
Nelson, A. L., Macdonald, D., & Abbott, R. A. (2012).	A risky business? Health and physical activity from the perspectives of urban Australian Indigenous young people.	3. Indigenous survival behaviours
Pearson, N. (2000).	The light on the hill.	3. Indigenous survival behaviours
Reid, J. (1983).	Sorcerers and healing spirits: Continuity and change in an Aboriginal medical system.	5. intercultural practices and resilience
Smyth, T. (2009, 15 February).	Welcome to our Land	3. Indigenous survival behaviours
Sonn, C. C., & Fisher, Adrian T. (1998).	Sense of community: Community resilient responses to oppression and change.	1. disparate resilience definitions
Tugade, M. M., & Fredrickson, B. L. (2004).	Resilient individuals use positive emotions to bounce back from negative emotional experiences.	1. disparate resilience definitions
Tugade, M. M., Fredrickson, B. L., & Feldman Barrett, L. (2004).	Psychological resilience and positive emotional granularity: Examining the benefits of positive emotions on coping and health.	1. disparate resilience definitions
Ungar, M. (2010).	What is resilience across cultures and contexts? Advances to the theory of positive development among individuals and families under stress.	1. disparate resilience definitions
Vanderpol, M. (2002).	Resilience: A missing link in our understanding of survival.	1. disparate resilience definitions
Vicary, D., & Hoult, T. (2011).	Aboriginal youth: Challenges, strengths and opportunities.	5. intercultural practices and resilience
Vicary, D., & Westerman, T. (2004).	'That's just the way he is': some implications of Aboriginal mental health beliefs.	1. disparate resilience definitions; 4. Indigenous concepts of health/mental health
Werner, E. E., & Smith, R. S. (2001). Ithaca, NY.: Cornell University Press.	Journeys from childhood to midlife. risk, resilience & recovery.	1. disparate resilience definitions
Westerman, T. (2004).	Engagement of Indigenous clients in mental health services: What role do cultural differences play?	4. Indigenous concepts of health/mental health; 6. assumptions about constructs
Zubrick, S. R., & Robson, Anna. (2003).	Resilience to offending in high-risk groups - focus on Aboriginal youth	1. disparate resilience definitions; 2. the cultural context of adversity

These results from the theme extraction will now be presented under each theme:

Theme One: Disparate Resilience definitions

In this chapter the focus is on a particular term (a construct) that is used frequently when discussing Aboriginal peoples and their communities: 'resilience'. Psychological

resilience has traditionally been characterised by the ability to ‘bounce back’ after negative emotional experiences and illustrates the adaptation to the changes associated with stressful events or experiences (Tugade & Fredrickson, 2004). Tugade and Fredrickson (2004) noted that, across research methodologies, resilient individuals approach life with optimism, zest and energy, and that they are curious and positive in their approach to life. A number of authors have further refined the concept of resilience to include exposure to adversity or threat, and a positive adaptation, and often cited in the literature, as the ‘wellspring’ for the research, are the experiences of children who have endured vast trauma (physical, social, or psychological) and have demonstrated remarkably positive adaptations (Luthar, Cicchetti, & Becker, 2000).

Bonnano (2004) stated that resilience is a reflection of the ability to maintain equilibrium, or regain ‘balance’ or normality after traumatic events. He went on to outline how resilience, in the developmental literature, is usually discussed in terms of protective factors that foster positive outcomes and characteristics (healthy personalities) among children living through aversive life circumstances. Vanderpol (2002) discussed various characteristics that are usually associated with the term resilience, outlining them as the ability to internally and externally assess those things that need dealing with, and an ability to ‘reality test’ (requiring the necessary level of cognitive ability to allow a rational take on the reality of situations) in relation to survival. This enables a level of action in times of adversity, rather than inaction. Vanderpol (2002) also outlined the requisite sense of humour often associated with resilience. Humour can give perspective and aids in levity. Tugade and Fredrickson (2004) also make a point that high-resilient people cultivate positive emotionality, incorporating humour.

An interesting observation by Tugade and Fredrickson (2004) is the role of positive emotions on psychological resilience. They observed that few studies have explored

specifically why positive emotions are useful, or whether positive emotions are mere by-products of resilient modes of thinking. Further, they asked whether positive emotions help with the ability to cope effectively with stress.

Resilience, according to authors such as Almedom and Glandon (2007), has been made to mean just what researchers, policy makers or practitioners choose it to mean, and they give an illustration that practitioners may justifiably assume resilience is the absence of post-traumatic stress disorder (the assessment of which has been used as an indicator of resilience in the past). The authors state that resilience should not be considered as the absence of Post-Traumatic Stress Disorder (PTSD) ‘any more than health is the absence of disease’ (p. 127). They posit the question “is resilience a normal or aberrant response to crisis events and experiences, and by whose reckoning?”(p. 128).

Resilience in the literature is not an easy construct to define succinctly: “As is the case with the conceptualization of risk, there is no consensus among researchers in regard to a singular definition of resilience” (Arrington & Wilson, 2000, p. 224). Luthar, Cicchetti and Becker (2000) showed resilience to be more of a process than a trait, and considered that a rapidly growing body of literature had now accumulated that deals with the phenomenon of resilience – the dynamic process that leads to positive adaptation within the context of significant adversity. A number of authors further refine the concept of resilience to include exposure to adversity or threat, and a positive adaptation (Leipold & Greve, 2009; Luthar et al., 2000; Luthar & Zigler, 1991; Masten, Best, & Garmezy, 1990; Werner & Smith, 2001). More recently, Bensimon’s (2012) research on the role of trait resilience cast “resilience as a trait rather than state” (p. 782).

Concerns about constructs can be about how intangible definitions are, or the concerns can be about miscommunications and assumed meanings. However, Almedom and Glandon (2007), take this one step further and express concerns that:

researchers, policymakers, and practitioners have long succeeded in making English words such as health and resilience mean just what they choose them to mean, depending on their academic discipline, political allegiance, and/or personal moral convictions—or indeed any combinations of these factors. (pp. 127-128)

As this theme extraction from published literature has shown, a universal recognition of the characteristics of the theoretical framework of resilience is in no way universally recognised. Luthar, Cicchetti and Becker (2000) critiqued the construct of resilience. Their concerns included issues of ambiguity of definitions and terminology, instability in the conceptualisation of resilience, and theoretical concerns including the use of resilience as a construct. Harvey and Delfrabbro (2004) considered that the term appears to vary across studies, time and context. Arrington and Wilson (2000) also highlighted the issue of a commonly agreed definition of resilience, and observe that it is often conceptualised as a trait, when it is ‘relational’.

This illustrates the need to consider the context of the phenomenon. Resilience is a process and it is interactional, which, therefore, requires a more dynamic definition (Arrington & Wilson, 2000).

Leipold and Greve (2009) outlined some problems with current definitions, stating that “definitions of resilience, which typically refer to positive adaptation despite adversity ...have a fatal inclination to become boomerangish that way, as resilience is defined by its success...” (p. 40).

The same authors considered that better definitions of resilience are needed, and that “...we are in need of a more substantial explanation of what makes an individual’s reaction to adverse developmental conditions appear (and feel) resilient” (p. 40). Leipold and Greve (2009) also consider that the construct should be broadened, and that “contrary

to many proposals, this entails viewing resilience neither as a trait nor as a process explaining a phenomenon, but rather as a phenomenon needing to be explained” (p. 40).

Separate to this, there is no definition of resilience as it relates to Aboriginal issues. Some authors not only highlight issues with the concept of resilience itself (Ungar, 2010), but with how that concept is being overlaid onto different cultural groupings. Arrington and Wilson (2000) demonstrated the need for culture and diversity to be incorporated into the literature on risk and resilience.

Aboriginal health professionals are calling for concepts involving health, and specifically mental health, to be re-visited and adapted for cultural specificity. For example, Vicary and Westerman (2004) noted the disparity that exists between Aboriginal and non-Aboriginal conceptions of mental health. They called attention to the fact that current definitions have failed to include the broad impacts of colonialism. The implications of assumptions in healthcare are important to consider. Almedom and Glandon (2007) undertook a systematic review of the literature on definitions and measurements of resilience. Within this they “...explore the ways in which making resilience mean exactly what scholars choose it to mean (‘neither more nor less’) may affect health policy and practice...” (p. 129). For example, policy and practice needs to be informed from an evidence base, and if a construct such as resilience is not fully defined and assessed, then this could impact on such things as resource allocation, and could impact upon practice that may not be performed from a meaningful evidence base. The authors call for a renewed focus on context, stating that there must be thorough analysis and investigation of context when dealing with healthcare.

Context is vital, and needs to be taken into consideration when explaining any conception of resilience. Sonn and Fisher (1998) examined the varied ways in which groups respond to disruption, and the authors critiqued models that do not effectively

consider how cultural practices and core values are to be ensured. What standards are used to make judgements about responses to disruption?

Harvey and Delfabbro (2004) recommended that "...the definition of resilience itself should be based less upon so-called objective cut-off scores, but also upon culturally and socially relevant ratings of success" (p 11). Clarke, Hartnett, Atkinson and Shochet (1999) outlined how effective Aboriginal people are at 'survival behaviours': "Indigenous children have learnt survival behaviours that while anti-social within mainstream society, may be considered adaptive within their own families and communities" (p. 7). Violence and substance abuse can be examples of this maladaptive survival response, where such behaviours may remove the child from experiences of abuse at home, and may result in a sense of belonging and identity within peer groups (Clarke et al., 1999).

There are also calls in the literature for resilience studies to concentrate on learning from adults who appear resilient, rather than the ongoing focus on children. Bonanno (2004) wanted further studies into resilience across the lifespan, considering it imperative to "take a fresh look at the various ways people adapt and even flourish in the face of what otherwise would seem to be potentially debilitating events" (p 27).

Zubrick and Robson (2003) considered resilience as a cultural construction. They see resilience as potentially problematic, as it is currently understood. They stated that the criterion by which resilience is measured is culturally determined, and they called for greater clarity. "Clarity is required with regard to the 'what' of adaptation - to what cultural norms for example, are Aboriginal youth adapting..." (p. 8). They also made the point that delving into what resilience is to Aboriginal people is important, but that it should not preclude or divert attention from efforts to address adversity. Adversities arising from a lack of social justice and ongoing inequality still need to be addressed. Harvey and

Delfabbro (2004) called for a greater focus on reports and experiences of people who appear to have overcome adversities.

Despite calls to examine resilience from an Indigenous perspective, resilience is now being used with Indigenous people to guide practice in health and education. Examples include the development of instruments to measure an individual's 'resiliency characteristics' (Letzring, Block, & Funder, 2005; Tugade & Fredrickson, 2004; Tugade, Fredrickson, & Feldman Barrett, 2004). In particular mental health programs have been developed for schools to 'promote resilience', which will inevitably impact on the Indigenous child at school, such as the Resourceful Adolescent Program (RAP) and the Resourceful Adolescent Program (RAP)-Kiwi (Merry et al., 2004).

The Resourceful Adolescent Program, developed in Australia, is a school-based prevention program that uses cognitive behavior therapy (CBT) and inter-personal skills, and it aims to reduce levels of depression among adolescents. Part of the content of the program is affect regulation, with an aim to maximising positive cognitive and attribution styles. The development of skills for improving interpersonal connectedness is also a goal. The program also "...focuses on broader ecological factors, such as enhancing the sense of school connectedness" (Millear, Lioxis, Shochet, Biggs, & Donald, 2007, p. 2). This recognition of social determinants' impacts on mental health is vital. A point to note here is that, whilst CBT can be useful, it should be just one tool that is used within a broad framework when working with Aboriginal Australians as the impact of CBT can be limited by social circumstances (Dudgeon & Kelly, 2014).

The RAP-Kiwi program was adapted from the Resourceful Adolescent Program (RAP), as explained by Merry, McDowell, Wild, Bir and Cuncliffe, (2004) who said:

to ensure applicability to New Zealand teenagers, we kept the overall structure but adapted the language, cartoons, and anecdotes in consultation with youths. Titles and key messages were provided in English and Maori. (p. 540)

The same authors, who did a placebo controlled study on the RAP-Kiwi programme, found that the teachers who had participated in the development of the program at the outset, "...felt they could have delivered the program more effectively if they had been able to adapt material to individual classes" (p. 545).

Other than the RAP-Kiwi research (Merry et al., 2004), which reports on a consultation with Maori people, there is also the Westerman Aboriginal Symptom Checklist (WASC-A), and the Westerman Aboriginal Symptom Checklist Youth (WASC-Y) (Westerman, 2014), a culturally informed, validated psychological process developed specifically for use with Australian Aboriginal youth (Dingwall & Cairney, 2010). The WASC-Y is the only broadly available social and emotional well-being (SEWB) assessment tool developed and validated specifically for Indigenous youth (Thomas et al., 2010). Another tool for specific Indigenous testing is the Strong Souls tool, which has strong construct validity, reliability and appropriateness for screening SEWB with Indigenous youth in the Northern Territory, and this tool considers anxiety, depression, suicide risk and resilience(Thomas et al., 2010).

Other than the specific tools or programmes above, there appears to be minimal attempts to comprehensively clarify the cultural construction of resilience and its components (as defined by Indigenous people) as Harvey and Delfabbro (2004) had recommended. Drew, Adams, and Walker (2010) also highlight the "low levels of confidence in existing assessment tools [for mental health] for use with Aboriginal and Torres Strait Islander clients" (p. 205), which leads to under-diagnosis and therefore leaves people untreated. Thomas, Cairney, Gunthorpe, Paradies, and Sayers (2010) echo this

concern with assessment tools, and raise concerns around test bias, and lessened test validity and reliability with First Nations Australians, and they stress the lack of tools available to validly screen, measure and assess Indigenous people.

Other authors, such as the Indigenous psychologist Tracy Westerman, and Ernest Hunter, have long called for the need for effective communication and cultural competence in mental health services. Dr. Westerman, for example, highlights the overrepresentation of Aboriginal youth who will develop mental health issues in their lifetime. Dr Westerman highlights that the greater concern is that “...the evidence that indicates that Aboriginal youth fail to access mental health services [is] commensurate with this need. This is due, in part, to the characteristically monocultural nature of service delivery of existing services” (Westerman, 2010, p. 212). Researchers and practitioners do not appear to heed these calls for caution, as resilience has developed into a structured theoretical framework that guides professional practice with Indigenous children in a number of activities such as promoting ‘positive behaviour’ (Merry et al., 2004), which could be seen as representing a monoculturalist view. Resilience also informs the assessment of vulnerability and the development of intervention strategies (Merry et al., 2004; Tedeschi & Kilmer, 2005).

Some health professionals and academics/researchers may overlay a ‘template’ view of resilience onto situations and groups. In the investigation of reports and experiences from Indigenous people, who have overcome adversities, knowledge can be gained to inform and enrich what can otherwise be simplistic and culturally laden (or non-relevant) concepts of resilience.

Theme Two: The Cultural context of Adversity

Australian Aboriginal peoples have significantly higher risk exposure than their mainstream counterparts. This is by nature of their historical and contemporary

circumstances, including their history post-colonisation, and their position in the social structure. This adversity includes the past and present context of economic, political and social marginalisation and displacement of Aboriginal people (Zubrick & Robson, 2003).

Adversity by its very nature is hard to overcome. Overlay this with post-colonial complications and the daily struggles of survival, and Australia's Aboriginal peoples have adversities to deal with that are above and beyond the 'normal' struggles of the mainstream. Models that aim to explain oppression "describe how ongoing trauma results in [the] destruction of cultural practices and identity affecting the whole community" (Clarke et al., 1999, p. 8). The after-effects of colonisation have resulted in trauma over multiple generations, resulting in multiple layers of adversity (Clarke et al., 1999).

There are major differences between the experiences of Indigenous Australians and non-Indigenous Australians, in relation to history, local conditions, social structures and culture. The adversities endured by Australia's Indigenous peoples include racism, group powerlessness and the conflicting demands of different cultures, especially for the young (Homel, Lincoln, & Herd, 1999).

Zubrick and Robson (2003) state that "given the overwhelming level of adversity experienced by Aboriginal people within Australia, the concept of resilience itself needs to be viewed with some caution" (p. 8). The preceding quote is vital to be cognisant of in regard to First Nations Australians and terms such as resilience. A focus on *overcoming* adversities should not '...divert attention from the very real need for systematic and concerted efforts to *address* [emphasis added] the adversity, which leads to such a saturation of risk factors for Aboriginal people' (Zubrick & Robson, 2003, p 8).

Theme Three: Indigenous survival behaviours

I talked earlier in this thesis [Chapter One: Introduction] about how Australia Day, the 26th of January, has been appropriated as ‘Invasion Day’ or ‘Survival Day’. I made the point that there is a long history of this type of reclaiming of that date in order to make commentaries about social justice issues. This is important, as a defiant commentary on the fact First Nations Australians have survived despite policy, racism and genocide is critical to this thesis. Indigenous Australians are survivors. One only has to consider the current adversities experienced by every human being, in their day to day lives, and on that overlay the extra adversities that a post-colonial society perpetuates for those who have been oppressed; the ability to survive despite living in such a context reflects something worthy of better understanding.

Noel Pearson (2000), a prominent Aboriginal man, states:

Resilience and the strength of our values and relationships were not just features of our pre-colonial classical society (which we understandably hearken back to), our ancestors actually managed to retain these values and relationships despite all of the hardships and assaults of our colonial history. Indeed it is a testament to the achievements of our grandparents that these values and relationships secured our survival as a people and indeed our grandparents had struggled heroically to keep us alive as a people, and to rebuild and defend our families in the teeth of a sustained and vicious maltreatment by white Australian society. (p. 6)

Indigenous Australians have embraced their ‘survivorship’. They have gained empowerment from the word survival. Examples of this include ‘Survival Day’, an Indigenous alternative celebration to mark ‘settlement’, colonisation. The preference for the term ‘Invasion’ rather than ‘Colonisation’ is also an example of reclamation of

language, and an act of empowerment (and possibly defiance) for some Indigenous Australians.

An Elder of the Gadigal people, Allen Madden (as interviewed by Smyth, 2009), for example, states, in relation to Australia day, that

to us it's a remembrance day. We celebrate survival. We know we can't change things that happened back then but you have to know where you've been to know where you're going. Aboriginal people have never wanted sympathy. All we ever wanted was understanding. (p. 3)

A great many Indigenous Australians seem to take pride in their (individual, familial, and cultural) survival through such adversities as genocidal policy, invasion, separation, abuse, neglect, disempowerment and ongoing social justice issues. An example of this is the book 'Survival in our own land' (Mattingley & Hampton, 1988). The word 'survival' has been conscripted to symbolise this type of journey through adversities. A contemporary quote that illustrates both this point on the symbolism of the word 'survival', and the humour of 'our mob' in its power to both unite and galvanise First Nation Australians, is from Allen Madden, a Gadigal man of the Eora Nation of the Sydney region of New South Wales: "but there's one thing about us blackfellas, we're great survivors. If they dropped a nuclear bomb on this joint, only blackfellas and cockroaches would survive" (Smyth, 2009, p. 2).

Nelson, Macdonald and Abbott (2012) discuss how labelling Indigenous Australians as 'at risk' can be counterproductive. It can also lead health promotion programs and policy to overlook the existing strengths of First Nations Australians. Bond (2005) stated that she had thought that health promotion was meant to empower. She also affirmed that Aboriginality (she is an Aboriginal person) was about pride, strength, determination and survival: she then poses a question as to why discourse around

Indigenous health seems to always revolve around inadequacy, impairment, and hopelessness. She calls for a change, where our achievements are celebrated, and where we can enter the health and policy debates: “I find it hard to just passively accept, as both an Indigenous person and as a health professional, that Indigenous communities have nothing to bring to the table in efforts to improve our own health” (Bond, 2005, p. 40).

Theme Four: Indigenous concepts of health/mental health

Western concepts of health have been biomedically focused. There have been various calls for a broadening of this focus, from numerous stakeholders. When the health profession incorporates a more holistic view of health (not just *ill*-health) into healthcare, concepts (including resilience and survival) can be considered more fully, as they may relate to the overall, holistic context of healthcare. This will benefit every consumer, but it will especially benefit Indigenous Australians in gaining effective treatment, accessing services, and for future health prospects.

Dr. Tracy Westerman states that when discussing Indigenous mental health, the healthcare profession needs to consider the entirety of a person’s experiences, including the physical, the mental, the emotional, the cultural, and the spiritual states of being (Westerman, 2004). It is apparent that there is a disparity in how mental health is conceptualised between Aboriginal and non-Aboriginal people (Vicary & Westerman, 2004).

Vicary and Westerman (2004) highlighted that Indigenous mental health concepts need to be formulated or understood holistically. This contention has been heralded by others in the literature, whereby authors contend that there is a failure of mainstream health to acknowledge mental health as holistic, especially in an Indigenous setting. For example in the *Ways Forward* report, Swan and Raphael (1995) called attention to the need to

broaden our view of mental health from purely a biomedical lens. They called for an emphasis on the historical influences that form the context for the mental health of Indigenous Australians. This context includes a history of oppression and cultural genocide (Australian Human Rights Commission, 2014).

A truly holistic approach to health should be holistic enough to consider that health issues are not simply based on biomedical factors, but should take into account wider, less obvious issues. A much broader approach will also help break the cycle of post-colonial disempowerment, among Aboriginal peoples, address social justice issues, and lobby to ensure the provision of basic human rights. Martin-Baró (1994) also highlighted the irrefutable connections between human rights, injustice, and mental health.

Theme Five: Intercultural Practices and Resilience – Health Context of the Study

We have discussed that the construct of ‘resilience’ is problematic, and that it needs to be more clearly defined, especially if used when dealing with diverse groups or populations. ‘Resilience’ (using the simple/literal definition; the ability to bounce back after adversity) is important in the healing process for Indigenous people.

Assumptions about language and word (and concept) meanings can be damaging to healthcare consumers (individuals *and* communities). Skewed and/or simplistic assumptions that health professionals hold need to be open to scrutiny. If constructs such as resilience are not explored, then this important aspect of the healing process (resilience) may be neglected or misunderstood by Australia’s health care system. If policy makers and health professionals are working with Indigenous people, they need to accept the possibility that differences in worldview (which can incorporate constructs) exist.

Western health frameworks have historically not accepted Indigenous worldviews. Current rhetoric leads health workers to argue that the Western framework now

incorporates Indigenous worldviews; however the reality appears to be different. Reid (1983) and Nathan and Japanangka (1983) undertook a medical anthropological analysis of public health delivery to Aboriginal people. Both outlined a system that comprehensively failed to recognise, understand, or incorporate the Aboriginal world view of health into the delivery of health care, and described a situation where Western health frameworks and Indigenous health frameworks were “unequal and separate”. Anderson (1997) had suggested that little had changed in the more than a decade after their work. Likewise, little seems to have changed in the past 20 years. Vicary and Hoult (2011) considered concepts of health in relation to differing worldviews, and they discussed the disparity between Aboriginal and non-Aboriginal conceptions of health. This disparity can affect the efficacy of treatments and initiatives, as “these different views pertaining to health may impact on the way Aboriginal youth engage with the mainstream health system and their potential health outcomes” (p. 76).

Theme Six: Assumptions about constructs

Authors such as Almedom and Glandon (2007) discuss the problems with constructs, and the implications of assumed knowledge. They give the example that “many psychologists, hospital administrators, and medical practitioners may justifiably assume that health means absence of disease, and resilience absence of PTSD. Are these assumptions correct...?” (p. 128).

Current discourse on resilience may be perfectly compatible and appropriate for use when discussing issues that relate to Indigenous Australians. By the same token, resilience, as a construct, may need to be broadened for use in situations where Indigenous Australians may be involved. ‘Resilience’, using the simple/literal definition of the ability to bounce back after adversity, is not widely attributed to First Nations Australians. This is

problematic. Indigenous Australians are survivors. They may not be acknowledged as such, at least when people are broadly discussing ‘resilience’. Discourse can empower some, while disempowering or silencing others. Hollingworth (1998) considered that

discourses produce effects. They provide the very means by which we apprehend and experience the world. Discourses generate knowledge as well as the forms available for its reproduction and dissemination. Discourses are not innocent or objective, in that they empower some categories (or subject positions) while disempowering or silencing others. (p. 32)

Discourse is power, or more importantly, is a way in which people are imbued with authority. Some people have the power (through discourse) to speak with authority and some people are excluded. These people do not have that imbued authority, and are therefore ‘silenced’. Hollingworth (1998) posited that “because people believe in these false or imagined ideas they are made real in their consequences” (p. 33).

Westerman (2004) considered that “the solution to increasing access to mental health services by Indigenous people lies in the integration of specific cultural and clinical competencies within the system and practitioner levels” (p. 2). Another consequence of incorrect assumptions (and any *assumed* understanding of terms) can be an accompanying discomfort with these services, and ultimately reluctance by Indigenous people to access them.

A broader aim of this study is to have an impact upon Indigenous health and to more specifically have an impact on how non-Indigenous people view the term ‘resilience’, and to consider how the use of this term impacts upon Indigenous peoples. For example, resilience as a personality trait seems currently to be applied to a minority of ‘exceptional’ people. It is not broadly associated with Indigenous peoples. However, Indigenous peoples are exceptional survivors. Common perceptions of ‘resilience’ seem to

overlook this, and an implication of this may be a lack of respect for Indigenous peoples when considering such constructs as resilience. This ‘lack of respect’ or undervaluing of Indigenous Australians as adept survivors is not only an Australian anomaly. Internationally, Indigenous peoples are sometimes undervalued in regard to their strength. Fast and Collin-Vézina (2010) discussed the manner in which the focus on negative outcomes potentially masks the diversity of responses to these challenges for Aboriginal, First Nation, and American Indian peoples. They remind us that both resilient and negative outcomes are well documented but that the media attends much more to the negative. Long and Nelson (1999) had done research with Native Americans, and commented on the fact that “a history of oppression and deficit orientation by the majority culture has resulted in pervasive negative stereotypes and has led to an undervaluing of the positive aspects of Native American culture” (p. 92). As another example, Kirmayer et al (2009) highlighted the fact that “despite historical and ongoing conditions of adversity and hardship many Aboriginal cultures and communities have survived and done well” (p. 62).

In the other two studies that form this research (interviews and case studies of biographies and autobiographies) I present the view that resilience is a Western cultural construct, which, when used with Indigenous people, could prove harmful. This research will explore an Indigenous perspective on resilience as survival, and, therefore, may help develop culturally safe approaches.

Summary of Study One

The scholarly theme extraction from published literature uncovered findings that emerged as six themes: disparate resilience definitions; the cultural context of adversity; Indigenous survival behaviours; Indigenous concepts of health/mental health; intercultural practices and resilience; and assumptions about constructs.

There is a lack of consensus around the term resilience, and its specific definition. There are calls for context to be considered in any definition, and there are calls for more studies with adult participants and adult foci rather than with children, as has been the case. Therefore, there are calls in the literature for the term resilience to be examined, clarified, broadened and resolved, and there are calls to examine resilience from an Indigenous perspective. However, ‘resilience’ can be used as a pseudo theoretical framework which guides practice in health and education with Indigenous people.

Western concepts of health need to be broadened in their focus, and need to incorporate differing worldviews to incorporate the difference between Aboriginal and non-Aboriginal conceptions of health.

These calls to consider context, and to consider Indigenous perspectives, can lead to understandings of post-colonial complications that are a factor for First Nations Australians, and that are adversities that need to be dealt with above and beyond those faced by other Australians. These broader redefinitions of terms and concepts can then inform policy, procedures and programmes. For example, using a term such as ‘resilience’ can lead to the labelling of Indigenous Australians or their communities as ‘at risk’ (and ‘in need of resilience training’) which can be counterproductive, as these type of health promotion programs, policies or initiatives risk overlooking the existing strengths of First Nations Australians. First Nations Australians value their pride, strength, and determination; their survival.

Chapter Six: Study Two – The Biographic Analysis

This study concentrates on a biographic analysis of existing literature (biographies and autobiographies) to further explore the topics of liberation psychology, miscommunications and cultural safety, via concepts such as resilience and survival. Please note that when the term ‘biographic analysis’ is used throughout this thesis it includes both biographies and autobiographies.

Previous studies have used published autobiographies as data that can provide first-hand accounts and narratives (see for example Jefferies & Horsfall, 2013; Power, Jackson, Weaver, Wilkes, & Carter, 2012). These accounts can be useful as a form of qualitative data, and this can be used to inform health practice (Power et al., 2012). Power, Jackson, Weaver, Wilkes, and Carter (2012) highlight the richness of these lived experiences as data, and consider that researchers (and ultimately practitioners) can benefit from autobiographical accounts as a means of generating new understandings of patient illness experiences. The same authors also discuss the benefit of the data, as existing published works, being therefore unsolicited, and “less influenced by the specific interests of the researcher” (p. 40).

Those who suffer sometimes isolate themselves, or are emotionally or logistically isolated, and may find articulation difficult; so “the depth of human experience may be expressed eloquently and profoundly through written means” (Power et al., 2012, p. 40), in biographies and autobiographies. Therefore, an examination of existing, unsolicited life stories may yield rich, poignant and salient stories of survival, resilience and liberation that may not have been evident from any other source.

There can be no doubt that each Indigenous person's story is a unique narrative on that person's life and as such each narrative will be a uniquely different account of the colonial experience. I have attempted to choose books written by young and old who have come from a variety of locations around Australia. I considered that if common themes could emerge after choosing people from such a variety of backgrounds then this would add to the trustworthiness of the findings. These stories were chosen from the many available to represent an overview of the Indigenous experience.

The current study used case study method, and within this utilised thematic analysis. I have two main case study data sources in this thesis (the interviews, and the biographical synthesis), which, combined, incorporate 13 case studies. I 'asked' both sources essentially the same questions; in one, the interviews, I directly asked the participants the script questions that include such questions as "If I was to say 'survival' to you, what would it mean from your Aboriginal perspective?"; "If I was to say 'Resilience' to you, what would it mean from your Aboriginal perspective?", and "What, if anything, do you see as the links between resilience and survival?" (See Appendix One for a complete listing of the prompt questions). In the biographies and autobiographies I sought the answers to these questions by undertaking a thematic analysis of the complete text.

The biographies and autobiographies are more general and less specific than the interviews, but in mining the rich information provided in them I attained much more naturalistic examples. 'Naturalistic' is a qualitative research term that suggests these examples have emerged from the lived experience of respondents (Lincoln & Guba, 1985). The autobiographies are unsolicited (in terms of this context of a resilience focus) and therefore emerge completely from the lived experience of each individual, that is, the authors obviously had no idea of what I was looking for. Therefore it is I who read these

books in order to seek out the lived experience of these authors, in regard to overcoming adversity and the research questions.

Methodology

The analysis of these books was based on narrative inquiry. I used narrative analysis as a research methodology that allowed me to make meaning of, and interpret, the data (Bruner, 1991; Given, 2008; Riessman, 1993). Narrative analysis can be defined as an interpretation of a story that looks for embedded meaning. This definition normally deals with an analysis of a past event, but Bird, Wiles, Okalik, Kilabuk, and Egeland (2009) point out that narrative analysis has been criticised for being narrow in this regard, and therefore these authors prefer a broader definition that gives more breadth for temporal shifts and contextualisations to help the reader understand the setting more fully. The authors state that “this broader definition is perhaps more culturally appropriate” (p. 20) for their study which involved the use of storytelling in qualitative research involving Inuit people. The authors felt that this approach fit well with the oral history traditions of the participants. For the current study, I feel that these same benefits apply where oral traditions are as valid for First Nation Australians, and where there is also a need for more culturally appropriate research strategies.

Bruner (1991), a pioneer of narrative analysis and inquiry, stated that “we cannot take as our unit of analysis the isolated individual operating ‘inside his or her own skin’ in a cultural vacuum” (p. 20). With this sense of the power and influence of culture on human knowledge and the construction of reality, I looked for explanations of resilience in the life events of people. The research and analysis helps to explore how these life events explain resilience. It is also important to consider any potential problems with mining these sources. For example, it is possible that there may have been an agenda in the

writing of any of the stories, which could ‘colour’ what is said, even if it’s simply a type of creative licence to make the story more appealing. In addition, this study involves interpretations which may be different to that of the original author. However this study is conducted through the eyes of a researcher (and a psychologist) so a possible discrepancy in interpretation is unavoidable.

The books were chosen due to their richness (their depth and complexity of narrative), which was seen to enhance the possibility of the stories being introspective, and because the stories conveyed the overcoming of adversities. The same questions from the interviews were applied, but the process was reversed, in that the questions were ‘asked of’ the content. The stories were read with the questions in mind, and the questions helped to focus the task, and in this way the richness was uncovered, and the overall case study data was enhanced.

In order to analyse the biographies and autobiographies I searched each story for adverse events and indications within the story of how the author rose above that adverse event.

These life experiences were then divided into a number of themes (Bohm, 2004):

1. characteristics of resilience that resonate with the western framework,
2. characteristics of resilience which differentiate a western framework from an Indigenous perspective and
3. new insights into resilience

As in Study One, the theme extraction synthesis for published literature, I was guided in my analysis by the works of authors such as Fergus and Zimmerman (2005). These authors were helpful in this process of analysing the biographies and autobiographies, in that their ideas were valuable to me as I combed the biographical

works for themes. Fergus and Zimmerman (2005) suggest that the assessment of resilience, and any subsequent intervention to promote resilience, should include a focus on three levels; the individual and their levels of self-esteem and stress; the family and the ability to communicate and build relationships and; the community as a social resource network. In this biographical analysis, I considered these three levels when considering the data, to examine how these levels may be reflected in the lived experience of the five Indigenous story tellers from the autobiographies and biographies chosen for this study.

The five biographies and autobiographies chosen for this part of the study were:

- Harold Hunt's (2007) "*Memoirs from the Corner Country: the story of May Hunt*".
- Sally Morgan's (1987) "*My Place*".
- Boori Pryor's (1998) "*Maybe Tomorrow*".
- Ruby Langford's (1988) "*Don't Take Your Love to Town*".
- Alec Kruger's (2007) "*Alone on the soaks: The Life and Times of Alec Kruger*".

The process followed for collection and analysis of data began with each book being read, to gain a general feeling for the individual's story. This activity was followed by a second reading, during which codes were recorded in a table. As the separate codes from each book were placed in the table, they were clustered or grouped around common themes. Names for the themes were chosen, as far as possible, from the associated text providing a label that truly represented each of the clusters. Quotes were chosen for use in this report from the numerous examples, to best represent the themes. The themes that arose from these personal narratives were then brought together to clarify the stories of emergence from adversity, from an Indigenous perspective.

Results from the Biographic Analysis

The main themes that emerge from the analysis of the biographies/autobiographies are presented here, and these themes are supported by quotes drawn from the various authors. The bibliographic research has allowed the concept of resilience to be broadened to include Indigenous ‘lived experience’ perspectives, as they are revealed through the books. Each of the authors speak of surviving difficult lives, and this can equate to the definition of resilience as a dynamic process that leads to positive adaptation within the context of hardship in one’s life (Luthar et al., 2000). To a reader, the adversity that these authors have risen above, at first, appears insurmountable.

After the first reading of each story there was a high level of confidence that the biographies and autobiographies would allow me to gain a better understanding of the cultural construction of resilience from an Australian Indigenous perspective, in part because of the level of integrity and detail present in each book. With the more detailed open coding process (Tweed & Charmaz, 2011) I was able to describe aspects of the construct of resilience that are not present in the western literature.

EMERGENT THEMES:

The emergent themes from the biographies and autobiographies are presented here. Four themes were identified. These were identity; the pressures of functioning within two worlds; the importance of family; and the importance of spirituality.

Table 3: Summary of the emergent themes of Study Two – the biographic analysis

<i>Themes from the biographies/ Autobiographies</i>	<i>Brief description</i>
1. Identity	Land, connections to the past, Indigeneity
2. Two Worlds	The pressures of navigating two ways of operating/thinking/behaving
3. Family	The sustenance that comes from family
4. Spirituality	A foundation within, which connects family, land, and identity – allows us to operate in two worlds

Theme One - The Importance of Indigenous Identity and the Connection to land/Connection to the Past

A personal attribute that each author discusses in detail is their sense of Indigenous identity. Boori Prior states “even when I was a young boy I knew I was ...”, and, more significantly, Sally Morgan (whose early background is one of isolation from her people) speaks of the importance of her Indigenous identity when she is able to reclaim her place when her families tell her “You got your place now. We’ve worked it out. You come as often as you please”. Each story is an exploration of identity, and of retaining identity no matter what confronts the individual. Having a sense of Indigenous identity was often what lifted these authors out of adverse situations.

Two features of Indigenous identity that emerged are ‘land’ and ‘connections to past’, and these themes are central to building and sustaining strong identities. Alec Kruger explains his connection to land “I grew up and became a man there. I know the dreaming stories, sacred sites and was taught the dances”. Ruby Langford suggests “my mind was always turned back to Bonalbo” and “Coona was like a magnet to me”. This was her ‘belonging country’ and this link stayed with her, giving her strength ‘no matter what happened’. Boori Prior explains the relevance of Langford’s comments by suggesting, “The common thread that unites us all across the country is our respect for the land” and Harold Hunt goes one step further with the comment “But this our place here. This our home. We belong to this country”.

As these stories progress it is clear that Indigenous people’s connection to land is essential to identity, and as such their resilience. Woven throughout each story are stories of past generations, for example, Sally Morgan, when she is expressing the pleasure of hearing her uncle’s story, stated, “So it was that I spent the next few weeks non-stop recording everything I could. When we finished we were both pleased”. Morgan wrote of the stories as having healed hurt in her life, and as having made her stronger.

Theme Two - Two Worlds

A challenge that each author describes is that of living in two worlds. The challenge is often described as ‘how to keep one foot in the past while walking into the future’. This challenge emerges repeatedly in Indigenous literature and is presented in stories about both Eddy Mabo and “Kumanjai” Perkins [many Aboriginal people do not speak the name of those who have died, instead substituting a name such as ‘Kumanjai’, depending upon the clan and region], and is a significant feature of the stories reviewed. Boori Prior discusses the ignorance that non Indigenous people have towards this

important aspect of Indigenous identity, “...they see us living in the white way and often they don’t realise that we are still living by the beliefs and ways of our ancestors”. Harold Hunt goes on to explain this supposed paradox, as he saw it in his mother’s identity, “With her feet firmly planted in both camps, May’s understanding of her Malyangapa ancestry sat easily alongside the challenge of learning the white man’s way”. Living comfortably within this paradox remains a challenge for many young people today, and it is the success of these authors in living comfortably within the challenge that makes them strong. It is from this link that these authors retain a vision for the future. Each storyteller expressed their belief that comfort could be found from the past to build a vision for the future, despite their respective situations.

Theme Three - Family as ‘Social Capital’

While some academic literature describes personal attributes as the ‘cornerstone of resilience’, it also outlines the influence of family and community. It is true that social connections can also add significantly to a person’s resilience. It also outlines the influence of family and community, including the effects of both social acceptance and rejection. Within these stories it is evident that, on occasions the non-Indigenous community was openly hostile to the storytellers. Sally Morgan comments, “there’s so much that the whitefella’s don’t understand. They want us to be assimilated into the white, but we don’t want to be”. This theme was visited by a number of authors. There is a sense in these stories that the western cultural tradition is reluctant to tolerate difference. The stories reveal a lack of social capital, which is described as the way our society, through social relations, supports the health and well-being of people (Baum, 2002). Social capital affects such things as who you might choose for a job, how you behave while out shopping, and the mutual respect you have for the people around you. What these stories

reveal is a constant tension between two communities and it is always present. This ties in with the previous theme of ‘two worlds’ in that Indigenous peoples sometimes not only have to negotiate and function in two worlds and two ways of being, but potentially they also have to live in communities without social capital.

Because of the divide between Indigenous Australians and other Australians, social capital suffers. However, what comes through in all the stories is the way that this broader social capital is either replaced or counter-balanced by ‘family as social capital’. These stories reveal that family is always important. Ruby Langford comments, when talking about the strength she gained from her extended family, “I honestly think the rich couldn’t have had as much fun and laughter as we’ve had even with our losses, and still come out smiling” and Sally Morgan states, “ I felt very strongly about families sticking together. So strongly, in fact that I had a secret meeting with my brothers and sisters; for some reason; I was frightened we would be put into an orphanage”. Alec Kruger’s lament on the impact of being stolen from his family -- “but for the younger ones still caught up in sorting out the chaos of being taken away from family and not knowing who they are” -- is a powerful account of trans-generational violence. These stories show that the support of family acts as a surrogate for the sustenance that should come from belonging to the Australian community, but all too often was not present.

Theme Four - Spirituality

An emergent theme from the stories is the importance of spirituality to the survival of Indigenous people. These stories describe spirituality, not religiosity; while some of the authors claim affiliation to religious denominations, there is a description of the spiritual that emerges in each story.

Peppered through each story are accounts of events, such as Harold Hunt's description of an omen of bad tidings, "May looked out one day and called us over to look at a messenger of bad tidings, a light blue crane, which belonged to the wetlands but its presence here, was a bad omen". Each story has, as a 'foundation within', the spiritual connection to land that Harold Hunt's account reveals. In some stories this connection helped to make people healthy, for example, Sally Morgan's Uncle explains to Sally, "The spirit is strong in our family. When I die, someone will get my powers. I don't know who. They have to have a good heart, and live a simple life". These powers bring strength to family.

Ruby Langford explains how this power worked in her family, "Uncle Ernie was an Aboriginal clever man that is he knew magic. ... He sang and chanted in". Sally Morgan describes how important it was for this spirituality to protect people, "we was lucky we had those old people protectin us", and how strength was gained from spirituality during difficult times, "Suddenly it was as if a window from heaven had opened up and I saw a group of women standing together. They were all looking at me. I knew instinctively it was them. Three adults and a child. Why that's Rosie I thought. And then the tears came. As I cried, a voice gently said, stop worrying there with me now".

Summary of Study Two

The themes from these books were identity; the pressures of 'two worlds'; the importance of family; and the importance of spirituality. These themes all stem from Indigenous Australians living in a post-colonial Australia, and they are a result of them recollecting and narrating their lived experiences. The stories are stories of adversity, joy, and survival. The themes illustrate and represent the ways forward for these people, in that they are snapshots of rising from adversity. What we learn from these stories is how

important identity is to First Nation Australians, and how this identity gives a vital sense of belonging. We learn that being a part of a minority group can be draining every day, and that living in such a paradox of existing in two worlds, and having to master both, is hard navigation. We also learn that family is vital for well-being, and that family can be a surrogate social capital for First Nation Australians. And finally, we understand the role of spirit in this resiliency path. The authors find solace, comfort, and meaning in a belief in a linkage that exists beyond the tangible.

Chapter Seven: Study Three – The Interviews

This study involved interviews with older First Nations Australians, who I will introduce in depth after the methodology of the study is discussed. I will then present the specific results from the interviews in regard to the study questions, followed by presentation and discussion of the resultant themes.

The script questions can be found in Appendix One, but the main questions were:

- If I were to say “survival” to you, what would it mean from your Aboriginal perspective?
- If I was to say “resilience” to you, what it does it mean from your Aboriginal perspective?
- What, if anything, do you see as the links between resilience and survival?

Methodology

Thematic analysis and case study method

Case study method was used as the main methodology for this thesis, and thematic analysis was integral within this. Thematic analysis gives a way to organise data and it also enables subsequent interpretation. The interviews with the participants were recorded and transcribed. In essence, the transcripts provided the data; to be coded, analysed, and evaluated, using thematic analysis. The coding process, of reading and re-reading the transcripts, and labelling them with codes, allowed patterns to emerge; and themes and categories allowed analysis.

Braun and Clarke (2006) argue that a rigorous thematic approach can produce an insightful analysis that answers particular research questions in psychology. The current

study utilised a purposive sample of Indigenous people who were considered to have something to offer in the development of a discourse about resilience.

Gaining information about the worldview of Indigenous people does not require interviewing every Indigenous Australian. VanWynsberghe and Khan (2007) discuss generalisability, stating that “case study research does not aspire to universal generalizability in the positivist sense” (p. 85). This study focused on discussions with participants until the point of saturation, where no new codes, patterns or themes are emerging. The study incorporated semi structured conversations, whereby a script was used, but only as a list of indicative questions to guide the facilitation of the conversations (see Appendix One). I interviewed eight participants, conducting in-depth interviews in which the semi structured conversations took place. In the interview, transcription, and especially in the analysis, I watched for patterns, and then repetition.

This research sought stories of survival, a focus that could imply narrative analysis as a methodology (Bird et al., 2009). This was rejected as the methodological approach in favour of thematic analysis within a case study method, because the content area is focused, where specific threads will be explored, rather than a general story focus that narrative analysis may be more suited to. Having said that, the biography and autobiography arm of the triangulated data sources used narrative analysis, within the broader case study framework, as this source was more suited to such an analysis method.

The interview data in the current study was analysed using qualitative procedures common for case study research, including constant comparative analysis, theoretical sampling, and theoretical coding (Willig, 2001; Yin, 2009). This allowed the cases to be considered individually, but for common and alternative themes to be developed in order to address the research questions.

Ethical clearance and considerations

Ethical clearance was required for this study, as is the norm for any study involving people. This study was given ethical approval by Victoria University's Ethics Committee prior to interviewing (the approval letter is found in Appendix Two). The ethics application for research involving human subjects required the completion of an Ethics Application to the standard required by the National Health and Medical Research Council (NHMRC). I was also guided by the Guidelines for Ethical Research in Indigenous Studies, from the Australian Institute of Aboriginal and Torres Strait Islander Studies, (2014) and the National Health and Medical Research Council guidelines for Aboriginal Research (N.H.M.R.C, 2003).

Given that research in the past has been problematic in Indigenous communities, ethical considerations become paramount. In addition to the usual ethical considerations such as confidentiality of data, informed consent, and ensuring that no harm is done to participants there are specific considerations resulting from working with Indigenous people. These types of additional considerations will be discussed further in this thesis, but specifically in the next section.

Ensuring anonymity and confidentiality

All participation in interviews for this research was voluntary. Participants were asked to nominate further people for interviews. The information for participants clearly explained that they were free to discontinue participation at any time, names and locations of participants would not be disclosed and no personal or location-specific identifying information is used in the thesis.

Vulnerability, power and control

Edward Said (1993) described the concept of “*cultural imperialism*” and explored the way that race and identity are constructed in our society. Cultural imperialism describes the way one cultural group imposes its values on another. Said (1993) suggested that “the power to narrate, or to block other narratives from forming and emerging, is very important to culture and imperialism, and constitutes one of the main connections between them” (p. xiii).

Research is sometimes infused with the narrative of the researcher. For example, the identity of a researcher who is a non-Aboriginal person may make the research findings a type of narrative of the coloniser (depending upon the researcher and their ethnic or cultural background). Ethical deliberations and planning must include a consideration of the history of Aboriginal peoples; as Knight et al (2009) state “for many Indigenous communities, past research practices influence the participation in research today” (p. 473). This is because of past research practices where health research was linked with colonisation and its effects. Indigenous Australians have been at times over-researched, undercompensated, and sometimes treated very badly by research teams (Knight et al., 2009). In addition, power relationships exist. Because of this, academics need to be able to reflect on their personal and institutional power (Wallerstein & Duran, 2010). In academia, the continued overrepresentation and predominance of white academics may reflect institutional biases against faculty of colour (Wallerstein & Duran, 2010). These comments describe the American context but they have strong validity for Australia’s Indigenous population.

Researchers need to take this into account. Researchers need to avoid coercing the subjects to partake in the research (whether intended or not). The researchers need to ensure that the participants clearly know that they have the right to withdraw if they

choose, without any fear of retribution. They also need to know that they have access to data at all times, in order to validate or contradict it as necessary.

Saunders, West, and Usher (2010) “...contend that Indigenous people have an obligation to conduct research in ways that respect the values and traditions of Indigenous people” (p. 3). Wallerstein and Duran (2010) write of the lack of trust between researcher/the academy and Indigenous communities. They call for policies that can work towards equalising power relations; that can create environments that foster trust (Wallerstein & Duran, 2010).

Do psychologists have an ethical imperative to commit to change? As has been discussed previously in this thesis, psychology itself has stated that it needs to change, and that it needs to address its past role as an agent of the dominant culture. This suggests an ethical duty to commit to change. Psychology has made inroads into this commitment but there is much more to be done;

Psychology is still to fulfil its potential as a science that is relevant to the real world. Alternative epistemologies and methodologies remain predominantly at the margins within psychological research, yet these highlight the importance of context, which should not be relegated to the background, controlled for, or ignored. (Breen & Darlaston-Jones, 2010, p. 74)

Interview Setting

The participants were interviewed in a location in which they felt comfortable. It was recognised that these interviews should not be rushed, as for many Indigenous people it is important to take the time to build connections between interviewers and key informants (Smith, 1999). Smith’s (1999) quote on the history of research in Australia with First Nations people was used as a guide for me in my approach, even though I am

myself Indigenous: “The ways in which scientific research is implicated in the worst excesses of colonialism remains a powerful remembered history for many of the world’s colonized peoples” (p. 1). Indigenous peoples still have many unresolved issues of trust regarding research. It is therefore culturally appropriate to take the time to build rapport and trust, thus these interviews required more time than interviews may take with non-Indigenous subjects.

I used the script as a prompt (see Appendix One) that listed questions around resilience and survival, but I was very aware that I wanted the nature of the discussion to be organic, that is, to be unrushed, free, respectful, and in-depth. I only used the script to prompt further discussion if necessary, or if I felt that a topic needed more exploration.

The fact that I am a First Nations Australian helped immensely with the interviews, and the fact that I am a psychologist helped with my interview skills, my verbal and non-verbal communication, and my empathy. This, I feel, facilitated the information sharing and flow within what could have been a very clinical session.

Participant selection.

Consultation and Recruitment

The sampling used in this research can be categorised as non-probability sampling, in that the probability of the potential research participants being selected is not known in advance, and the findings cannot be generalised (Liamputtong, 2010). Purposive sampling was used, where information-rich cases were selected to be studied in-depth.

After consultation with Indigenous academic peers, a cohort of Elders was chosen (even if self-presenting, see below for criteria) and approached for consent to participate. Indigenous Elders were interviewed (*I will continue to use ‘Elder’ but please note that for*

the purposes of this research Elders are defined as older First Nations Australians with extensive life experiences through adversities).

These Elders came from a wide variety of locations around Australia. It was important for this research to collect information from a wide variety of sources, as this will help underpin the uniqueness of the Australian Indigenous experience. These people were Aboriginal men and women of Australia, their ages ranging from above thirty years of age onwards. Most participants were active members of Aboriginal health networks around Australia, and most would have completed formal training in the area of Aboriginal health and community development.

Participants were contacted directly by phone, letter or email and they were given an initial description of the project and their potential roles. Some of the participants were drawn from a cohort of people who had already indicated that they wanted to be part of the study, having heard about it by word of mouth.

The recruitment process included self-presenting volunteers, and subsequent snowballing (participants suggest other people who may be interested in participating). I conducted interviews with eight participants. After eight interviews, I decided whether I needed to do more (see discussions about saturation elsewhere in this chapter). After every interview, I asked for the name of someone else that the respondent thought would be suitable to be interviewed.

This type of ‘link-tracing’ is a method to help the interviewer to incorporate other participants into the data collection process, so that the sample can be extended. This type of sampling can be a sound method to use with First Nations peoples, as it is a powerful way of ‘tapping into’ the networks that are part of the culture. Given the mistrust of research and the academy that has been outlined previously; gaining access to Aboriginal participants can be more difficult than some other research cohorts.

Interviews were taped, after permission from the subjects was gained. The interviews were then transcribed and coded. The transcriptions were forwarded to the participants, to allow the participant to check them for accuracy, in an 'opt in' system. In the interview, the transcription, and especially in the analysis, I watched for patterns, and then repetition. After multiple repetitions across multiple sources (within and across questions, and participants) I considered (in consultation with colleagues and my supervision team) that the data had reached saturation. This then ruled out further interviews.

Supervisor and Peer validation of the coding process

A part of the process of ensuring my skills as a qualitative researcher was to initially code a transcript from one of the in-depth interviews. I then, separately, gave the complete coded transcript to my (at the time) supervisor and secondary supervisor. They both independently coded the transcript, and then scrutinised how I had coded my copy. In addition to this process, I also presented a seminar series at a post graduate research intensive school at the University where I was both a lecturer and a post graduate student. This series was by invitation from my peers (post graduate research students), as they wanted to know more about the use of a spread-sheet system (that I had developed) for organising analyses. The presentations stimulated many questions from interested parties about my process, which included a system of organising the codes, the corresponding parts of the transcripts, the thematic analysis, and the 'quotable quotes' all in one spread-sheet. The benefit of this series of seminars was to highlight the rigour of my coding and analysis; I put myself under the scrutiny of my peers and my secondary supervisor by making these presentations. It became a way of having to articulate and 'defend' my methods, to my peers and supervisor. This reinforced confidence in my methods, and

enabled my secondary supervisor to gain an intimate snapshot into exactly what I was doing with the data, in a way she could not have deduced simply from supervision sessions.

A checking procedure embedded within the interviews, and member checking of the coding

As a researcher, I was committed to robust, dependable results. A technique I used for all interviews was to harness the immediacy of the interview itself to check my interpretations of what was being said. The transcripts indicate how often I would state questions similar in content to ‘I just want to check here that I am interpreting your answer correctly...Are you saying...?’ I wanted to know that I was processing the content effectively and correctly, but I also wanted the participant to be assured that I was hearing what they were saying, so that they could ‘rest assured’ of this.

Another strategy I used was to give the participants the opportunity to receive a transcript copy, so that they had an opportunity to have a voice as to what they didn’t want to be quoted on. They also had the opportunity to get a copy of the way the transcript had been coded. This is a form of respondent validation, or member checking.

These strategies were important for a number of reasons. It is respectful and inclusive. It is a decolonising method that aims to be empowering for the participant. I have discussed previously how important it is to break down barriers when researching with Indigenous peoples; research in the past has not been empowering for Indigenous Australians.

An Introduction to the Interviewees.

First Nations Australians are a minority in Australia, making up approximately 2.5% of the total Australian population, and in 2006, there were a total of 517,000 First Nation Australians (Australian Bureau of Statistics, 2009). This population size is small, and therefore some issues arise, such as confidentiality, and the possibility of inadvertent identification possibilities, given the small number of Indigenous Australians. Because of the links and communication channels within family, and between the extended family and communities, this study warrants a robust commitment to confidentiality. It is important, not only to de-identify names, but to de-identify other details such as age, location and clan. Therefore I will be using pseudonyms for the participants. If there are any identifiable markers of a participant's identity then this could breach confidentiality. Due to what I consider a heightened risk of possible identification (for example, if an interviewee is described as being a past social worker who grew up in Grafton, but is now a University lecturer, then this would narrow down possible participants much more than non-Indigenous respondents would be), I do not give specifics such as exact ages, names, or any other details that I feel could be composited into a narrowing down of identities. However, I do introduce the participants with as much detail as possible.

The interviewees' ages ranged from late thirties to eighties. Even though many of these participants are Elders in their clan and/or community, I usually refer to them as 'older First Nations Australians' rather than Elders. I have done this because the concept of who is an Elder is complicated; for example, some people may call themselves an Elder, but whether this title was bestowed by their community and/or clan is sometimes not clear.

Of the eight interviewees, two were male, and six were female. They came from various locations within Australia, and I travelled to interview them in their home country, or where they felt most comfortable being interviewed. The location and setting of the interview was their decision.

Interviewee One – Sophie

Sophie is a lady in her forties. She is very well educated, and very articulate. She has worked in the field of Aboriginal education for a number of years and has strong ties to her community, her family and her extended family. She is also very cognisant of her history; she can discuss her clans, linkages and spirituality easily and in great detail. Sophie grew up in a large family, and has been seen as a ‘trail blazer’ within her family, in regard to education, travel, moving away from her community, and so on.

Interviewee Two – Victoria

Victoria and Sophie have a number of similarities in regard to education, upbringing and personality. Victoria is in her fifties, and she is well regarded in her career, by her community and within her family. Victoria is very aware of her history and her family details, and is very articulate and well educated. Victoria is very insightful and reflexive on not only her history, but where she is now and where she wants to be in the future. Also, similarly again to Sophie, she is seen as a ‘trail blazer’ within her family.

Interviewee Three – Stanley

Stanley is the oldest of the participants; he is in his eighties. He was born in a remote area, and lived most of his formative years in rural and remote areas. Stanley

comes from a very large family, and knows many details about his linkages and family tree. He is articulate and passionate about recounting his story. He has many anecdotes and narratives around his upbringing and extended family. He can recount in great detail life from many years ago, and is very exact about telling stories of adversity; his stories of racism and attitudes to Aboriginal Australians in rural and remote areas 70 years ago are valuable. Stanley is a very considered man, and many of the issues discussed in the interview were issues he had pondered previously.

Interviewee Four – Helena

Helena is a lady in her sixties. She grew up in a medium sized family. She describes her life as ‘a gypsy life’ as she and her family moved around during her childhood. She has very strong links to her mother’s side of the family, where her Aboriginal heritage is. She is still close to her siblings and takes pride in her Aboriginal identity. She currently works with First Nations Australians in a high-level position.

Interviewee Five – Suzanne

Suzanne is in her thirties. Suzanne is easily identifiable as Aboriginal, however, she was raised in a context of interrupted cultural knowledge of her Aboriginality. This was not a result of the Stolen Generations, but rather from her family fearing the consequences of racism if they embraced their culture. She comes from a very large family. Suzanne was raised in extreme poverty and in the context of alcohol and other drug abuse and domestic violence. She had a very difficult upbringing, and is determined to break this cycle.

Interviewee Six – John

John is a man in his fifties. John, of all the interviewees, is the one with most knowledge and detail of not only his family and extended family, but the details of other families and clans and linkages. John is very well educated, and has worked in education for many years. John is very close to his mother, who is a local Elder. He and his mother are both well respected and both act as a vital resource for their local community.

Interviewee Seven – Beatrice

Beatrice is in her late sixties. She is a lady who embraces her culture and her art. She is very creative, very spiritual and very articulate. Even though Beatrice is easily identifiable as Aboriginal, she was raised in a time where many people did not embrace their Aboriginality, and she recounts that she left it until her forties to explore this facet of her identity. She paints daily and all of her paintings are spiritually based, with Aboriginal content and meaning. She currently works with her local Aboriginal people.

Interviewee Eight – Annabelle

Annabelle is in her thirties, is from a large family and was raised in rural Australia. Annabelle has been through many adversities and seems to have constantly struggled from crisis to crisis. She is a very strong woman, and does not usually let these various crises depress her. She uses humour very effectively to cope with the adversities and to link with others. Annabelle has a young son, and is committed to breaking the cycle of death, drugs and domestic violence that she has had to navigate.

Specific Results from the in-depth interviews

This research undertook an analysis of the ability of Indigenous people to ‘bounce back’ after adversity. It reviewed the term resilience, as it is usually defined within Western paradigms, and compared it with First Nations Australian constructions of the term. In part, this research asked the question, what is it to be resilient, according to Indigenous Australians?

Results for specific questions concerning definitions and terms will be discussed under the following research questions sub-headings. This relates to the structured part of the interviews, as the interviews were semi-structured. The specific findings, in regard to script questions that were asked around the concepts of ‘resilience’ and ‘survival’ will be reported on. This is separate from the resultant themes, which will be reported on after these specific results.

1. What does the term resilience mean for Aboriginal people (from an Australian Aboriginal perspective)? How is resilience experienced by Indigenous Australians? How does this compare to the Western definition of resilience?

The results of the interviews suggest a preference for consultation with First Nations Australians in regard to concepts. The other important commonality of the answers from the respondents is that most mentioned the word ‘survival’ in their answer to these prompt questions. Other commonalities include the concept of hope; and the ability to look at the positives.

The following quotes are indicative responses from the participants, in regard to the term resilience:

Helena:

Well from that I would say we have such strong spirit and we've been put down.

We've been almost, you know, we've been taken away from our culture, um, our languages were denied, our um, our way, our spiritual ways were denied in so many ways and yet we survived and it's because of that strong ancient spirit that's within us. It's that ancestral energy. And that will never be taken away and it'll never be killed. Nothing can kill it. It will always be there.

Helena saw resilience and spirit in the same light: "It's a strength. It's strength."

Despite the adversities, despite the deaths and sickness and various effects of disadvantage, the strength to survive was present. An important point that she is making here is that not everyone is resilient; not everyone survives.

Helena equates this with our spirit as First Nations Australians.

Victoria:

Again, I think it's a resilience that people who have been able to stand up constantly, year after year after year. I mean, I know for many of us, surviving is what you do because you've got no other choice. You know, it's surviving or dying. And I know a lot of our people choose to die. Resilience is still to be able to stay hopeful through all of that. All the knockbacks. All the relatives you see dying. All the abuse. All the other things that people cope with in their lives. And when I talk with many people, and you know the tragedy in many people's lives is just completely overwhelming. Yeah.

Victoria, as Helena did, considers the adversities, conditions and contexts that First Nations Australians must endure to survive. Victoria sees that ability to stay hopeful as critical; there are many adversities:

And yet, some of those, especially our old people, especially our old people, you know, you know their stories, and yet they're still hopeful. And they're still warm. And they're still forgiving. And they're still loving. And, to me, I think that's wonderful. And that's resilience.

This awe for the ability of First Nations Australians to continue to have hope is clear in Victoria's interview.

Suzanne:

Oh look, I think resilience is very understated for Aboriginal people. We don't realise how resilient we really are. I mean 200 years down the track, we are still here, they haven't gotten rid of us, so man there has got to be- we have to be resilient people to still be here. To still be fighting and to still have our own identity.

Suzanne's interview echoes that of Victoria's – that same sense of awe that First Nations Australians can on the one hand be experiencing such adversities, while on the other managing to stay hopeful, fight, and retain identity. Importantly, Suzanne highlights a point raised previously in this thesis; the resilience of First Nations Australians is under-acknowledged, understated, and under-recognised.

John:

Ah resilience, to resist, to have the psychological and physical and knowledge to be able to forge forward against the odds and also the ability to be able to pass on, pass that on to the next generation in order for your culture, or your struggle, whatever it might be to survive into the future you know?

John, as most interviewees did, raises the word survival even when specifically asked only about resilience. It is a tenet of this thesis that resilience and survival are similar concepts when used with First Nations Australians, and the manner in which the

participants use both terms, the fact that they use them interchangeably, and the fact that they discuss one even when asked about the other, tends to support this.

Annabelle:

Resilience from an Aboriginal perspective is that I can look at the world and I can laugh. I think a lot of Aboriginal people actually have that. Maybe it's a sick sense of humour but I see that as a big thing for me. Like I can laugh my way through a lot of stuff and it's not always about being disrespectful. It's like, yeah.

Annabelle raises an important point here; humour is an entrenched and important part of how First Nations people cope and survive through adversity. Humour, or more specifically, a distinct sense of humour, is also an important 'linkage' mechanism for First Nations Australians, and this will be discussed later in this thesis.

I note that 'Spirituality' was raised by more than one participant when asked about survival. I make note of this because this can illustrate that Aboriginal spirituality can be linked to the concept of resilience. This relates to the thesis questions around a possible link between the constructs 'survival' and 'resilience'. This link, where the terms are used by some Indigenous Australians interchangeably, was made by some participants before the next prompt question was raised. The next question therefore raises a clarifying prompt for an already existing link.

2. How well does resilience, as a Western psychological construct, map onto Indigenous people's experiences and understanding of survival.

The concepts of survival and resilience can be linked for First Nations Australians. As discussed previously, they can be used interchangeably, or can be linked even when only one concept is being discussed. Resilience as a concept was raised with the participants first (see subsection one above) and almost all the participants used the word 'survival' before this current question. This question then fortuitously became a useful

way of following up, elucidating or extrapolating the use of the term in answer to the previous question.

Stanley: “Well, you have to be resilient to survive.”

Suzanne: “Well, I mean if you don't have that resilience, you are not going to survive. You are either going to die or you are going to be swallowed up and you are not going to exist anymore. So resilience, yeah, man you have got to have that.”

Victoria:

So, from the Tasmanian perspective, it's, I am amazed that we have survived with an identity intact. And I am really proud of my family for keeping that identity intact, even through those generations when they were the only Aboriginal people in town. And it would have been so easy just to sort of push that aside. And, but, of course, they're always under dual pressure to push us aside, but nobody lets them forget either. Now I know from a lot of it, I haven't had... survival is just getting through, and it upsets me, for many Aboriginal people, Tasmanian and otherwise, survival is just that. It's just surviving. And not well. But I would like to see survival being doing well, you know. As Aboriginal people holding positions of power within our society, and Australia becoming more Aboriginal, rather than Aborigines becoming more Australian.

Sophie: [if I was to say survival to you what would it mean for you as an Aboriginal woman, in your perspective?]

I would picture myself either hanging off the edge of a cliff. The word survival means I'm almost ready to fall. I've run out of resources, I've run out of options, I'm closing down, I'm losing grip. The other way I'd say it is about swimming and going under, almost going under. That's how I would – that's the metaphor that I would use in the word survival. That I feel like I'm losing my options, losing my

agency, losing my resources and not much else available to me. Basically ‘going down’. Now resilience on the other hand would mean that a piece of driftwood comes by and I grab it and hang on to it. Yeah, or someone says, ‘if you stand on your toes, if you feel like you’re hanging off a cliff, just point your toes and you’ll actually find that you’re standing on another ledge or something else like that’.

Sophie does not like the term ‘survival’, as for her it triggers a sense of frustration: And I think like for me, if you’ve survived it means you’ve come out of it broken and bent out of shape and now you’ve got to recover. I actually think about, that’s where my great grandparent would have faced that. But they did what they could in that physical survival to ensure that spiritual survival – I’m going to go back to that word, I’m going to use that one [spirituality] – was always instilled and available for us.

John:

Resilience and survival – yeah they are both, they both seem to be identical to me but to be able to survive, we can say the Holocaust, we can use the Holocaust for example you know? For them lads to survive okay, you would have had to, they would have had to need the will to be able to do it alright? In other words, the resilience to be able to cope with what was happening to them alright? Same with us. But in terms of bouncing back which you spoke about earlier, you also need to have a psychological will to be able to do that as well. Now, during the days of reserves, surviving on those reserves was one thing but when they abolished those reserves you are practically left on your own to survive in a white society without the appropriate skills or knowledge to be able to do that or teachings to be able to help you do that, so I suppose you had to bounce back using the most appropriate strategies as possible. Because once the white fella just withdrew from those places

you were practically left to defend on your own you know? To be able to get a job with white fellas wasn't an easy thing to do, do you know what I mean? Especially during the great depression and that, would have been even harder for black fellas to get a job, in regards to everybody, but after the reserves [missions and reserves were tracts of land, usually on the outskirts of towns, set up to 'protect' Aboriginal Australians; churches administered missions, and reserves were administered by Government in Australia] went in 1967, I think those popular myths about us, would have still been very strong in those days, so the means of bouncing back, a lot of the old fellas got a fishing licence and went into their own business and caught their own fish and that, you know? Because they knew and you probably know how difficult it would have been to get a job amongst white fellas you know, so they would have been, they were making boomerangs for example and selling them as a business, they did a lot of that and the women made shell work and sold those as a means of survival, so I suppose you know from where I come from [location deleted to protect anonymity of participant] that's a good example of our people using their resilience to bounce back and survive in the society which withdrew its patronage, its resources at the time, you know? Yeah it takes a lot of intelligence to be able to do that, particularly when you've been oppressed most of your life. Like some of them old fellas that I just mentioned used to make boomerangs and shell work and catch their own fish and sell it as a business and to feed themselves, they wanted to be pretty smart to be able to do that you know? Particularly when most of your life from the day you was born, you have been subjected to this overwhelming dominance by a race of people other than your own.

Beatrice: [If I was to say 'survival' to you, what would it mean to you from an Aboriginal perspective?]. "Resilience. Because you can have all the courage and honour

in the world, and faith, but if you don't have the resilience to stand there and push through, push on..." [So you would equate them pretty much the same]. "Yes." Beatrice, as with other participants, is equating survival and resilience in a similar vein.

Annabelle:

Learning how to cope with the bad times. Learning to know that the bad times come into your life and they will eventually get out of your life. And thinking about the good things in your life while you're going through the bad stuff. I think that's it. I could let everything that's happened in my life pull me down, I could turn into a worthless pile of mess in the gutter and someone come along and say, 'why' and I told them half of my life story and they could probably think, 'well yeah, you have been through a lot'. But I've just always looked on the up side of life; I laughed a lot of it off. And it doesn't mean to be disrespectful but that's something for me.

Annabelle, as has been discussed previously, uses humour as a way of coping with adversity. Her comment 'I laughed a lot of it off' is indicative of this. A big part of this coping strategy for Annabelle is the lessons learnt from her parents, especially from her mother who died when Annabelle was 15; the idea that bad things happen, feel the emotions, let them back out, but then get up and move on.

3. Is survival, as it is experienced by Indigenous people, a similar concept to the Western construct of resilience?

It seems to be a common response from the participants that survival and resilience are similar in their conceptions. This had already emerged, as stated previously. When asked about resilience, many interviewees answered in terms of survival. The terms seem to be interchangeable, and linked.

Victoria: Victoria considered that there is a spectrum linking these constructs, where survival is at one end, thriving at the other, and resilience is a driving force on the continuum; “Well, resilience is probably the force. So, if you’ve sort of got, yeah, that, what moves you from survival through to thriving. Yep. You know. It’s the active part of it [the driving force].” This spectrum will be discussed more in the section titled ‘A discussion around narratives of agency’.

I have discussed earlier the point that Sophie did not find the term ‘survival’ to be satisfactory as for her it had negative connotations. A large part of the emergent themes from Sophie’s interview relate to a frustration at what she perceives to be a lack of progress with Indigenous issues. I will describe the theme here as the ‘now what?’ theme. We are resilient; we have survived, but now what? I will also discuss this further in the ‘discussion around narratives of agency’ section of this thesis.

John:

I think it is part of your instinct, your human instinct to survive. Like when we were on reserves, we was on survival mode, you know we only had to, there was only rations; tea, sugar and flour and we used to share with one another, we used to strategise, we knew how to survive physically by sharing stuff, but that was driven by a very strong survival mode...And to me that’s resilience you know? The strength to be able to, and the will to be able to, survive against all the odds.

John, as with most other participants, equates ‘survival’ with the Western construct of ‘resilience’.

Beatrice: [So you're equating resilience and survival as pretty much the same thing, and if you had to explain that to somebody as what you mean by that, what would you say?] “I’d bring it back to the courage to keep going, the ability, and yeah, the ability

just to keep moving. It's not easy to keep moving, you can give up but if you keep moving, something has to give.”

As with John and the other participants mentioned, this participant largely linked survival and resilience.

Annabelle:

You look at your life and look at my life, look at people we know lives, who are Aboriginal. We see, all that we talked about, how we're getting through adversity and we see that individually but when we look at us as a people we see that as well. It's like our lives are a metaphor for what's happening with us as Aboriginal people as well. And that's what you're saying about this getting through, surviving, which links with what we talked about survival and resilience. So what is it, what is the essence of that, what is it that?

In essence, Annabelle's comments are that survival equates or relates to resilience; and in turn resilience equates or relates to survival.

Resultant Themes from the interviews

The themes that emerged from the semi structured interviews, around how these older First Nations Australians lived through adversities, were around narratives of (1) adversity, of (2) linkage, of (3) insight, and (4) narratives of agency.

Theme One - Narratives of Adversity

The theme of adversity is emergent and salient from the data in its own right; however it is also more than a theme: it is a *context* that 'encases' the other emergent themes. These adversities include the effects of the Stolen Generations, the transgenerational transmissions of trauma, and the effects of past and present racism. Grief and loss issues were a salient sub-theme for all interviewees.

One of the participants, Beatrice, spoke of the lessons she had learnt, reflecting on how she ‘got through’. She stated that it was

...courage, I’ve got a lot of courage, I’ve got a lot of resilience, the things that are important are courage, resilience, honour, truth, not to be judgmental, you know, I think courage because I had a hard life, a really bad one, but somehow I got through it, and that took courage to do that.

Beatrice discussed what led her to these insights through the adversity, and she states:

...so I was fighting myself, not anybody else, fighting myself and you know, I was pissed-off at my mother, ‘you should have told me I didn’t have to get married’, then I could have had a career and da da da. I said it was always everybody else, and then that realisation as well, [respondent’s own name, withheld for confidentiality] you’re the only one that can fix it up.

A different respondent, Annabelle, talked to me about her journey. She accessed her grief at the interview time, and it felt as if she was feeling a lot of emotions she perhaps had never verbalised before. She talked about her mother, an Aboriginal lady who had died when the respondent was only 15. This story illustrates the tragedies some people have to endure, and also speaks to the transgenerational nature of these tragedies, and the legacies that are passed down the line. She went on to talk about the lessons learnt from her mother, which illustrates that transgenerational transmission can also be the transmitter of some very positive things. Annabelle saw her mother live through adversities, and even though she had seen her own mother die when she was only young, Annabelle chose to see the lessons her mother modelled; she took guidance from her mother’s words of advice, and modelled her mothers’ positive attitude to life.

The adversities recounted and discussed in the interviews were many and varied, but the salient themes generated to encompass this theme (or perhaps ‘context’) include the effects of colonisation and the role of systems in this adversity.

The various effects of colonisation that were raised by the participants in the in-depth interviews included many stories relating to the Stolen Generations. The Stolen Generations refer to the generations of First Nations Australians who were forcibly removed (or who were affected by these removals) by the State, Territory and Australian Governments. The interviewees spoke of religious agendas, of missions or reserves that they or their family were forced to live in, and they spoke of the protection board era, genocide, and the constant fear of scrutiny – would you or yours be the next to be forcibly removed?

The ongoing effects of colonisation were salient in the interviews undertaken in this thesis. These effects can be perpetuated via transgenerational transmission. The participants discussed such things as unresolved anger, cycles that were perpetuated, suppressed grief, suppressed emotions, addictions, coping (the ‘having to cope’ as the adversities were so regular, constant, and major), and the need to make difficult decisions for self-care.

The participants also discussed the multiple challenges of life, as First Nations Australians living in a dominant society, and as a minority group. They mentioned domestic violence as a common issue, and they considered family dysfunction/family upheaval (which included fractured families, and lost childhoods).

A type of passive lateral violence is an issue that was salient as well, in regard to the ‘handing down’ of racism, and how that racism can begin to infiltrate how you think about yourself and how you think about your family, clan, and community. Sophie, for example, recounted her experiences with prejudice from her own clan;

Yeah, they judged me by my skin colour and that I don't have my language. You know, the great anthropological canon [criterion or 'decree' by which we are judged]. You know, I don't speak my first language [her Clan language or dialect]; English is it and Aboriginal language [a version of Aboriginal English]. I've got brownish kind of skin and that kind of thing. So they must have assumed that folk who look like the same as me don't know who they are and don't know where they come from.

Interestingly, and perhaps controversially, family was a salient theme. Family of course was a theme of strength, a theme of identity, and was discussed as a source of better coping for the participants. However, 'family' was, at times, also discussed as a negative. Family could be detrimental to development, with some interviewees telling of their experiences with dysfunctional family members who actively fought against them attempting to 'change the status quo'.

Discussions with the interviewees also highlighted the mental health issues that have arisen from the various stressors of life as a First Nations Australian. John discusses the various effects of postcolonial life and the pressures of dealing with family who are traumatised:

The hardest part is convincing them they've got a problem in the first place, getting them to admit it and them just refusing help, thinking that everything's okay and whatever problem they've got is just going to go away in time, you know, but it could go away in time but between then and now, they're still going to need a lot of support because these things are really overwhelming. They might hit the grog or I don't know, commit a crime or something, you know, without properly thinking about things you know? So it's very hard trying to keep someone psychologically

well particularly when you're not a psychologist yourself you know and particularly when they won't deal with a psychologist, they'd prefer to talk to you, so...

One unexpected stressor was pressure from Elders, in regard to role expectations and obligations. For example, John recounts that

It's an enormous impact because sometimes the older people in the family expect you to take on that role too [counsellor and advisor to family and community] and you just haven't got, of course you're not a professional psychologist or psychiatrist yourself, you just haven't got the knowledge or the tools or the resources to be able to help them move from where they are now to where you actually want to see them you know?

Many of these stories of adversity have a common base in racism. The racism of the past still has effects (such as those transmitted transgenerationally, which have been mentioned previously) and this is complicated further by current manifestations of racism.

Emerging themes here included the effects of the dominant culture and dominant paradigms, and the overlaying of assumptions, and stereotypes, on First Nations Australians. For example, living, working and maintaining an identity is hard under a dominant culture. Identity issues include the past forced disconnection from culture, the denial of language, and the subsequent internalised racism (and self-criticism), that can arise. Past policy was a threat to identity, but the current day-to-day functioning in a dominant culture, as a minority, can result in assaults on identity, including the constant need to redefine and defend your identity, therefore having to fight for your distinct identity.

As members of a minority, and as members of a group of colonised people, the interviewees felt they had a lack of control and power (disempowerment, powerlessness), in their lives. They reported a constant need to rally against the stigma of being Aboriginal in a racist society; of fighting for basic rights, and for social justice; and of having to fight against a constant lack of respect. They reported various episodes of cultural conflict, especially when dealing with differing worldviews.

Many felt the pressure of being a First Nations Australian having to work in a mainstream organisation, and the ‘working in two-worlds’ aspects of this. Many interviewees considered that people they dealt with were committed to the maintenance of the status quo (of organisations, and of a racist society), at the expense of both innovation and respect for minorities and the views of others.

Other issues that arose in relation to the adversities the interviewees recounted were issues of self-sabotage (relating to feelings of worthlessness as a result of racism – internalised racism is discussed elsewhere in this thesis), stolen wages (under law, funds were held by employees or State Governments in trust for First Nations Australians, and these funds were rarely or never returned), poverty, disadvantage, marginalisation, oppression and the pressures of conformity, indoctrination, and the differential treatment and extra scrutiny one receives as a First Nations Australian. Other salient issues around adversities included the “waiting for racism to happen”, the violence (or threat of violence) in relation to how racism may manifest, and the ongoing personal drain that racism and operating in ‘two worlds’ has on the individual.

Identity here is discussed in relation to the theme of adversity and racism. Identity also emerged under the separate theme of linkage, which will be discussed within the Narratives of Linkage section.

Another often overlooked result of adversities such as racism is recounted by more than one interviewee; that of feeling the need to relocate, away from family, and from home country. Such moves were necessitated by the striving for a better life, and to escape racism. Such moves were also associated with the perceived need to break the cycles of abuse, poverty and hopelessness. Annabelle commented on her forthcoming move from a country town to the city, "...we're going to receive racism for being Indigenous people regardless of where we're at, I really feel that, but down here [the city] it's not as bad as a country town". And in turn, Annabelle had already been moved from her family's country, her Clan's land, as a child by her parents. Her parents had made a decision, perhaps similar to the one she was now making; to move to avoid discrimination, racism, and 'small town mentalities'. She states,

I suppose I can make a link that why they moved, because looking back now [town name deleted to protect confidentiality] was a fairly racist town and even today, from some of the stuff that I look at, it's a very predominantly split town. So maybe that had underlying issues as to why they moved. I really can't see why. I know why I want to move my son from [town name deleted] to Sydney; I don't want my son to go through discrimination that I have received in a small country town.

While the motives for such moves are understandable, these moves often also meant moves away from support networks, family units, and cultural contexts. These decisions to move were not made lightly; the interviewees felt they had to make hard decisions, often for the good of their children. Beatrice left Queensland with her youngest son, who was 13 at the time. Beatrice tells her story, "That was the other reason I needed to leave [town name deleted to maintain confidentiality], because Jo Bjelke Peterson [the

Queensland Premier at the time] was in at the time and Aboriginal people had no rights at all.” Beatrice continues stating that:

the thing that hit me the most when I got to Sydney and I'd started work... and I realised that Aboriginal people did have rights and that NSW Aboriginal people had a voice, and to me that was the most amazing thing, having come from here [QLD], you know. Because we were always taught ‘don't rock the boat’, ‘just walk away when they make remarks’ and da, da, da, da, you know. So that was an eye-opener, it really was.

One story indicative of ongoing, all-encompassing adversities, was Suzanne's. Her story involved neglect and starvation, dysfunctional role models, interruption or disruptions to culture/knowledge/identity, and her lost childhood, where she had to be the adult. Her story also encompassed upheavals, unsafe living environments, powerlessness, and losses. Suzanne recounts, for example that

I suppose the biggest impact for me, that shaped me as a person, is growing up with mum who was an alcoholic; that obviously had a very big impact on me and all of my brothers and sisters. For me, it determined whether I was going to be influenced by alcohol or domestic violence, dysfunctional family or that sort of stuff and ... Because it was a little country town and lots of people would come and drink at my house... uncles and aunties and stuff like that, so there was always someone there partying and yeah. Mum would end up getting into a fight with one of the boyfriends and they would be bashing her up in the kitchen and we would be there trying to stop them and you know.

Suzanne continues her story, stating that

I think, thinking back on it now, probably the domestic violence was the worst thing of all because I mean it wasn't just domestic violence with my mum bashing her boyfriends or vice versa. It was my brothers doing it to their partners and things like that and being too young to be able to help and to understand.

This quote indicates the transgenerational transmission of issues such as domestic violence. It also therefore illustrates a mechanism for how the effects of the past continue.

A discussion around narratives of adversity

Collective trauma usually refers to groups and communities and their shared reactions to traumatic events. The term is used to illustrate the interruptions or losses to community and the social consequences of these. Mental health can suffer as a result of such disruptions.

An interviewee, Victoria, discussed the close link between survival and resilience in their roles in 'getting through' adversities. She highlighted the devastating events First Nations Australians deal with every day, and spoke to the overwhelming losses experienced. She also spoke with wonder at how we [First Nations Australians] manage to live through this type of adversity. She highlighted the wonder of retaining your humanity despite these adversities. We retain our hope, even during/after trauma and other adversities:

And yet, some of those, especially our old people, you know, you know their stories, and yet they're still hopeful. And they're still warm. And they're still forgiving. And they're still loving. And, to me, I think that's wonderful. And that's resilience.

The experiences of racism are everyday realities for some of the participants.

All participants discussed the entrenched nature of racism in their everyday lives. One participant discusses the impact this has; not just the actual racism, but the ongoing pressure of an expectation of racism. Stanley states “But everywhere you go, you go somewhere and there'll be some comment to let you know that they're nervous that you're an Aboriginal”. The participant speaks of empowerment; of not allowing racism to define him:

but I'm no longer a victim of it, and we didn't allow ourselves to become victims of it, that had been, we challenged it all the way through. But very conscious of it. But even today, I'll walk into a room full of people today and I'm expecting that somebody's going to make a comment about Aboriginals somewhere along the line.

The Elders reiterated a phenomenon described in other writing by Aboriginal people, that racism is “every day”. Such an assertion is powerful and illustrates the magnitude of the issues being discussed; we are not talking of discrete, separate incidents of violence or racism or derision. The everyday reality for many people is that this context is constant. This theme came through from the participant interviews, many stating how draining it was to have to deal with this extra layer of complication in their lives. Significantly, what also emerged from the data was the additional stress of waiting for the racism to manifest; expecting it. This means that many people are constantly almost in a ‘state of arousal’, so that when the taunt or the jibe or the dismissive look comes, they are prepared. One participant recounts a particular time and place in his life where he felt racism was not an issue. In his recounting of this, what stood out was the almost idyllic wonder he had. Sadly, this interlude was brief for the participant, but the narrative arc is telling in this research, as it highlights in stark contrast to what the participant had come to expect and experience as normal.

An emergent theme of the current research was the issue of internalised oppression/internalised racism. Passive lateral violence was discussed previously in this theme, where Sophie told of her experiences being prejudged by her own clan. These themes manifested as narratives of adversity subthemes, stemming from the effects of colonisation and subsequent racism. The themes also manifested in the narratives; for example, in the story of Sophie's as she recounts the way she is sometimes treated badly by her own Clan;

But there's a lot of jealousy too I admit and quite frankly I find that quite toxic now. I used to let it bother me, I used to sort of take on too much of what they were saying but I actually started to realise that's more about them than it is about me. And I haven't necessarily changed or replaced who I am in the sense of my connections there but they don't see it that way. And these are people who still live in country, so their social isolation, their political isolation and all the other things that are going on in their lives just adds to where they're not at. And when we turn up, we're always called the uptown blacks. We know that's going to happen so we let it happen and then we just get on with what we get on with.

Although Sophie presents this part of her story with insight and strength, many First Nations Australians are devastated by the implications of this type of exclusion from family and community. Sophie, also, finds this type of treatment more traumatic than the previous quote would indicate. She states that it

can be quite violent actually, in an emotional kind of way because there you've got people who are your blood saying things that you figure that white people would call you and so it cuts quite deeper. But then you've actually got to find a way of separating.

The fact that the sentiments are expressed by your family makes them much harder to hear than hurtful comments are from others.

Theme Two - Narratives of Linkage

Connectedness, the feeling of belonging, and a good sense of self are all common casualties of trauma. Safe places, reconnection and healing are vital if we are to address collective trauma and malignant grief. This was highlighted in the interviews, for example, one interviewee, John, talked of connectedness, and how this was suppressed in a number of ways. ‘Suppressed’, however still present:

A lot of me cousins, you know first and second cousins and that, some real old fellas, mum’s first cousins and that, and they’re all knowledge holders you know? We were directly drawn back to them and do what we can to rejuvenate the culture again. You know a lot of that stuff was silent prior to 1967, you couldn’t practice anything, you couldn’t even speak your own lingo because you’d have your kids taken off you. But 1967 was significant for us and a turning point because we was then able to do something powerful and that was make a decision to decide what we wanted to do instead of being dictated to by the members of the State.

On 27 May 1967 a Federal referendum was held and the public vote was almost unanimous to make changes to the constitution. This meant that Indigenous Australians and non-Indigenous people were all required to follow the same laws, and that Indigenous people would be recognised and counted in all states and territories of Australia in elections and the census. This process was considered by many to be representative of the prevailing movement for political change within Indigenous affairs (Australian Government, 2013; Dudgeon, Wright, Paradies, Garvey, & Walker, 2010).

For all interviewees, a strong theme was the importance they placed on how they linked with others, how they enhanced or valued a sense of belonging, and what this meant to them: Linkage. In coping with adversities, it was important for the participants to forge, value, and maintain various support structures in their lives, such as links with family and friends. A very salient theme was the importance of identity with each participant. Their identity as First Nations Australians, and their identities within this -- their particular clan and what country they were from -- was very important. Therefore, linkages were important for the participants of this study. The various adversities they encountered throughout their lives had been countered by the linkages they held dear.

In some instances, these linkages were the one constant these participants had in their lives. The various adversities we discussed in the previous chapter can be all encompassing for First Nations Australians. This emergent theme was based on *what mattered* to the participants; the sense of belonging, the commonalities and invisible bonds that joined them to their forebears and ancestors, that joined them to their family, and that joined them to their country.

The relationships between family and friends were critical to the larger theme of linkage. The support systems that family and friends add to a person's coping strategies can make the difference between coping with adversity or not. The importance of the extended family also came through the data as an important theme in this. Family was seen as a protective factor by the interviewees. Also, mentors, both within family and otherwise, were seen as protective. The importance of mentoring was identified as important, for learning and for teaching; a sense of obligations and responsibility arose from the interviews around the participants being good role models for their family and community.

Sophie's story indicated her valuing of the support and influence of her family in her journey. Her clans (matrilineal and to a lesser extent patrilineal), and bloodlines were important linkages and points of connection for her. This also relates to identity, but the history of her family, her connections to 'place' and 'country' (including her ancestral lands and her cultural and spiritual obligations to such), were vital to Sophie's sense of self in relation to her cultural context. The linkages she identified as important were vital linkages not just to clan culture and family, but to power. These linkages are empowering. These links helped Sophie develop and value her core resources and aided her 'constant' adaptability. Sophie credited her upbringing to her growth, and her strength as a strong First Nations woman. She also discussed the linkages that spirituality brought her. The spirit of the land, as an Indigenous person, was linked with the source of life and energy; the connection to land brought Sophie a reassurance, a point of reference, and knowledge. These linkages were handed down 'family knowledge', and with the land, Sophie's family was seen as a constant point of reference, and strength.

In the 'narratives of linkage' section the need to move away from family was discussed. The linkages with family and country can be powerful; but they can also be dysfunctional. The link to family and country can be positive, but can still be powerful and sustaining from a distance. Sophie recounted her experiences of relocating as both positive and difficult:

So the thing was though, I learnt more about home by being away from it and I can see that being in far north Queensland that's exactly part of the biggest process, because if I stayed in Brisbane in the supportive family environment, just mulling around certain jobs and achieving certain short term goals and even mid-term goals, I would never have been able to stretch my wings in the way I needed to.

The separation from family was hard on Sophie, but allowed for growth. She values the link to family and to her country, but recognises that sometimes a bit of distance between herself, and her linkages, can be productive: "... my way of viewing that and keeping my culture strong and my sense of self strong is that that country knows me anyway and it doesn't matter where I am." In fact, Sophie saw a need to live away from her 'country', as "...for me I don't necessarily have to live there and I think it might be too powerful for me to live there."

Stanley's story described his family as a buffer against the racism that was rife. The support of family was a vital tool to address the adversities of his earlier life. Stanley also discussed the importance for him of a 'shared humanity', the shared spirit that linked him, his family, and other First Nations Australians. Family proximity was important in this, but the 'need' for this linkage was more than that. He highlighted the need for him to have Aboriginal contact; the importance of seeing Aboriginal faces, of having the linkage around him, as a reassuring 'fixture' [or point of reference] in his life.

For Stanley, music was a way of linking with family but also a way of coping with adversity. This was in the context of the participant discussing with me the racism that was prevalent when he was growing up. The story was to contextualise a scenario the participant recounted to illustrate one example of racism. "Mum and her brothers used to often play for the dances, banjos, gumleaf, bones and accordions, and they'd support the policeman's wife who was a great pianist."

When asked how they learnt to play, Stanley answered that (laughs) they all did, and that's the way people did in those days. Any sort of instrument that was laying about, it was when you get older and you played around and you practice with it. So all of mum's family were, mum and all the brothers

were musical, and mouth organs, accordions, Jews harps and gum leaves and all the rest of it, banjos.

Annabelle's story highlighted the importance to her, as with the other interviewees, of family. She saw family as protective, as role models, and discussed the role of family as an aid or facilitator of personal strength. She, as with other interviewees, linked with her family and extended family, through shared beliefs or activities. For example, religion seemed to help unite the family and to help them to cope with adversities, as did humour. Humour and religion were common linkages, and they both helped Annabelle spiritually and helped her to feel like a part of a collective.

Annabelle was the youngest participant in this study; however she was one who had been through so much adversity. She spoke of the importance of family, both her family of origin and her son. She coped with much of this adversity with humour, but she was also very in tune with the emotions and sadness of the experiences she recounted.

Annabelle's mother and father were both dead, but remained as current role-models for her. She drew on their strength that they had modelled for her when alive, and she, in a way, counselled herself regularly with reminders of what her parents had achieved and the lessons she had learnt from them. Annabelle retold the story of her mother:

I think (I'm going to be teary-eyed) like my mother all my life was a very strong woman. (Sorry). And I'd always seen her go through a lot of stuff you know that were probably really bad. And knowing my mother's history, what she'd gone through, that she still came out and she didn't have - she probably did but she didn't share that with her children, some of the stuff that my mother had been through. And that I suppose some of the things that I took from my Mum was 'stuff happens, you just get up and you just keep going' you know. Like allow it to go inside of you, to give you hurt and emotions but then just let it back out and then

just stand up and keep walking. And that's predominantly my mother. For everything that happened she raised eight children on her own at times. Her three sons were actually taken by the stolen generation.

Annabelle continued:

Those three sons came back to my Mum when she married my Dad, because my brothers aren't, my brothers were to another person. Looking back at all of that, the strength that my mother had as a person. And also my Dad, because imagining back in the 1940/50's when they actually got together, when there was a lot of racism already and having an Aboriginal woman who already had three children. And I use all that and think, these strengths that I get from both my parents, in a lot of respects. And my Dad talked about how him and his brother were in the war and they were in the same location and his brother died while Dad was sitting there next to him and that he did all the stuff and he got through it all. And that's the things that I think, you know, that my parents always taught me. With all the good things in life there will come a lot of horrible things and you need to just get through it.

Annabelle not only relied on the memory of her parents, but drew great strength from her relationships with her other family members, again in the context of great adversity.

In recent years I've lost a couple of brothers, two nieces and a great-nephew within a period of 22 months... And for this time in my life I've actually used a lot of what I've learnt at university to get me through it. And I'm really trying to find the words. Yeah I think some of my own internal Christian values, that we should be grateful that we had them in our lives. Look at everything great that they gave us, and again back to that 'but for the grace of God go I' statement, but I was lucky to have had

my brothers in my life. It was [her whole life]. I was lucky to have them and to hold on to that and appreciate that... What helped? My sisters, yeah my sisters.

Stanley's story indicated how much he valued his Aboriginality, and saw it as both an essence of who he was, and also as a great source of strength. Belonging was an important part of this strength for this participant; the knowing that he was not alone in his struggles.

Well, I think it's about, I'll often say, I'm a pretty up-front sort of a bloke and everything and I say (and I've been looking at this for a long time); I've got the spirituality of my Aboriginal background and the spirituality and the 'knowing' of the support that's there from a ...you belong to a particular group whether you want to be or not, but you belong to that group that's being discriminated against, so you sort of build up a little, yeah, 'I'm not on my own here, I can do that'.

Note here that 'spirituality' was raised by this participant when he was asked about survival, then asked about resilience. He stated that he had been considering this issue for a long time. This shows that Aboriginal spirituality is linked to the concept of resilience.

Annabelle used humour very regularly, and discussed how this humour was, for her, both a defence mechanism, and an outlet for her. She actually made the link between her resilience and the resiliency of First Nations Australians, and humour:

Resilience from an Aboriginal perspective is that I can look at the world and I can laugh. I think a lot of Aboriginal people actually have that. Maybe it's a sick sense of humour but I see that as a big thing for me. Like I can laugh my way through a lot of stuff and it's not always about being disrespectful. It's like, yeah.

This theme of humour and shared laughter is echoed in the other interviews.

Laughter comes through as both a coping mechanism, and a linking experience. The sense

of humour is shared, and if you share this humour, you bond. And if you link in this way, you are connecting with your Aboriginality; and this is a source of strength.

The interviewees' Clan, Tribe, or Nation was identified as an important point of linkage. This theme encompassed the importance of community, of heritage, and the knowledge the participants had of their history. It also, with all interviewees, had an emphasis on matrilineal [as opposed to patrilineal, or both] traditions & the importance of knowing your bloodline, country, language, and culture. Some discussion was around the loss or interruption to culture; the loss associated with not having traditional language for example. The linking components of Spirituality and the energy of the land, and the importance of country, were universal to the cohort. These components spoke to the need for the connections [or reconnections] to land; to culture; to clan; to oral traditions; and to the need or valuing of the handing down of knowledge. These connections or reconnections to land and country as the source, or origin (and point of connection, or point of reference and stability) were salient in this theme, as was the importance of Elders in this handing down of knowledge.

Connection emerged from the interview themes as vital for identity, and as important for coping well with adversity. This connection encompassed the interviewees' sense of identity as First Nations Australians. However, for a number of interviewees, this is not where this linkage, and sense of belonging, ended. Beatrice, for example, discussed identity, and discussed the importance of the manner in which her First Nations Identity melds with her identity as a human:

And that just clicked, everything started to click in place then, you know. All the thoughts that I was thinking that makes a person, so finding the dreaming or find the interpretation of the dreaming, finding out about Buddhism, it became very clear to me that it was about Universal Knowledge and my place in the Universe

and why I was here. After that, that's my identity. I've got my Aboriginality and I've got my divine identity as well.

Beatrice valued her First Nations identity, and considered it a great strength source, but she also values and nurtures her identity and linkages beyond this.

Helena's story echoed Beatrice's in that she considered, and valued, her Universal identity as well as her First Nations identity. She considered Nature as sacred, and as 'spirit';

...my spiritual link was being in the bush and to me I've always been a very spiritual person, you know, that's just the way I was. And it was related to the rocks, the trees, the running water, being in the bush".

This is both in line with the concept of 'country' and yet remains distinct from it, in that it is broader than the specific sense of identity, belonging, and responsibility that encompasses the First Nations sense of 'country'.

A discussion around narratives of linkage

Identity and a sense of belonging were themes within the narratives of linkage. These encompassed such dimensions as the importance of a sense of identity to the participants, the importance of 'country' and the importance of place. The linkage here was the sense of belonging, and the shared experiences, connectedness, and unity that these linkages brought to the participants' sense of self. This seemed to have strengthened their ability to deal with adversity. These linkages helped the interviewees by being part of a collective, rather than feeling alone as an individual.

What does an emergent theme of the importance of linkages have to do with Indigenous survival though adversity? What can we learn from the stories from the participants? The findings of this study, and specifically this emergent theme, are that all the interviewees recounted strong stories of linkage and all stories were in the context of

strength. Quite simply, the interviewees drew strength from the matrix of links they held. And equally importantly, they gave strength to others through this same linking matrix. This was not an unconscious phenomenon; the interviewees all valued the web of support they had (whether it be family, identity, or the strength they got from ‘place’ or ‘country’) but they all talked of responsibility and a system of reciprocity. These people were obliged to be role models; to be strong for family; to be exemplars; to ‘trail blaze’: to fulfil their part in this linkage matrix. This idea of the importance of aspects of belonging such as family, community, identity and the links between them all is further explored later in this thesis.

Theme Three - Narratives of Insight

For all participants a sense of the importance of meaning making was evident. These strands are what I have named the narratives of insight that emerged from these interviews. The participants discussed their journeys through adversities and how the linkages they held had made a difference. Integral to overcoming adversities was the insight and perspective that these participants brought to their lives. Definitions of insight include the power we have over analysing a situation, or the act of seeing a situation in its complexity. It involves intuition and the exploration of the inner workings of situations, events, people and so on. It is also about the search for inner meanings, or deeper understandings.

The meaning attributed to life events is a vital ingredient in how we cope with life. A commitment to finding meaning and clarity can be important to our sense of identity, our sense of efficacy, and our feelings of wellbeing. This striving for meaning, or the quest to see the ‘rhyme and reason’ to life, can offer solace in times of trouble.

This theme encompassed subthemes such as a ‘code of conduct’ that some participants valued. This combined a sense of their own ‘inner knowing’, their own sense

of morality – a humanistic morality for humanity (not necessarily a moral code mandated by society). Patterns around morality, values, and integrity were sub-themes of the research, and these patterns were evident in discussions with most participants. They also valued their sense of self, and they valued gaining insight into the self, and into their roles in society. They demonstrated a commitment to the maintenance of a social conscience, and they valued awareness. They were striving for cognisance, they saw life as an opportunity, and they wanted to enhance their awareness of many things.

Many interviewees spoke of personal power, and this relates to the next theme of ‘Agency’. This power was about how the participants ‘owned their own power’, and this can incorporate a sense of ‘balance’ in how they lived their lives, for example.

Another way of enhancing insight discussed by many of the participants was the value of ‘self talk’. ‘Self-talk’ was broached as a way of coaching or counselling yourself at times of adversity. This could also manifest, as it did with Annabelle, as the voice of her mother; the pondering and consideration of past lessons brought into current decisions. This notion of ‘self-talk’ encompassed the commitment to self-monitoring (ie a commitment to the awareness of oneself and of one’s thoughts, motivations and behaviours); the implication being that in order to maintain or enhance insight, the participants had to be committed to self-awareness, self-reflection and honest self-scrutiny.

An example of this reflective component of the commitment to insight is illustrated with Victoria. Victoria recounted her stories of ‘hard times’ and her periods of ‘burning out’, and she discussed her commitment to being cognisant of the need to monitor herself and to listen to her intuition. Victoria spoke of her vigilance (and her constant commitment to being vigilant) in regard to listening to her ‘inner voice’ and to retaining and gaining insight: "I'm still not as good at it as I should be. And sometimes still, things do creep up on me. And sometimes the load does get overwhelming. But then, I am able

to step back now. And I had a period about three years ago where I really got overwhelmed. And I just thought; I'm not doing that again...just not doing that again." This story speaks to the manner in which many of the participants had developed a dogged determination to break dysfunctional cycles.

Insight requires a strong self-awareness, and in the case of the participants, it required a striving, and a thirst, for knowledge about the self, and about others. One interviewee, Helena, discussed her focus on the 'now' (living in the moment), and how important it was to her to continue appreciating the 'now'. This attitude was Zen-like, and her focus was clearly and purposefully on what nourished her, rather than focusing on what depleted her. Helena devoted a large amount of her time and energy to this lifestyle, which required a great deal of structure and discipline to maintain.

A key point to this theme of insight is the importance of individuals using insight to know that there are alternatives. Insight and self-awareness necessitate an intimate knowledge and valuing of the 'self'. The interviewees had to put a large amount of effort into learning to trust their decisions, intuitions and reasoning. They had to find ways to allow guidance from mentors, role-models and Elders to be considered, but they also had to learn to trust themselves. They needed to foster ways to gain perspective in their decisions, and develop ways to identify and dismantle dysfunctional patterns and cycles that may have been informing their decisions. Part of this capacity for insight relies upon a striving for change. This insight relied upon the interviewees *knowing* possibilities; and in order to know the possibilities, one has to know oneself; know dysfunctions at play; and know whom to trust.

Suzanne's story illustrates how committed the interviewees were to developing and maintaining insight; "Well you have got to know who you are; you have got to know

yourself. You have got to know your values, you have got to know your beliefs, you know. What you are willing to do, what you want out of life, you know, what you stand for”.

Annabelle’s story speaks to many issues, and some will be discussed in other sections of this thesis (e.g. internalised racism). This quote illustrates how hard it can be to break through how we are socialised, and gives an example of the types of messages we can absorb from our childhood environments:

...I know the struggles that each one of them [other Indigenous people in her small country town] go through. I think years ago that actually made me more of an ignorant person to their struggles but thanks to University and one particular lecturer I've learnt that, by the grace of God I had the parents I had and I've learnt to not be quite as judgemental as maybe I was being a long time ago. I now see their issues on a deeper, more meaningful level than just as in thinking like non-Aboriginal people that they're drunks, they're just blacks.

Annabelle has done a lot of soul searching, and some very honest reflection on her previous attitudes. The level of insight, honesty and integrity she was been able to bring to our discussions has humbled me.

Within the narratives of insight was a subtheme that encompassed the participants’ outlook and approach to life. Many had a commitment to critical self-analysis; to consciousness; to introspection; and to humour. Humour has been discussed before as a coping mechanism, and as a linking element for the interviewees to link with family, friends and community, thereby enhancing belonging. In this discussion, humour is relevant in how it can facilitate, and allow for, release, coping, and subsequent reflection.

Identity is discussed in other themes; however the importance of pride was evident in the interviewees’ approach to insight. There was a sense of pride in the participants in regard to them being open to experiences, and in their being open to new models of

thought. They also spoke to the importance of benefitting from role models for insightful living.

Helena discussed her commitment to love, and how she actively chose a loving place to approach issues from. This is an important finding within these narratives of insight, as it is indicative of the importance of an individual's attitude in how they address adversity and healing. This place of love that Helena discusses is about her approach to conscious reflection and conscious decision-making. This place becomes a positive place to consider important issues - free of bias and prejudice, and free of extraneous patterns of thinking or dysfunctions that may impede insight.

Helena speaks to the importance of conscious awareness and vigilance in connecting to your insight. She also alludes to the need to be able to reflect upon your life and life choices (and therefore gain insight) without letting the ego tarnish your reflections:

Um, being intimidated; fear that basically behind all those negative things is fear because everything comes from fear and they're the things that um, actually feed your own ego. So those things are the things that are stopping you tuning into who you are. So my thing is to basically to be more consciously aware of what I'm doing it, um, where I'm coming from. Okay um, am I coming from a loving space with say whoever I'm relating with or is that my ego. What I'm trying to do is become more consciously aware all the time. Where am I relating from? Is my ego taking over? So and it's like I know that's a constant thing that you need, or I need to be aware of if I really want to contact who I really am.

Sophie discussed how she 'got through' the bad times, recounting her commitment to gaining insight into the self; the importance of self-knowledge. She discussed the importance of identity, before (but not excluding) Indigenous identity, a sense of self, of relatedness and humanity:

So I'm looking at the same source, yeah. That makes sense because I mean that's different to how I understand that other people might share that sense but for me it's because I have to come back into this place of being a human, being the youngest of seven, a woman, blah blah blah; it doesn't mean that I'm better than any of those other things, in fact *I need them to help me be more me*. And that's the relationship, that's the relatedness.

Stanley discusses values, morality and a social conscience. He frames this discussion in the context of valuing others, and posits that growing up without privilege helped him to grow. This increased his ability to value insight and self-reflection:

...who I am today is the result of us growing up money poor. You learn to appreciate the other people, you're more inclined to look at the needs of other people, look outside of yourself. You see so bloody much of it [poverty]. You learn to share things more. You're not looking at this 'you owe me something'. If I do you a turn, that's it, I did it 'because I wanted to do it', not 'if I do you a turn well, then you owe me'. We weren't on about that. We were taught not to be on about that.

A discussion around narratives of insight

An inquisitive attitude (and receptivity to regaining, retaining or optimising insight) was important to the way the interviewees coped with adversity, as was an approach to life where relatedness, and interconnectedness, is valued.

The interviewees were all articulate older First Nations Australians. Many were university graduates, some with PhDs, and all with professional experience. All had been through significant adversities in their lives; such as the morbidity and/or mortality of family members, friends and community members, ill health, psychological stress, racism, and disadvantage.

This ability to attain a deep, accurate understanding of the various contexts and variables of one's life, to a level beyond the superficial or the obvious, is empowering. Some adversities can be averted, countered, or made more efficient with insight. Dysfunctional coping patterns can be understood, analysed and changed with insight. More so, systems, behaviours, and language itself can be decolonised. This possibility of insight leading to a sense of empowerment; or of insight leading to an individual's increased sense of efficacy in the face of adversity; or of insight aiding in a sense of personal capacity; segues into the next theme that strongly emerged from the interviews, that of 'Agency'.

Theme Four - Narratives of Agency

This emergent theme of 'agency' is perhaps the most powerful of the themes. I struggled to name the theme, as trying to succinctly represent what was emerging through the narratives was daunting. This will be discussed further in the discussion.

Essentially, the theme emerged from the narratives the participants told of how they 'got through', what kept them going and what helped them. They told many stories of this gumption (which includes courage and confidence) that made the difference; they could have collapsed and given in so many times but something intangible made a difference. Stubbornness or tenacity was a recurrent theme here.

The types of coding and subthemes that emerged within this theme are what epitomised the theme 'agency'. The types of subthemes that emerged were varied, but 'agency' seemed to encompass them all. This theme can be broken down into four main subthemes. The need for decolonisation was a sub-theme, as were the specific personal traits and/or attributes the interviewees identified for change. The ability to develop strategies, plans, and aspirations was also highlighted as a subtheme, as was the strongly articulated belief that education is transformative.

The types of patterns that emerged in other themes included the concept of a personal stubbornness (which included a persistence, but was not negative; as it allowed the participants to focus and achieve), arrogance (a strong belief in oneself which I mean here in a positive way, it is more concerning the need for a type of arrogance; as a valid resource to address adversity), and discipline.

Empowerment was a key theme as well, in that there was a need to regain power as First Nations Australians in the context of being a minority in a post-colonial setting. This was about a locus of control, and the interviewees were committed to not handing it over to others. Some interviewees discussed specific post-colonial effects they had had to deal with, such as the constant undermining of their authority or identity, and the hypocrisy of some workplaces. Some workplaces, or systems that the interviewees had to navigate, would ‘set them up to fail’ as Aboriginal workers. The hypocrisy being identified here was that, as the organisation or system was benefiting from its Indigenous credentials; or increase in Indigenous staff; or its commitment to Indigenous peoples; it had no real commitment to changing the status quo.

Many interviewees also demonstrated a certain sense of militancy, balanced (or perhaps fuelled) by a strong sense of identity, and a desire for liberation. Some interviews uncovered the strategies, and skills development, that was needed by the interviewees to survive in the ‘two worlds’. A key point here was the need to cope with adversities additional to those that most non First Nations Australians encounter. The interviewees discussed the extra skills needed as an Aboriginal Australian to function in a racist system. Part of this empowerment was the identification, acknowledgment, and subsequent harnessing of ‘adversity benefits’; the unexpected benefits of ‘trials through fire’, for example the strength of character, personal growth, and commitment to activism that comes, for some, after adversity.

Agency may therefore include reclamations, restorations, and a process of taking control. An example of this was discussed by more than one interviewee – the need to scrutinise paradigms (and the need to reclaim them), as many of the interviewees worked in health or education.

One participant, Beatrice, when asked about how she got through the ‘bad times’, responded; “Alcohol, crying, thumping something, wall. Yeah, you just do it, you never think you’re going to get through it, but you do.” This takes a certain amount of ‘agency’ to accomplish.

The following quote shows that cycles can be broken. It also highlights the importance of context, and the importance of understanding the effects of cumulative, entrenched stress and maladaptive coping. The quote is from another participant, Suzanne, who stated that:

If I hadn’t have been that girl back at 14 and had all those dreams of not drinking and doing drugs and getting a job and getting out of there, that was fine, but you have to be able to back that up. You have to be able to do it and you have to be able to want to do it. So you know, if you are not prepared to try and do it and you are stuck there forever in that rut.

Sophie discussed agency a number of times in her interview. She discussed life for First Nations Australians, and the adversities that need to be navigated. Sophie highlighted the external factors that disempower but highlighted agency as the factor that does give her power:

...I don’t have control over anything but I have agency over myself...I can’t tell the police force to not be hanging our folk in jail but I can have agency in the way that I make an effect through other ways and shapes and forms. And with other people and with other systems and other sorts of things.

Sophie's story highlights a real issue that is addressed in this theme. First Nations Australians have internal coping mechanisms and strategies (such as this sense of agency) to cope with a post-colonial context, but this is not enough to enact broad change. There is a need for decolonisation.

A call for wider change emerged strongly from the interviews. Sophie, for example, discussed the importance of education, stating that education should help you grow and help you to contribute to your community:

...education should actually be about that, not just about being in schools or being smart or clever and getting good grades, it should actually be, how do you use what you've got and what else might there be. And then how can you contribute to that pool and also to other people?

Sophie goes on to say that within the education system there is a need for First Nations Australians to be assertive. She frames this in the context of 'the system not wanting to change the status quo'. A consequence of this is that First Nations Australians then having to operate in a different way just to cope in the system.

The quote below highlights Sophie's view (as a well-respected academic) that Indigenous peoples have to be confident enough to ask for what they need; putting the onus back on the system to aid in this. Her view is that we have to do this to force accountability within systems:

So I'm quite good at saying 'sorry folks, I need help with this.' And I'm quite good at saying to them in that sense, 'no, you made a mistake in thinking that I was operating from the same framework as you 'cause I want to do it but here's what you need to do to help me do that so that we can get the best out of each other.' I figure that's about their accountabilities to me too.

Part of the problem within academia is that many roles can be more draining for Indigenous academics, as more of an effort may be needed to perform in these roles than may be required of a mainstream academic. For example, the job may be more draining for Indigenous people due to the systemic racism, and more of an effort is needed to confront the challenges of this. Sophie calls for Indigenous academics to be supported in the ‘absolute need to move in and out of the role and the need to be supported in this’, and to be supported in the need for isolation, thinking time, and ‘cultural time’. She highlights the need for the system to be understanding of difference, and states the need for the system to ‘trust the Indigenous Academic’.

Beatrice’s story highlights the barriers to learning that many First Nations people are faced with. This example highlights racism inherent in systems, and the consequences of that racism on many of our people. What is most moving here is the determination and resistance this raises in Beatrice:

Well, of course, as an Aboriginal, growing up as an Aboriginal person, this stuff just wasn't on [opportunities for entry into further education]. You know the law, the health, and the education systems. We went to school and I was really interested in learning, but the teachers at the time said well, you don't teach Aboriginal children because they can't learn. So I set out to change their mind.

This last sentence demonstrates the ‘arrogance’ I discussed under the heading ‘narratives of agency’. It is not the arrogance of a rude, selfish person; it is the arrogance of determination and self-belief.

Personal traits and personal attributes for facilitating change were part of this theme of ‘agency’. The participants all demonstrated or recounted various examples of how they coped. They all shared details regarding how they took personal agency in paving the way for personal change.

The following quote from Suzanne’s story highlights those moments of insight many of us have; those moments of decision (or “defining moments”). This participant lived through so much adversity when she was young, and her childhood was spent primarily looking after herself and her siblings in the context of her mother’s addictions:

I think just getting tired. Tired of getting up, cleaning up, you know; the smell of... I will never forget the smell of cigarette smoke and empty port, big flagon bottles and there would be something like 20 of those, just in the kitchen and they would be outside and in the shed and I think the fact of just doing that, as part of a routine and then one morning just thinking, you know, this is it, I am not going to be doing this when I am older.

Suzanne continues:

...I was tired of being hungry; ...so I wanted that life; I wanted to be able to buy what I wanted and I wanted to have that much food in the cupboard, that I would have that much choice, you know.

This theme of ‘agency’ also encompassed sub-themes of the importance of individuals developing strategies, plans and aspirations. Suzanne’s story highlights the importance of aspiring to a better way of life:

... but I had dreams, you know... I had those dreams and aspirations and I suppose I was very lucky at the time that, making the decision so early that I could follow through. I am not sure how, I just did it. Will and determination and just wanting to get out of the vicious cycle, to get out of that rut and I always said I would leave [isolated country town – name deleted for confidentiality]. I said, 'I am not going to live here; I am not going to live here'.

John spoke of identity as a foundation for strength as an Aboriginal person. He also highlighted the importance of insight, growth, and a commitment to knowledge:

Oh well my advice would be that you know, always put your identity first and use your identity as building blocks or you know a foundation for ...becoming a stronger black fella over time and never lose sight of who you are or where you come from and if you're going to participate in white society or white systems do it as a black fella and with integrity. Both you know, always don't neglect your mind, you know always do whatever you can to enhance your knowledge base and you know, never move away from the importance of development of your mind as an Aboriginal person so you can you know, develop for yourself the strategies to be able to participate not only in your own culture but the white one too but participate in the white one on your own terms. Not on the terms of white fellas, you know, they give ya.

John proceeds to try to examine why he manages in what he perceives as racist systems, when so many others don't:

Well the difference [in relation to the participant's relatives having trouble coping with the inflexibility of the health system] is that I'm more critical of the system therefore I am able to you know realise what those boundaries are you know and prepare to work within them as a means of surviving within those systems. I don't think some of my relations are going to survive very long because they're not successfully juggling the two systems. They are full on black fellas, they want to work with full on black fellas but they are up against a system that's anti-Aboriginal in some cases.

All interviews spoke of education as being a defining factor in their lives. Education facilitates agency. Education can be transformative. It can help you see contexts for society, and it can help you gain perspective. You can increase your critical thinking skills. It can increase your status and build your confidence. It can aid in

building skills and is frequently a route to a better income. You become a role model for your family and community when you study. Education can transform, and it can therefore be liberating.

Victoria's story alludes to the effect that education can have:

But it's [education] also been a plus, because education allowed me to always consider that I was reasonably bright. Which is good. Probably brighter than I actually was. But that doesn't hurt either. And now, it's given me a career I never thought I would have. And there's no way in the world that somebody like me could have got where I am now except through education.

When Annabelle was asked what had shaped her as a person, she was very clear:

"The changes in me as a person, the first thing that comes to mind is one, my son, and two, my university. And both of those things had a huge impact on me for the better..."

Throughout the discussions with Annabelle, more so than any of the other participants, she continually highlighted her experiences at university, and how meaningful she had found the process:

...looking back now with university and the stuff, the things that I learnt and I can reflect back now and I probably appreciate my parents ten times more now because of the things that they had taught me in life. The beauty of ...I don't know whether it's aging or growing as a person through university opportunities, but I really, you know... [A past lecturer] used the statement to me [there but for the grace of God go I] and that actually has made me realise that.

Annabelle opened up about some of the devastating adversities she had been through (and how education had helped her), and not all the adversities she encountered are confined to the past. When asked about advice Annabelle would give about getting through adversity, she again raises the issue of education:

I come back to education because I now since receiving my education; education is not just about learning how to read, write and spell. It's also about learning... I think interpreting... things that at times can kick you down and make you feel like you are nothing. But you learn all these skills...

A discussion around narratives of agency

Earlier in this section on 'agency' I wrote of the difficulties in naming the emerging theme. Gumption, drive, autonomy, and empowerment were all codes that were used to epitomise the content within the theme. All of these could have been utilised as the theme title, but they did not capture the active and engaged sense of what I was hearing in the interviews. The intangible 'something' that made a difference needed to be present in the title. 'Agency' encompassed this more than the other options did.

For this theme, what is epitomised by 'agency' encompasses the standard definition of what 'agency' is: "the capacity, condition, or state of acting or of exerting power" (Merriam-Webster, 2013). But the 'agency' theme also incorporates other sections of this standard definition, such as the definition that an agent is "a person or thing through which power is exerted or an end is achieved" (Merriam-Webster, 2013) – a person instrumental in change. This person who facilitates change is an 'agent of change', and this echoes how this theme was consistently voiced by the interviewees. Linked with this is the other strand to the definitions of 'agency', that this power is "communicated through the agency of the ambassador"; an establishment or agency "engaged in doing business for another" (Merriam-Webster, 2013). These other strands to the definition are important to this theme, in that they can refer to the act of one person undertaking an act of agency for another; an ambassador for change. This relates to the theme from the interviews around the interviewees' compulsions to become, or continue to be, agents of change: not simply for themselves individually, but for the collective; for their family and community.

This theme of ‘agency’ is not just about ‘how did I get through this?’, or ‘how did we as First Nations Australians get through this?’ It is also a discussion about ‘*where do we go now, and what is our map to follow?*’ Without this sense of agency, we *continue* to survive (because we are strong) and we *continue* to be resilient (as we always have been), but we do not ‘*thrive*’. The frustration and impatience from the participants of this study was palpable. Of course we are resilient, of course we are survivors, but ‘now what?’ Please do not interpret this as a statement of ‘the onus is on you’. Wider change and the (real, long-term, party independent) commitment of Government to address Indigenous issues are needed.

One participant, Sophie, voices her frustration and impatience over a lack of progress:

So you survive something and then basically you heal or you reclaim your ‘self’ or ‘selfhood’. Then if you're out of a survival mode then you're actually able to think ahead. And I mean think ahead in terms of not just one minute to the next, even one day to the next is pretty good. But I don't necessarily get a sense of that. I get a sense of saying, with Survival day, here 'up you White Australia', because we're still here. Which is powerful. But my impression is always, '...and what next?' Future business. What next?

Sophie articulates this frustration further:

I think we're in a bit of a no man's land, if I put it that way. Like we've definitely - the paradigm has definitely shifted and my concern is if we don't reclaim it and name it, and the work you're doing is actually going to contribute solidly to that, then we're going to be back sliding to believing that we are helpless, hopeless and useless without the white fellas and then we'll forever be saying 'well we've survived'. Then I'm thinking, 'well okay. And now?' Sorry, I don't know. I know

that sounds a bit harsh but the reality is that's exactly what those folk had to do to survive physically but they got on with what they had to get on with. They put up with what they put up with and none of us will certainly know what that was absolutely like. But they must have had a goal and a reason for transcending the physical harm and emotional harm just to be physically present. And now I believe it's our turn to be physically and culturally and ancestrally present, striving, thriving and being resilient.

Sophie, succinctly states that "...it's not cast in stone [what she 'knows is true']" because, although she has a strong sense of agency over herself, she realised that she doesn't have control over many external factors, especially relating to racism and inequalities she experiences or witnesses as a First Nations woman. Sophie relates the survival and the healing of self as worthy and something to be proud of, yet she yearns for wider change, and she articulates her frustration at a lack of progress in this regard. She says, in essence, we are resilient and we are survivors, but now what? She longs for the thriving, not for herself, because she is fulfilled in this, but for other First Nations Australians.

The idea that survival and resilience were similar for First Nations Australia has been discussed previously in the results section. Victoria had discussed a spectrum, where survival is at one end, thriving at the other, and the driving force on the continuum is resilience. Resilience is the force that moves a person through the spectrum; the active part of the spectrum. This process is illustrated in the following diagram:

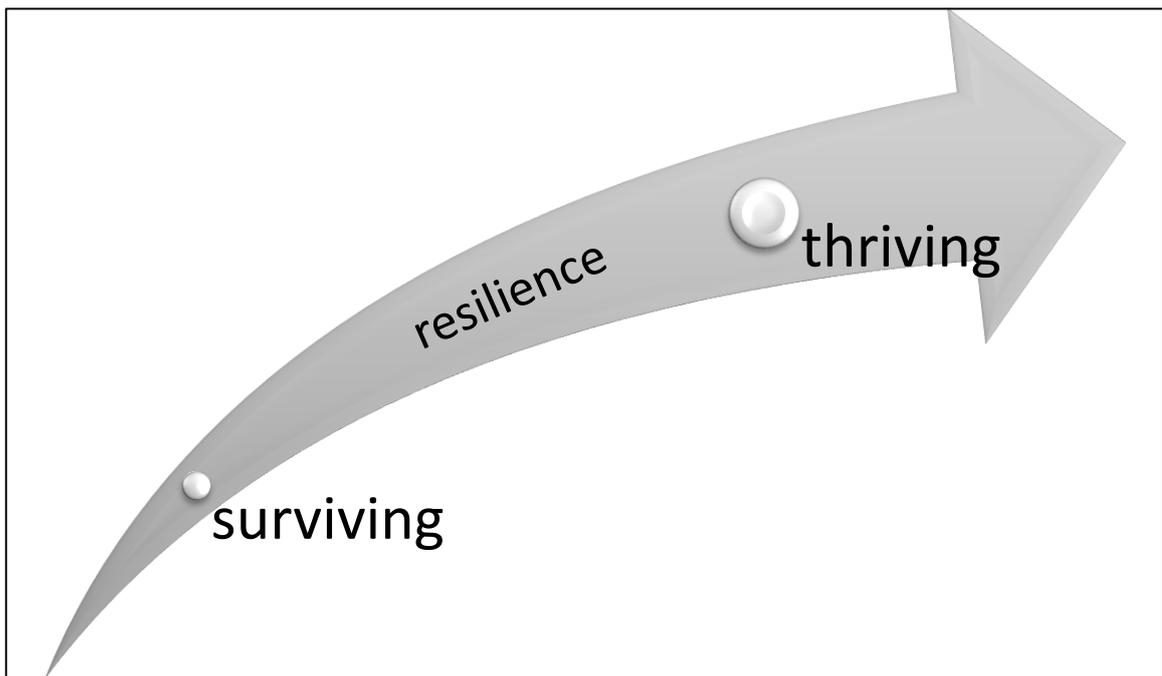


Figure 5: The Survival, Resilience, Thriving Spectrum

Resilience therefore underlies survival; but is essential to it; and is also a driving, active force in the development of thriving.

The agency is there – we [First Nations Australians] are survivors, we have taken control of our existence in this country. However, we cannot ‘thrive’ in isolation. The issues we deal with on an everyday basis are issues now because of a very complicated past. A multidimensional problem requires a multidimensional solution. We are not separate from society; we cannot divorce ourselves from the social determinants involved. We cannot do this on our own.

Summary of Study Three

This study involved talking with older First Nations Australians, Sophie, Victoria, Stanley, Helena, Suzanne, John, Beatrice and Annabelle. The interviewees’ ages ranged from their late thirties to their eighties, and of the eight interviewees, two were male, and

six were female. They live in, or originated from, various locations within Australia. A case study approach was used, and the data was analysed thematically.

The study explored Indigenous peoples' ability to 'bounce back' after adversity, and reviewed the term 'resilience'. The results indicated that there may in fact be a difference in conceptions of terms for First Nations Australians, and that First Nations Australians desire consultation in such things. The specific results that related to the interview prompt questions around the terms resilience and survival, as the terms relate to Aboriginal people, indicated a clear commonality between the two terms. Importantly, many of the participants mentioned survival when answering prompt questions about resilience, before the prompt questions around survival were asked. Some other commonalities across the participants' answers included the concept of hope; and the ability of the participants to focus on the positives in their lives, rather than the negatives. In all the participants' stories, the strength to survive was present, as was the 'spirit' as First Nations Australians. The participants felt that survival and resilience were similar, and that spirit, and spirituality was also in some ways linked.

The themes from the interviews in general, as opposed to those specific answers to the research questions, highlighted narratives of adversity, of linkage, of insight, and narratives of agency. These narratives spoke to the ongoing effects of colonisation and the difficulties of living in 'two worlds'. They spoke to the strain of systemic racism and the lack of respite from either racism, or the expectation of racism. The adversities for First Nations Australians are ongoing.

We saw from the narratives that linkages and bonds are vital to First Nations Australians, and these links and connections almost abrogate the devastating adversities; they can be a buffer against racism. The linking components of family, spirituality and the energy of the land; the importance of country; were universal to the cohort. This included

the need for connections [or reconnections] and these connections emerged from the interview themes as also vital for identity, as identity is critical for coping with adversity. This connection and sense of identity as First Nations Australians was around a sense of belonging, shared experiences, connectedness, unity and the participants' sense of self. This seemed to have strengthened their ability to deal with adversity. The interviewees drew strength from the links they held, and these linkages helped the interviewees by being part of a collective, rather than feeling alone as an individual.

The narratives around the importance of insight highlighted how the participants prized such strengths as an inquisitive attitude and consciousness-raising, and the ability to attain deep understanding. This insight leads to a sense of empowerment.

The narratives around 'agency' were powerful in that they highlighted this sense of empowerment that insight brings, but took it further to be an exploration of an active process. The participants were people who were instrumental in change, for without this sense of agency, we do not *'thrive'*.

Chapter Eight: Overall Researcher Reflections

I started from the position of knowing that I needed to work with research methods that would give ascendancy to our values and worldview. I was serious about designing the research process as a mutually educative exchange. Historically our experience of research has been one in which the expertise of the researcher has been extolled at the expense of the researched. (Williams, 2007, p. 115)

Researcher Reflections

I too, like Shayne Williams alluded to in his quote above, approached this research tentatively, mindful of past research ‘on’ rather than ‘with’ Indigenous people and communities. Similarly, I didn’t want to do any research that was not an exchange; where I was the expert researcher and there was no room for collaboration or sharing of ideas, knowledge, method and process. Throughout the research process I attempted to be transparent, reflexive and respectful. I tried to give, for example, the participants in Study Three the genuine choice of interview location and setting. An important part of the method I used was to ‘unpack’ the interview themes and interpretations at the moment in the interview. Although this could be (and at times was) interruptive, it was a part of my commitment to be transparent. I wanted to harness the immediacy and genuineness we had built in the interview session, and I wanted to member-check how I was interpreting words, phrases, and threads of meaning. I didn’t want room for error (in my interpretations and understandings of participant meaning) so I almost obsessively used my psychology and counselling skills of paraphrasing, summarising and encouraging, throughout the interviews. I did this as part of my commitment to respect for the participant and their story; I did not want to present themes or interpretations that were not in line with the meaning the participant intended.

I have talked previously about my context of being an Indigenist researcher. Within this framework, I used a type of ‘dadirri’ process in my interactions with the participants I interviewed. Dadirri, discussed by Indigenous Elder Miriam-Rose Ungunmerr-Baumann (Wajbala Wandelah, 2011), and talked about at length by Dr Judy Atkinson (2002), is about deep listening and sitting with a quiet awareness. This process is an ancient process that has been used in healing and as a research method (West, Stewart, Foster, & Usher, 2012) and the way it translated for me in this context was around full consideration, full connection and deep understanding; in that moment with that person. It was also about being cognisant of the energy in the room and the interactions between us that was beyond the words said.

I made the offer of the participants being involved in the process post interview, to have them involved in the process of seeing what I was doing with the interview transcript. A lot did not take up this offer, but it was important to me to allow this ownership of the data and the process. The fact that participants did not feel the need to take up this offer suggests to me that the trust and rapport I built during the research process was solid; the participants did not feel the need to ‘check-up’ on me or the process I used post interview.

Another way I tried to be respectful was in the participant selection. I used a snowballing technique that I considered to be culturally appropriate to First Nations Australians, and specifically appropriate to the cohort in Study Three. This process was asking the interviewee, at the conclusion of our session; whether there was a person they knew who would like to be a participant in the research. This process allowed the current participant a chance to decline (they could simply say that no-one came to mind), and it also kept the process casual. But if they did think they knew someone who would like to be involved, the process thereby allowed for the referrer (the current interviewee) to vouch

for the researcher and the process. It also allowed for a ‘mining’ of existing links and networks between First Nations Australians.

Another factor in the participant selection was that I had people volunteering that they wanted to be interviewed without being asked. If I was presenting at a conference, or meeting people through my networks, when they heard about the study I was doing, they would say ‘interview me’. This was humbling and flattering, but it also speaks to the importance of this topic area, this research. People saw it as a chance to give their opinion, to give voice to a topic, and to clarify terms from their point of view.

What was also humbling for me was the manner in which people trusted me with their voice; with their narratives. I think this trust was built because I am an Indigenous Australian who was interviewing another Indigenous Australian. But it was more than that, it was the rapport and trust that I could build with the participant, and the time and effort I took to facilitate this. I also think that being a psychologist helped in this, as it is part of my job to be able to have these types of ‘joining skills’ where I can use a person centred approach, and elicit a story after a genuine alliance is made. This respectful, positive human regard comes naturally to me, and I think it helped with both eliciting and clarifying the participant narratives.

I felt honoured to be part of this process and hearing the narratives made me feel so many different emotions, but partly I felt awed that the participants trusted me so much with the narratives that defined their lives; and I know that many of the stories were stories told to no-one previously.

This does however raise the important issues of potential re-traumatisation for the participant, and the potential for harm for the researcher (to be hearing these distressing stories). I am a psychologist, and because of my training and experience I could have handled either of these scenarios had they arisen; I credit my preparedness to deal with

these types of issues to training and practice as a psychologist and counsellor, my training in ethics, and in commitment to self-care and clinical supervision. However, not all researchers will be similarly trained, credentialed or experienced, and I think it's important to name the potentially damaging impact on an Indigenist researcher when hearing the stories of their participants, and I would caution researchers to be mindful of these dangers, and to plan well ahead for the potential harm.

In the next section I discuss my use of an automated text analysis software programme, Leximancer. The decision to use such a programme was part of my previously discussed commitment to a correct and authentic rendering of the coding and analysis of the interviews. I have every faith in the process I used and in the intent I brought to the rigour of the analysis, however, I also wanted to explore any similarities or differences an automated analysis would draw. I include this exploration in this researcher reflection section for this reason.

Leximancer analysis software

The data from the interviews was coded by the researcher, who embedded himself in the data and the coding and thematic analysis process. The data was then entered into 'Leximancer', a software package that takes raw data as text and generates a visual representation of the main themes found. This has benefits in regard to the emergence of themes, and was used in this case to add a dimension to the coding and thematic analysis of this thesis. The software is not used as a substitute for the researcher immersing themselves in the data, as the richness of the stories and narratives from the participants warrants an insightful, rigorous and nuanced interpretation. The themes that were generated from the software programme Leximancer, (separate to the unintelligible codes and themes generated simply because of their multiple mentions in the raw text) were

completely ‘in sync’ with the themes generated by traditional coding and thematic analysis. By this I mean that any main themes generated from the software analysis could be either substituted or subsumed by themes already refined by the researcher. This was reassuring, and aided in the confidence of the researcher in his process, and the dependability of the results.

The themes that were generated from the Leximancer software were synonymous with the themes that had already been generated by traditional coding and thematic analysis, in that they could be either substituted or subsumed by themes already refined by the researcher. Therefore, the Leximancer results are in a way represented by the findings already reported. For example, the themes of ‘family’, ‘identity’, and the importance of ‘systems’, ‘racism’ and the competing pressures of living in ‘two worlds’ were all present in both the text analytic software programme and the thematic analysis.

My intent with this research was to represent the themes that emerged in a transparent, reflexive and respectful manner. In summary, I approached this research with the intent of empowering and honouring the participants. I respected their voices and I valued their individual narratives. In the next section I will explore the emergent themes in a general discussion.

Chapter Nine: General Discussion

Historical and sociocultural factors have contributed to comparably poorer health and mental health for Indigenous Australians compared to non-Indigenous Australians. This situation is further complicated by differing definitions, manifestations, and conceptualizations of health and mental health among Indigenous Australians that are poorly understood by the wider community. (Dingwall & Cairney, 2010, p. 20)

The quote above highlights one of the main topics that this thesis is focusing on: differing definitions and conceptualisations used in health and mental health with First Nations Australians. It is also a useful quote because it raises the context of historical and sociocultural factors at play when we focus on Indigenous mental health. The quote also raises the currency of the poor mental health of Indigenous Australians, and the fact that there is still a gap between Indigenous and non-Indigenous Australians health.

In this chapter I will continue this discussion of the ongoing effects of colonisation on First Nations Australians, and I will consider the fact that systemic racism is still an issue in Australia. I will also discuss barriers to health parity here in Australia. I will then discuss the results and the emergent themes, and outline an exploration of the importance of narratives that privilege First Nations voices. This is part of the need for an ongoing, open dialogue that is integral to eliciting change; this type of change context can allow scrutiny, accountability, and reparation. The themes of this research indicate a need for change, and a mechanism to change can be liberation psychology. As has been discussed previously, liberation psychology can be a tool, a lens through which we can view disparities, inequities and systemic dysfunction and challenge it. Liberation psychology is an extension of community and social psychology that is based on Indigenous approach and response to disempowerment and oppression in Latin America. It values an agenda of social justice and the striving for raised awareness of the impact and effects of the context

and social structures on oppressed and dominated peoples. This will be discussed further in this chapter. An emergent theory will also be posited.

A salient point to highlight here is that the adversities for First Nations Australians are ongoing. For example, even though the policies that enabled the Stolen Generations do not currently exist, the ongoing effects, such as fear of separation, and of child removal, still linger. This can be a lingering effect of past trauma. It can also be a reality based concern; Indigenous children are overrepresented in Community Services and Child Protection child removals. Indigenous children are still overrepresented in the juvenile justice system in Australia. According to Ivec, Braithwaite, and Harris (2012) the statistics indicate that Australian Aboriginal families continue to be torn apart; they recognise that this is by different means than those that enabled the Stolen Generations, but these are still removals by ‘institutional means’. McMullen (2013) considered that past ‘madness’ is still present in the ‘cruelty’ of today. He considers that the skewed ‘logic’ that enabled assimilation is echoed today in First Nations children being taken for ‘their wellbeing’. McMullen (2013, para. 7) noted that ‘about 66 per cent’ [of the Aboriginal children taken from their families to out-of-home care in the Northern territory] are not just separated from their family, but also from their culture and community. McMullen also noted that there are in the vicinity of 13,000 First Nations Australian children who have currently been removed from their families, and he (2013, para. 6) highlights that this is a figure that is climbing. He considered that these separations are “profoundly disturbing for Aboriginal communities when waves of cross-generational trauma are still flowing from the original removal of up to 100,000 children during the Stolen Generations” (para. 6).

Another example of the ongoing issues facing First Nations Australians is current racism. When living in communities where residents were mostly non-Indigenous, the primary carers (those who cared mostly for the children, such as parents) of the children

involved in Wave 4 of the Longitudinal Study of Indigenous Children, reported that they experienced racism, discrimination and prejudice 40% of the time (Department of Families Housing Community Services and Indigenous Affairs, 2013, p. 31). This is a very meaningful piece of information for the context of First Nations Australians and how they live their lives, and it ties in with the emerging themes of this thesis around the pressures of living in two worlds, and the pressure of racism, every day; when asked to think about their day, the participants indicated they were subjected to racism, discrimination and/or prejudice during 40% of their time. Racism is a prevalent factor in the lives of many Aboriginal people, and in a study of 755 Aboriginal Victorians [Victoria is a state of Australia] from two rural and two metropolitan areas, 97% had experienced racism in the previous year; and over 70% had experienced eight or more racist incidents in that time (Victorian Health Promotion Foundation, 2012, p. 2).

Dehumanisation has been discussed previously in this thesis, especially in regard to past ‘justifications’ of the colonisation [invasion] of Australia. Past dehumanisation ‘allowed’ people to be treated in ways that would normally be morally objectionable if these people were seen as ‘fully human’ (Goff, Jackson, Di Leone, Culotta, & DiTomasso, 2014). However, dehumanisation continues today; recent research has found that male black American children are generally perceived as less innocent than their white peers. Normally children are afforded strong protections from harsh and adult-like treatment, whereas children who are dehumanised are treated with adult severity; for example they may be perceived as more responsible for their action and therefore be targets for violence and overt racism (Goff et al., 2014). According to Goff, Jackson, Di Leone, Culotta, and DiTomasso (2014) black children do not benefit from the privilege of innocence that is afforded children of other races; in fact black children are seen as less innocent, and more culpable for their actions, than children of other races. The same authors state that

“although most children are allowed to be innocent until childhood, Black children may be perceived as innocent only until deemed suspicious” (Goff et al., 2014, p. 16). This finding, when considered with Australian findings such as the Longitudinal Study of Indigenous Children previously mentioned means that racism and the consequences of racism are rife now; they are not confined to history. Thus the cycle continues, as racism and dehumanisations continued today, both internationally and in Australia. The type of thinking that allows for the perpetuation of stereotypes and vilification needs to be challenged. Goff, Eberhardt, Williams, and Jackson (2008) argue that

“examining the subtle persistence of specific historical representations such as these [dehumanisations such as mental association depicting blacks as apelike] may not only enhance contemporary research on dehumanization, stereotyping, and implicit processes but also highlight common forms of discrimination that previously have gone unrecognized”. (p. 292)

This type of representation of black people as apelike can also be prevalent in Australia. For example, Adam Goodes, an Indigenous Australian football player, was taunted on the field and called an ‘ape’ in 2013, but he had also previously been the subject of comments by a prominent and well known broadcaster on radio; ‘he should be used to promote King Kong the musical’ (Le Grand, 2013). Another recent example is an Australian surf magazine, which was given international press coverage because of a story it published on an Indigenous surfer, Otis Carey. The story describes the author’s surprise, as, given Otis’s ‘ape-ish face’, ‘cro-magnon grunts’ were expected; the journalist was apparently shocked by Otis speaking in an eloquent and clear manner (Chasmar, 2014).

We need to be alert for these types of racism, insidious and overt racism, and we need to recognise them; only then can we challenge them. Liberation psychology can help us address societal inequities, challenge racism and prejudice and help us to enhance social

justice processes. The discipline can address these types of challenges with a commitment to practice that is delivered in a safe manner, which is mindful of difference, and the legitimacy of this difference. The three studies that formed this thesis together give us an insight into First Nations Australians and how they manage to survive through adversity. The studies were a focused attempt to call attention to psychology and its history with First Nations people, and to explore how psychology can be an agent of change and truly liberate itself and in turn how it can be a liberator.

A main aim of this research was to generate outcomes that would allow health professionals to gauge if, and how, resilience differs in an Indigenous perspective from the mainstream/general understanding of resilience. The results from the interviews indicate that there may in fact be a difference in conceptions of terms such as resilience for First Nations Australians. At the very least, the findings show that First Nations Australians want to be consulted if terms and concepts are going to be used in any way that may affect them (such as in programme development, interventions, and diagnoses).

In study one, the themes from the narrative synthesis of the academic literature were: disparate resilience definitions, the cultural contexts of adversity, Indigenous survival, Indigenous concepts of health, intercultural practices, and assumptions about constructs. The analysis demonstrated a general need for constructs such as resilience to be examined, but it also presented a case for constructs and interactions to be scrutinised when dealing with Indigenous peoples. The literature also highlighted the salient issue of First Nations people internationally being underestimated and undervalued in relation to their strength and resilience.

Study two considered a select number of biographies and autobiographies that revealed four main themes: identity, living in two worlds, the importance of family, and spirituality. 'Identity' was a theme that was characterised by the strength of Indigeneity;

that the Indigenous identity is made stronger through connection to land and knowledge of family history/linkage. The ‘two worlds’ theme was about building strategies to enable the person to deal with the tension that arises when trying to navigate a path through two worlds, and this is important for sustaining resilience. The theme of ‘family’ was representative of family as an important provider of social capital, in particular in situations where general community fails to provide this support. The ‘spirituality’ theme was about the spirit of the land and the people, and how this linked First Nations people together and linked them with the land; spirituality was a great conduit to identity, as was their sense of themselves as First Nations Australians.

Study three involved interviews, which resulted in four emergent themes. These were adversity, linkage, insight, and agency. Adversity was found to be both an emergent theme in its own right, and an overarching context for the other themes. This theme emerged through the interviews as a prevalent and powerful narrative for all of the participants; living in a colonised country as a minority, often in racist times and racist towns, took its toll on all of the interviewees. This emergent theme was also a context for the other themes, in that the adversity informed, tainted, or infused the experiences of the participants in regard to linkage, insight, and agency. For example, linkages became even more important within this context of adversity. By the same token, insight became necessary to raise their own awareness of the structural and social issues at play in these peoples’ lives, and optimising a sense of agency was then imperative to counter these inequities.

The interviews were specific to this study and its aims whereas the books, and the literature used in the synthesis, were existing works. Despite this, there was many similarities in the emergent themes from all three studies; the obvious ones include the parallels between the themes around adversity (including the difficulties of living in ‘two

worlds', the importance of family and linkages (and with this, the importance of identity and land, and spirituality), and survival behaviours (including agency and spirituality).

The themes from the three studies are summarised in the table below:

Table 4: Summary of the Themes of Study One, Study Two and Study Three

<i>Study One – Themes from the Theme Extraction from Published Literature</i>	<i>Study Two - Themes from the Biographic Analysis</i>	<i>Study Three – Themes from the Interviews</i>
Disparate resilience definitions	The importance of Indigenous identity and the connection to land/connection to the Past	Narratives of adversity
The cultural context of adversity	Two worlds	Narratives of linkage
Indigenous survival behaviours	Family as social capital	Narratives of insight
Indigenous concepts of health/mental health	Spirituality	Narratives of agency
Intercultural practices and resilience		
Assumptions about constructs		

The importance of personality and identity to enhancing resilience is often mentioned by researchers (for example Fleming & Ledogar, 2008; McGuire, 2010; Merritt, 2007). The stories used for the biographic analysis reveal interesting personality and

identity characteristics common amongst these authors. From the Western perspective resilience is generally defined as character traits that foster and sustain wellbeing such as personal attributes and family and community support. This strand of my research, however, uncovered that these concepts, as introduced in the review of literature, need to be socially and culturally redefined within an Indigenous Australian context.

The research process involved in this thesis has led me to believe that there is a need for a comprehensive analysis of the concepts by which resilience is defined in the mainstream literature. Resilience is, in the first instance, a “personal attribute” according to some researchers. The authors of the autobiographies/biographies included in this study (study two) reveal their personalities through their stories. Each story outlines the hardships that shape their personalities. This is true regardless of the time, the background and the location outlined in the stories, and a real sense of survival from hardship emerges in each story.

The narratives throughout the studies of this thesis show that hardship and survival can result in pain, hurt and grief, which can manifest in various ways. ‘Soul wounding’ is a way to conceptualise these consequences, and it is an evocative term, one that can be used to speak eloquently to the need for healing. Soul wounding is a term used to indicate spiritual injury as a result of; a loss of hope, depression, post-traumatic stress and multigenerational trauma, as outcomes of the trauma associated with colonisation: “These are all indications of a people in profound pain” (Lawson-Te Aho & Liu, 2010, p. 128). The above quote highlights critical issues necessary to a balanced discussion around survival through adversities: Colonisation has consequences ‘down the line’. This is true of those who have been colonised worldwide. Transgenerational transmission of trauma continues, and intrinsic to this is pain, and hurt, and grief. These can be explicit or implicit, and can be acknowledged or unacknowledged.

Dingwall and Cairney (2010) consider that:

The consequence [of genocide, dislocation, the Stolen Generations, and the denial of basic human rights] is an overwhelming sense of trauma, loss and grief for Indigenous Australians that is often not recognized or adequately addressed, and is perpetuated by their continued social, political and economic disadvantage. (p. 21)

The term collective trauma can be very helpful when discussing First Nations Australians, where the traumatic event can be seen as the ongoing effects of colonisation. The rapid-fire series of traumatic events that arise from this can be devastating. As Krieg (2009) states, colonisation wasn't a moment; it is not relegated to the past, rather it is "an ongoing experience with multiple persistent contemporary traumatizing events continuing to impact daily on Aboriginal families and communities" (p. 30).

Krieg (2009) considers that collective trauma is an important term, as it can help us to fully understand the link between these traumatic events and their impacts. In this way, the understanding of collective experiences of trauma "... allows us to acknowledge the importance of describing traumatic experience in terms of its impacts on connectedness, collectivity and relationships" (Krieg, 2009, p. 30).

Discussing resilience is important; however, First Nations Australians are sometimes *expected* to be resilient, to not 'dwell' on the past, and to 'move on'. Another point that is related, and which is elucidated elsewhere in this thesis, is that if we expect resilience, or attempt to 'instill' resilience 'into' Aboriginal peoples then we are at risk of putting the responsibility for change on the person, at the cost of not examining the system. Systematised racism will not be addressed if we simply blame the victim. If we do this we are in effect silencing the victim. Sonn (2012a, p. 33) considers that "this dynamic of silencing, or telling those who have suffered the brunt of systematized racism to 'move

on’, is also evident in responses to Australian Indigenous peoples’ claims to self-determination and naming of racism.”

As a start in this process of decolonising, I would argue that this ‘ability’ for practitioners to perform with competence can be increased by scrutinising terms such as ‘resilience’. By doing this, we can increase the effectiveness of the healthcare practitioners, and enhance their cultural competence. Conversely, such things as an assumed congruence of concepts and terminology can be damaging in a number of different ways (from misdiagnosis, to lack of accessing services by Indigenous people). Indeed, this thesis has revealed a clarification of the concept of resilience, by incorporating an Indigenous perspective into the dialogue. What has emerged is that personal attributes for Indigenous people are underpinned by some shared identity characteristics. These characteristics are nurtured by belonging to the land and through understanding family history. Each storyteller in Study Two, for example, is an individual with a unique personality, as is revealed by their stories. However the two nurturing behaviours described above (belonging to the land and family history) which are common to each author, appear to facilitate survival, and are not generally described in mainstream literature about resilience. Therefore the term ‘survival’ may provide a more naturalistic label for Indigenous people who have survived adversity, rather than the term ‘resilience’.

This thesis also helps in the understanding of the impact on Indigenous people of a lack of social capital, which can be defined as the negative influence that an un-accepting society can have on the wellbeing of people, and how Indigenous peoples’ families fill the gaps left by society (a surrogate social capital if you will).

Finally, we see the importance of spirituality in fostering and sustaining people’s wellbeing. This theme was strong and merged in all three studies of this thesis. This emergent theme, while it may not equate to religion, does speak to a belief in a linking

spirit and a collective sense of something universal; beyond the physical. This sense of something greater than the individual was pervasive in all interviews in Study Three. Spirituality, according to Brown, Carney, Parrish, and Klem (2013) can be defined as “a feeling of connectedness to a higher power and openness to the infinite beyond human existence and experience” (p. 110). Spirituality is linked to physical health and it contributes positively to mental health, and is important when coping with a mental illness (Snider & McPhedran, 2013). A sense of spirituality may be an asset and coping strategy, and mechanism, for dealing with adversity (negative life events), anxiety and depression (Brown et al., 2013; Snider & McPhedran, 2013). In fact, spiritually informed therapies are recommended and used with substance misuse treatment, relapse prevention with depression, and mindfulness approaches that are based on spiritual practice (Cook & Powell, 2013) and palliative care with Aboriginal Australians (Shahid, Bessarab, van Schaik, Aoun, & Thompson, 2013). Snider and McPhedran (2013) consider that it is possible that belief in a higher power may relate to emotion regulation, locus of control, resilience, optimism, a sense of hope, and also relate to how much trust a person has in others. Spirituality and the linkage that this can bring to First Nations Australians was a strong theme, and participants in Study Three, the interviews, linked spirituality and survival very strongly. They also linked it with identity, and with links to country.

The four themes uncovered from Study Two, the biographical analysis, (identity, family, two worlds and spirituality), provide an insight into the term ‘resilience’, as it is experienced by Indigenous people. While an understanding of these themes is useful, as yet it cannot be suggested that a comprehensive theoretical framework to guide action is evident. This glimpse of an Indigenous insight into resilience is just the beginning and reveals a need for a much more comprehensive research process, using other sources of data, to better understand the Indigenous experiences around the concept of resilience.

The narratives of linkage that were highlighted as a theme in Study Three, the interviews, are about the linkage First Nations Australians find important, such as the links they have with land, country, culture, spirit and family. Krieg (2009) discussed this type of connectedness and how this is vital to addressing collective trauma. She noted that Judy Atkinson, and her discussions around trauma and how it is transmitted transgenerationally, are strongly supported from the literature on the recovery process after mass disasters. The broader international literature supports this idea of linkages and connections as important to resilience, recovery and healing. Chamlee-Wright and Storr (2011) for example wrote on how social capital, specifically social networks, facilitate community resilience. They found that shared identity and a sense of community aided in responses to shared trauma. The family unit is important for resilience, but community context and community resilience is also vital, as after devastation, “the supports and functional capacities of these contexts appear to make a profound difference for children and their families” (Masten & Narayan, 2012, p. 245). The importance of context was also supported in this current thesis.

The in depth interview data, Study Three, clarifies these themes and leads to the development of a more comprehensive theoretical framework, and a more complete picture of resilience as a construct. It proved true that Indigenous Australians do conceptualise resilience differently, therefore there are implications for the effective delivery of culturally safe healthcare and education. The interview participants had all survived through many different adversities; some adversities that any older Australian would possibly have been through. Yet there is the extra layer of complication that being an older First Nations Australian brings; being older means having lived through an extra layer of complications, losses, grief and discrimination, such as experiencing the injustices of earlier decades. The adversities relevant here are the adversities that stem from issues such

as structural inequalities, and social determinants of health; the varied consequences of colonisation. The next section explores this type of complexity.

The nature of the inequitable distribution of health care – the barriers to health parity

...health and mental health-care services for Indigenous people are often highly inappropriate and severely inadequate. Although the inadequacy of mainstream service provision and assessment techniques for Indigenous Australians has been recognized for a number of years, little practical development has occurred. (Dingwall & Cairney, 2010, p. 20)

Inadequate service provision, inappropriate healthcare delivery, and geographic locations can all have an impact on healthcare delivery. Another barrier to healthcare access and efficacy may be that Indigenous Australians choose not to access services they know are inappropriate, culturally unsafe, or intimidating. If, for example, an Indigenous person has had bad experiences with staff at an existing service, due to miscommunication, that client may be lost to that service indefinitely. Iedema (2012) states that ‘the quality of the communication is equal to the density of the mutual attention.’ Therefore, if this quality communication is compromised, it follows that healthcare itself may be compromised, at least partly. Whilst Iedema (2012) is substantively talking about interactions between staff, this impacts upon consumers, and healthcare outcomes. As an example, if staff members are too tired to effectively communicate with each other, in such important interactions as emergency wards and operating theatre, what reserves do they have to effectively communicate with patients? What of communication with Indigenous patients?

As discussed earlier in this thesis, Diana Eades (2004, 2008, 2013) has written extensively about Indigenous/non-Indigenous miscommunications in the legal system in Australia. She discusses examples of miscommunications in particular cases, and writes

about how deficits in understanding how Aboriginal Australians communicate can result in disadvantage in the justice system. She develops this further to highlight context and dynamics, in regard to interactions with Aboriginal Australians; wider, structural changes need to be enacted to address why these miscommunications are happening, and to address the power differentials that are at play. Eades (2004) states that her reading of the criminological literature seems to suggest that

...it is indeed naïve for sociolinguists to assume that an understanding of cultural and linguistic difference can substantially alter the participation of Aboriginal people in the criminal justice system. Nothing short of change in the key elements of the system is required, including all levels of police and judicial work: recruiting, training, practice, supervision and regulation. (p. 503)

This quote highlights the importance of social justice, restorative justice, decolonisation, and the role that liberation psychology can play in addressing these broad structural issues.

A greater awareness of miscommunications and misunderstanding born from different worldviews may not correct the broader socio-political issues prevalent in a post-colonial Australian setting, but it will allow foundations for a restorative redressing of the power differentials between Indigenous and non-Indigenous people. The sociolinguistic micro-analysis can help in uncovering the many mechanisms that help to provide the context for inequalities (Eades, 2004).

Wallerstein and Duran (2010) considered that we (as a society) need to recognise and systematically evaluate culturally supported interventions. We need to do this, in part, to confront the ‘tradition of one-way translation of knowledge’ (from academia to the community). Wallerstein and Duran (2010) contended that we also need to assert the value of ‘hybrid knowledge’; the intersection between Western and Indigenous knowledge (p.

e2). The academy, including Indigenist research, has been discussed throughout this thesis. The need for the decolonisation of research, as in the need for decolonisation in general, is critical to self-determination for First Nations Australians. Indigenous people, by engaging in the challenge and deconstruction of colonising practices and voicing their own epistemologies, are engaging in essential self-determination (Sonn, 2008). It is Sonn's (2008) view that this process of self-determination by Indigenous peoples "...challenges psychological research and practice, which, in the Australian context, has been seen to function in a colonising manner ..." (p.156). This deconstruction of the effects of colonisation is imperative to addressing the adversities such as those highlighted in this current research.

There are barriers and challenges to improving health equity. One challenge is of course language:

which includes incompatible discourse between the academy and the community, and the power of naming, which encompasses such commonly used terms as 'institutionalization' or 'collaborators.' These terms can unwittingly trigger resistance and historical memories of assimilationist policies or betrayal.

(Wallerstein & Duran, 2010, p. e2)

Professor Rick Iedema (2012) works with video ethnography to discover how health staff communicate. He states that 'video shows people how they talk (or don't talk), to people.' The use of video also shows the emotional labour of this communication. Professor Iedema (2012) notes that sometimes 'people aren't talking – they are zombie-ing rather than talking'. This can highlight the substantial issue of burnout, and the issue of an 'auto-pilot mentality' that some health professionals may interact within.

Professor Iedema (2012) considers that communication is 'where the rubber hits the road', meaning that 'at the coal-face', effective healthcare is dependent upon effective

communication. Communication is an emergent co-construction where safety is an emergent accomplishment. Communication can also be seen as a ‘rapid response medium’ where effective interactions can lead to more immediate treatment (Iedema, 2012).

It is not just health providers who need to be aware of the possibilities of miscommunication and ‘short-cuts’ such as assumptions about clients made when practitioners are on ‘auto-pilot’. In addition to the practice of health professionals, researchers may be complicit in reinforcing stereotypes, for example, by focusing on both deficits, and the individual. A focus on an individual’s lifestyle habits, or a community’s petrol sniffing problem, will focus on deficits and will perpetuate stigma, but it will also allow a justification for “a moral distinction between ‘worthy and unworthy’ recipients of state services and between the ‘socially responsible’ and those who can be excluded from benefits accorded to other citizens in the community” (Pyett et al., 2008, p. 180). In regard to inequalities, this division between the ‘worthy’ and ‘unworthy’ may allow a deflection for government and policy maker to ascribe blame to the individual rather than to the broader, structural, determinants of ill health (Pyett et al., 2008, p. 180).

A central tenet of liberation psychology is that excluded individuals need to develop an awareness of the “...sociopolitical conditions that oppress them” (Sonn, 2012a, p. 32). The emergent theme of ‘insight’ is necessary to facilitate change, and this then lays the foundations for the next theme, ‘agency’. Being conscious of inequities is not enough, as change has to occur through this consciousness.

The notion of agency, a theme that emerged from my research, is infused through my discussions of First Nation Australians as being resilient; being survivors. This sense of survivorship is a form of agency. Professor Iedema (2012) also discusses agency, but in this regard he is using the word to illustrate the need for action and intention in culturally safe care. Being moved, or affected, is necessary to allow cultural safety in healthcare, in

a similar way to reflexivity being necessary for safer practitioner/patient exchanges (Iedema, 2012).

The term agency was chosen as a name for the phenomenon that emerged from the narratives in relation to activity and commitment to action. This mobilisation was a personal response to the adversity faced by the participants. The agency that my study highlighted as a theme for First Nations Australians can also be seen as a necessary theme for healthcare professionals. For this to occur disciplines such as psychology need to take on 'agency'; they need to commit to an action and intention as 'agents of change'. My participants were committed to themselves and their people to be 'agents of change', starting with themselves. This kind of passion and commitment for change needs to be enacted in disciplines, especially disciplines such as psychology that admit their role in past injustices, and who have publically committed to social justice causes.

The importance of sharing experiences/giving voice to the narratives for decolonisation

Sharing experiences and narratives is vital to First Nations people, and is vital to empowerment and social justice gains. This type of linking between First Nations Australians is also vital as a forum for shared experiences of racism. One example is the shared experiences of letting racism define how we think of ourselves. Sometimes the racism 'creeps in' and this certainly came through as a theme from the studies of this thesis. There is a term 'lateral violence' which describes the violence that can be within groups, which is a manifestation of being oppressed. 'Lateral racism' is similar in that this oppression manifests internally, that is, it then informs how we think of ourselves, our families, and our culture. This is a type of internalised racism that is indicative of how we, as First Nations Australians, can adopt the various covert and overt messages of racism.

We are not raised in isolation, we are raised in a society where we are a minority, and where we are taught from an early age that our being; who we are; is not enough. Stephen Biko, a student leader, and activist in 1970's South Africa, and who subsequently died in police custody, stated that "At the heart of this kind of thinking [that as oppressed, colonised people, we are 'not enough'] is the realization by the Blacks that the most potent weapon in the hands of the oppressor is the mind of the oppressed" (Biko, 1978, p. 14).

Balingall, when writing of how the 'third world' is portrayed in Canadian media, discussed Stephen Biko's works, and stated that the "...key to the oppression of colonized peoples the world over is how they tend to become convinced of the inherent inferiority of their identity, how the understood meanings of who they are can be ascribed negative values" (Balingall, 2006, p. 53).

Despite the fact that the adversities associated with oppression and colonisation are ongoing, and may manifest in such ways as internalised racism, a major finding of this research has been how obviously empowered the participants are. The various adversities that formed the context of their lives, including the internalised racism that emerged as a theme, prove to be insurmountable for many, so their stories of survival are even more motivational. All of the participants were so generous with their time, and all were very keen to be heard. They wanted their stories told, and they wanted their voices heard.

Smith (1999) discussed the need to decolonise. She states that "decolonization is a process which engages with imperialism and colonialism at multiple levels. For researchers, one of those levels is concerned with having a more critical understanding of the underlying assumptions, motivations and values which inform research practices" (Smith, 1999, p. 20).

By scrutinising concepts, we are decolonising language. Wallerstein and Duran (2010) consider that an "ongoing dialogue with partners about discourse specific to local

values remains critical...” (p. e3). By de-colonising (language; systems; ourselves), we are making language, and systems, more effective, and more culturally safe. We are also liberating ourselves as Indigenous people.

Survival and resilience can be viewed from an international psycho-political viewpoint, and liberation psychology is relevant here. Fanon led the way with discussions on coloniser and the colonised (Ahluwalia, 2003). Ahluwalia (2003) used Fanon’s work as a base to discuss the transition from decolonisation to liberation. Martin-Baró (1994) dealt with issues around civil conflict and struggles against injustice in the South American context. Indigenous peoples worldwide constantly need to make sense of the world, and are required to incorporate a clash of worldviews. As part of this we need to recover our own stories of the past. Methodologies, theories and constructs need to be reconsidered. It is important here though to bear in mind that, as Linda Tuhiwai Smith (1999) so succinctly declares:

decolonization, however, does not mean and has not meant a total rejection of all theory or research or Western knowledge. Rather, it is about centring our concerns and world views and then coming to know and understand theory and research from our own perspectives and for our own purposes. (p. 39)

Linda Tuhiwai Smith (1999) had hope for ways forward. She considered that “the past, our stories local and global, the present, our communities, cultures, languages and social practices – all may be spaces of marginalization, but they have also become spaces of resistance and hope” (Smith, 1999, p. 4).

In order to find our way forward, we need a sound grounding and understanding of context and currency. Miscommunications can lead to marginalisation, and can be based upon Western knowledge being prized above Indigenous knowledge.

This thesis was predicated on the importance of giving First Nations Australians a voice, especially in the academy and specifically in psychology. The research is Indigenist in nature; it was conducted by a First Nations man [who is also a psychologist], and was conducted with First Nations participants.

The role of psychology has been discussed previously in relation to its role in the perpetuation of racism and oppression for First Nations Australians. The future role of psychology has also been discussed; in regard to the liberation of First Nations Australians, and indeed, the liberation of the discipline of psychology itself. Part of this liberation is redressing the ‘knowledge’ that the discipline has been based upon. This knowledge has been one-sided, formed solely by the dominant culture’s academy. Liberation therefore requires alternative realities, voices and ‘ways of knowing’ to be taken into account. This is in line with the “...recovery of historical memory, of rescuing and rearticulating historical experience as part of social change processes” (Sonn, 2012b, p. 241). Sonn (2012b) highlighted the fact that numerous authors have discussed how important it is to reclaim histories, and he also makes the point that these histories have largely been from the point of view of those who are of the dominant culture and who are powerful.

Therefore, by giving my participants [and I as an Indigenist researcher] a voice, we are redressing an imbalance of knowledge, and are helping in the decolonisation of a discipline. The story thus far has been told from the perspective of those who held the power, the colonisers, but decolonisation requires reclamation of this history (Smith, 1999).

The use of humour was a common theme, and it overarched the other themes; adversity, linkage, insight and agency were united by this one factor.

The importance of connectedness, identity, and linkages came through strongly from the studies. These links to country, identity, and each other are strong, and can be harnessed for healing. One way this connection is made, retained, or strengthened, is the shared sense of humour many First Nations Australians have. Krieg (2009) noted that connectedness is one vital way of addressing and responding to collective trauma. Krieg also highlighted the importance of safe places, discussing Professor Judy Atkinson's work on the trauma that is transmitted transgenerationally and the healing that is needed because of it. Safe places where Indigenous people can share and heal, is a priority, and "she also argues that since psychological trauma involves disconnection from others, healing and recovery could only occur within the context of relationships. Her [Atkinson] views are strongly supported in the international literature on recovery from mass disasters" (Krieg, 2009, p. 31).

Humour was a strong emergent theme in this research, and humour itself was also inextricably relevant to the other emergent themes, such as linkage. Raphael and Ma (2011) also highlighted the importance of linkages and bonds, and stated that:

recognizing the importance of human relationships is critical, as exemplified by the powerful nature of affectional bonds in survival... the attachments to family, loved ones, and especially children are at the core of every aspect of prevention, preparedness, response and recovery. (p. 248)

These types of important factors such as affectional bonds, attachment and the importance of relationships are enhanced by humour. The respondents in Study Three, the interviews, for example, all used humour in their narratives, and very often the humour was embedded in the retelling of vast adversity. This is not a surprise to me as an

Indigenous man; humour is a very common, and uniting, force for Indigenous Australians. It brings people together with a shared type of a sense of humour, that is at once reassuringly familiar, and one that can also act as a coping strategy (by diffusing a situation, and/or by providing a much needed emotional release). Australian academic and psychologist Christopher Sonn recounts stories of racism, which, although the participants are South African migrants, illustrate the power of humour. In the instance of being retold, the participants are uniting over stories of adversities, and in one anecdote story, "...they laughed because of shared tacit knowledge, their shared understandings of meanings and significance ..." (Sonn, 2012b, p. 243).

For the respondents in the Study Three, humour is a mechanism for linking with other First Nations Australians – it links in with ‘the ties that bind’, and it therefore makes adversity a bit more surmountable. Humour can also help in reflections – respondents either shared intimate knowledge or stories ‘wrapped up’ in humour, or reflected back the narratives of their lives through the lens of humour. This can allow insight to develop, as the humour can mediate the horror, or make the painful recollection less consuming.

Many authors discuss the importance of humour in individual resilience (see for example Cameron, Fox, Anderson, & Cameron, 2010; Toombs & Gorman, 2010; Tugade & Fredrickson, 2004; Tugade et al., 2004). Cameron, Fox, Anderson, and Cameron (2010) discussed an important function of humour, affiliation. This related to the use of humour to facilitate ‘relational attachment’, which served as a mechanism for bringing people closer, to allow connections and to foster affiliations with others (p. 737).

The research done by Sonn (2012b) supports the use of humour to aid in the recounting of painful memories:

others told stories about dehumanizing experiences ... In those stories the accompanying laughter was ostensibly about the disbelief of one’s treatment by

others, the farcical nature of the behavior of White people, and the fact that one did not or could not respond, but perhaps also because of the distance from that time, place, and self. (p. 243)

Humour and laughter can provide a type of psychological safety, which can allow groups and individuals the safety to re-tell, and re-construct what they are being 'told' by the dominant groups; humour can therefore serve both a cultural, social, and political role for those who are oppressed (Sonn, 2012b). Humour and the sharing of humour can be a linking method that allows for the psychological processing of oppression.

Humour then is both a coping mechanism and a mechanism of identity – a shared sense of humour is a shared identity that works as a bonding experience. The shared humour is also a point of reference for all of these things, as was discussed in the results of the interviews.

An emergent theory - Three distinct ways of being resilient:

Even though I used case study method for the interviews conducted, I also drew strongly on grounded theory, which was used in parallel with case study method, especially in relation to how I coded and analysed the data. A benefit of this was the ability grounded theory gives for a process of theory building. This research was always framed to aid health professionals in their work with First Nations Australians, and to also inform and perhaps improve their practice, as well as for use by educators who have developed or are considering developing programs that touch on resilience in regard to Indigenous peoples. In relation to my thesis, I would therefore hope that this data could be used in a process of theory building (grounded theory). As an example of this process, I used the data, and the themes that have emerged, to construct a theory of how First Nations Australians survive through adversity.

The themes that emerged from the participants' stories were of survival through adversity, and the resultant themes were helpful when considering this phenomenon. What follows is only a theory, but it does illustrate the application this type of study can have when using grounded theory and it also sets the scene for future study opportunities. The theory chosen to focus on echoes the spectrum I created in the 'theme four – narratives of agency' section, where I had discussed a spectrum that Victoria discussed, where survival was at one end, thriving at the other, and the driving force on the continuum was resilience. From the themes that emerged from the data, a theory could be posited as to the distinct ways of being resilient, from an Australian First Nations perspective:

Three distinct ways of being resilient:

The interviews revealed three distinct ways of being resilient – that is, three ways of coping with adversities that have been demonstrated by the participants in their stories. These ways are 'survival', 'dysfunction or adaption' and 'thriving'.

These three distinct ways of being resilient are outlined below in more detail:

1. ***Survival*** – a way of being resilient that is strong, that shows a conquering of adversity, but may manifest in some who become “super Indigenes” in a way that Fanon (1967) speaks of, which incorporates a sense of militancy or ‘blacker than black’. This can be a survival strategy that may be rooted in defiance and a sense of ‘uber-identity’. This way can be attractive to minorities and those oppressed, as it highlights the effects of hegemony and informs identity. It can become all encompassing, as it can include a sense of power for the individual, almost through an ‘us versus them’ mentality. Power is taken from this ‘the pendulum has swung back’ type of re-approbation of a sense of power.

2. ***Dysfunctional or adaptation*** – This may manifest as an adaptation to become ‘whiter than white’ as opposed to the previous sections ‘blacker than black’, as some take on a Western mantle, perhaps at the cost of ‘finding themselves’ (who they are as human beings and not what is expected of them).

This may manifest as an individual spending their lives trying to be something that meets someone else’s stereotype or expectation of them.

3. ***Thriving*** – This manifests as an individual who has a sense of a commitment to insight or agency, and who is thriving. They are comfortable in themselves and their identity and they have let go of other people’s expectations of them. They understand that they have a right to be themselves, and not what they are sanctioned to be or expected to be.

A theme emerged from more than one participant in the interviews around identity and spirituality; a sense of Universality. This sense of being a Universal identity but also taking pride in your identity as a First Nations person is perhaps the most healthy way of surviving through adversity, and it is perhaps more sustainable and evolved. The third way of being resilient in many ways epitomises the essence of the human rights movement, in that it illustrates an individual who is not inhibited in their identity or in what they choose to be. It is not a way of being resilient that is dependent upon others’ approval or disapproval, or dependent on others’ sanctions or stereotypes. This type of survival, in this theory, is what happens after the healing. Judy Atkinson (2002) comments on the need for healing after trauma, and this type of resilience, the thriving, is what can happen after this healing has been undertaken, and after a sense of agency (agency despite structural racism and inequality; agency despite oppression) has been achieved.

This type of resilient person was represented in the interviews, but in this model, as in the emergent themes discussed previously; this thriving should not be left to the

individual alone to strive for. Positive individual adaption should be optimised; but not at the expense of broad change. The facilitation of this third type of resilience needs systemic change that encourages and allows this personal empowerment and sense of agency. The context of First Nations Australians needs to be considered in depth, and factors such as social determinants of disadvantage and power differentials need to be addressed, as this ‘thriving’ should evolve by design, and certainly not by default.

Chapter Ten: Implications and recommendations

Given that mental health assessment is the gatekeeping process to mental health service provision, including alternative healing programs and services, it remains an area of significant concern that individuals and communities are not receiving the level of care to redress the impacts of colonisation and the policies that have impacted on Aboriginal and Torres Strait Islander peoples. (Drew et al., 2010, p. 204)

The main theme to emerge from this thesis is that First Nations Australians are robust, successful and are survivors. On their own terms, they are resilient. This is significant, as it carries implications for policy directions, health care delivery, and project and programme planning, development and implementation. When steps are made to create programmes, health initiatives and policies that affect Indigenous peoples and their communities, they need to include culturally safe communications. These communications need to include a commitment to Indigenous knowledge and Indigenous worldviews, and they need to be predicated on a healthy awareness of the potential for miscommunications and assumptions. A ‘healthy awareness’ of a potential for harm paves the way for safe cultural interactions. It is that important step further than being culturally aware, as it encompasses more than merely an awareness of difference; it optimises the legitimacy of difference.

The social world is an accumulated history that becomes collectively owned, and also then becomes ‘credentialised’ and subject to a collective sense of entitlement (Bourdieu, 1986). This creates a monopoly and thence the perpetuation of power and privilege to a select few (Bourdieu, 1986). ‘Cultural capital’ describes the manner in which a dominant group is privileged, and how they maintain their privilege, mainly

through their knowledge, skills, education or values that are passed on, mainly in the family unit (Bourdieu, 1986; Klenowski, 2009, p. 84). Perhaps we are too narrowly considering ‘cultural capital’ as the way that a dominant group is privileged, and how they maintain their privilege. Perhaps we are not considering the specific, non-hegemonic ‘cultural capital’ that First Nations people have in abundance. In Study Three, the emerging theme of linkage showed a distinct ‘cultural capital’ for the participants in their family and community ties and bonds. A focus on deficits has been discussed previously in this thesis, in that a focus on deficits can come at the cost of the rightful recognition of strength. The term resilience was used as an example of this; by trying to enact programmes or initiatives that ‘instil’ resilience in Aboriginal children we perhaps fulfil a subtle perpetuation of a myth, expectation, or prejudice, that Aboriginal children are not resilient. And until systems see the value of the specific and unique ‘cultural capital’ that diversity brings, and until we focus on a strengths-based approach rather than a deficit based approach, change will be slow.

As well as focusing on the strengthening of social capital, which is of course very important, we also need to challenge paradigms that may perpetuate the hegemonic myth of Indigenous peoples as ‘lesser than’.

A direct implication of this process of hegemonic perpetuations of power and privilege may be that one group has to have greater resilience than the other; this group may then have to persevere more, and they have to be more competent than the privileged group (Klenowski, 2009). This relates to the theme that emerged from the interviews in this thesis in regard to the difficulties expressed by most of the participants in how hard it is to exist in ‘two worlds’. First Nations Australians have to operate in two worlds efficiently and effectively. They have to persevere, be competent and have greater resilience, as well as be “au fait” with two distinct worlds. What complicates this even

further are the added pressures of perhaps not feeling totally accepted in either world. It is an unfortunate fact that being Aboriginal or Torres Strait Islander in Australia today "...is often discursively constructed in health literature as equating with risks of many kinds" (Nelson et al., 2012, p. 325). This can feel disempowering to First Nations Australians, with some authors questioning why programmes or discussions around Indigenous health focus on the deficits (Nelson et al., 2012).

This type of dialogue about how we portray particular populations, and how we approach and use terms, such as 'risk', "...can be helpful in highlighting the taken for granted assumptions which underpin contemporary discourses of health" (Nelson et al., 2012, p. 325). Nelson, Macdonald, and Abbott (2012, p. 325) stated that "the young people's narratives offer an alternate view to the pathologised, statistical 'stories' often representing Indigenous Australians in scientific and popular literature and the media".

Recommendations for the education system

One of the questions asked of participants was their experiences within systems, such as the healthcare, education and the legal system. Even though 'education' came through as an emergent theme for all participants, this was in regard to education being transformative, as being a linking experience between adversity and agency. However, it was obvious from all participants that they were "jaded" from their experiences of formal education, and the system itself. Education came through the data as an example of adversity. Racism, differential treatment, and culturally unsafe practices epitomised the participant experience.

I will focus here on education because it is a system that cannot be excluded from discussions around health and health care provision. Obviously psychologists come through the education system in order to become a qualified member of the profession.

This also relates to the previous discussions in this thesis around the role of psychology in the colonisation process and the need for the discipline to be active in the decolonisation process. An example of how psychology sees its part in this process is illustrated by such education focused initiatives as the Australian Indigenous Psychology Education Project (AIPEP), which aims to increase Indigenous participation in psychology education, with the Australian Psychological Society being one of the main partners in the project (Dudgeon et al., 2013).

Informed by the data, I will now explore the specific issues in relation to the education system and give recommendations for how Indigenous people can more safely operate within the system.

One way to change the discipline is to change the training of future practitioners. The problems with psychology may appear to be entrenched and unchangeable, unless undergraduate curriculum is altered. This in turn will change the discipline, which will in turn change research methodologies, and it will ultimately help psychology to be more “...socially relevant and offer[s] a genuine opportunity for the profession and its practitioners to promote social justice agendas” (Breen & Darlaston-Jones, 2010, p. 74).

There have been many calls for an increase in the numbers of Indigenous health care professionals to help improve the health and wellbeing of Indigenous Australians. This is part of an ongoing strategy aimed at reducing the disparities between Indigenous health and that of the general Australian population (Lawson, Armstrong, & Van Der Weyden, 2007). When discussing how we create opportunities for Indigenous students, we need to address four key issues:

- role models,
- community expectations,

- barriers to study, and
- a lack of support and guidance throughout the process.

Dr Kong (2006) is an Indigenous surgeon, who was asked “*you are seen as a role model in the community. How do you feel about that?*” He replied

Nervous. I think it's something that I don't particularly envy but it is something that I'm extremely proud of. I think I've been very fortunate in having a lot of mentors and role models who I've aspired to and if I can change one kid's mind then I'm going to be one happy man for a long time. (p. 4)

Mentoring and being a role model is vital, as Dr Kong says, for making a difference, and increasing the numbers of Indigenous health professionals is vital, in part, because of this increase ‘down the line’, i.e. the impact that will have on Indigenous health and other key indicators.

The importance of role models is not just confined to the communities. Role models and mentors are necessary for the retention of Indigenous students. The university experience can be an isolating one. A cohort of other Indigenous students and Indigenous staff can help to attract, retain and progress Indigenous students. Ellender, Drysdale, Chesters, Faulkner, Kelly, and Turnbull (2008) investigated the reasons that Indigenous Australian medical students gave for leaving their courses, prior to graduation, and found that “the cultural isolation in large impersonal universities was too much to bear for these Indigenous students trying to maintain their Indigenous identity” (p. 43).

These feelings of isolation, cultural isolation and dissatisfaction with staff attitudes are echoed by research done by Hossain et al (2008), where a participant stated the need to “Ensure that staff working within the university have an understanding of the ‘cultural dimension’ impacting on Indigenous students and their families. This could be facilitated

by a cross-cultural awareness program to be delivered to all staff within the university, ideally as a core component of the induction program for new staff' (p. 16).

Some specific recommendations from Ellender et al (2008) are the inclusion of (and commitment to) orientation programmes, scholarships, mentorships and the provision of 'social contexts' that can help students maintain their cultural identity. We can learn from these students, and from the literature. These students want to impart what they have learnt from the process, and they want it to make changes for other Indigenous students who study after them. These recommendations are echoed in other literature such as Hossain et al (2008) who includes academic needs like tutorial assistance and support, and facilities, and including the broader support and social contexts that Ellender et al (2008) discussed, included financial supports:

...the students indicated they needed some economic support (scholarship), employment opportunities and social support such as orientation, multicultural activities, socio-cultural support, support for physical disabilities, childcare facilities, sense of belonging and group accommodation to continue studies at the university. (Hossain et al., 2008, p.p. 15-16)

The university setting is critical to how we attract and keep Indigenous students. Academia can be frightening, aloof and non-inclusive, especially to Indigenous people. It is important to ensure that Indigenous health becomes a priority for all staff (not just Indigenous staff), to ensure that Indigenous students undertaking the course will be supported (Bradford, 2006) and so that they will feel included, understood, and respected. It could be argued that in order to attract and retain Indigenous students, Universities need to commit to attracting and retaining Indigenous staff. Indeed James and Devlin (2005) stated that

increasing the number and proportion of Indigenous people in these decision-

making and governing structures will mean that Indigenous people are better able to lead reforms, as well as respond to issues, in the higher education sector.

Building Indigenous capability in this way will increase the higher education system's capability to offer Indigenous learners, teachers and researchers at all levels the programs, advice and support that they need. (p. 12)

Indigenous knowledge and Indigenous 'ways of knowing' need to be appreciated and integrated into approaches to Indigenous student support, and indeed into curriculum. When discussing how to attract and retain Indigenous students, Howlett et al (2008, p. 23), made the point that "an inclusive, Indigenised curricula does not involve exclusion of mainstream sciences, rather an appreciation that combined, these knowledge systems may have a lot to offer".

Often Indigenous knowledge is overlooked and undervalued, and the focus is instead on remedial strategies. Some strategies around supporting Indigenous students still focus on assumptions of student deficit. Whatman, McLaughlin, Willsteed, Tyhuis, and Beetson (2008) state that "attempts to offer appropriate educational strategies for Indigenous learners often have been premised upon what it is that they 'lack', with such strategies being envisaged as compensatory" (p. 119). Wallace, Manado, Agar, and Curry (2009) also highlight this type of deficit approach that tends to focus on Indigenous peoples' perceived 'weaknesses' rather than strengths. They also highlight the need for initiatives and engagements to be flexible to different ways of working with people; ways that recognise and respect knowledge and that work from a strength base. Nakata, Nakata, and Chin, (2008) for example, argued that "Indigenous students, particularly under prepared students need to be considered both in terms of their skills "deficits" and in terms of their particular sets of Indigenous knowledge, which we consider to be important assets they bring to their learning" (Nakata, 2008, p. 138).

A lack of retention of students costs universities in a number of ways. However, “of more concern from the Indigenous perspective are the opportunity costs of student attrition to the Indigenous community when Indigenous engagement with higher education, seen as a key to improve Indigenous well-being and futures, does not achieve desired outcomes” (Nakata, 2008, p. 137).

Another barrier to this need for valuing Indigenous students, and retaining them in their studies, is the pressure on them not only to perform in ‘two worlds’, but to perform within systems that may be systemically oppressive. The lived reality of ‘constant racism/the constant expectation of racism’ that emerged as a theme in this thesis is echoed in the literature (for example, the Australian Human Rights Commission, 2013), and is an issue in education. The following quote from Sonn (2008) discussed Indigenous experiences in tertiary education, as a student:

For the Indigenous student there was no question, her experiences are always racialised. From a critical race theory perspective race and racism is taken for granted (Ladson-Billings, 2003), it is every day. The context of race relations in Australia, and the silencing of Indigenous voices meant the Indigenous student took an enormous risk to speak about her experiences. She risked being dismissed, dismissed because it is hard for white people to know the experience of racism, even though they can know about it (Moreton-Robinson 2003). But, for the Indigenous student the event and how she experienced and interpreted it demanded justification. (p.162)

O’Brien (2008) sums up the issues around Indigenous student learning in a Western knowledge system: “As it stands, Indigenous students suffer the consequences, and while they appear to be failing at university studies, the reality is that universities are failing Indigenous students” (p. 60).

Ways forward - Recommendations for the health system and specifically the discipline of psychology

This thesis should inform and hopefully motivate academics, practitioners and others to undertake further research which endeavours to clarify the understanding of concepts, such as resilience in this instance, from an Indigenous perspective.

Rickwood, Dudgeon, and Gridley (2010) give credit where due to the discipline of psychology. They highlight that the discipline has matured in that it acknowledges its role in excusing and perpetuating racism, but they call for a commitment to vigilance in psychology being part of the ongoing solution.

As part of this ongoing commitment, Dudgeon and Pickett (2000) considered that the discipline of psychology in Australia needs to embrace Australia's Indigenous history and respect and celebrate culture, and cultural difference: Critical to this must be an awareness of contemporary Indigenous Australians and how diverse they are.

Another important point to consider is the balance of intervening without harming; helping without harming. Hunter (2006) when discussing what Australia can learn from other countries in their attempts to address social justice issues, points out that "they do not address the intervention paradox: how is it possible for non-Indigenous individuals, organizations or governments to act responsibly to redress Indigenous disadvantage without compounding dependence and compromising Indigenous agency?" (p. 30). Ranzijn, McConnochie, Clarke, and Nolan (2007) continue this discussion, considering the intervention paradox as a possible unanticipated outcome stemming from good intentions, and the consequences of these good intentions can be many and varied, such as enacting policies and practices that may ultimately undermine self-determination or that continue to perpetuate cycles of dysfunction.

These good intentions can also manifest in practitioner/client interactions, and a

danger can be a lack of reflexivity on the part of the practitioner. Shahid, Bessarab, van Schaik, Aoun, and Thompson (2013) highlight the potential consequences of communication difficulties in practitioner dealings with Aboriginal clients. The authors highlight some comments by non-Aboriginal service providers referring to Aboriginal people as non-assertive, non-responsive, and challenging; because the practitioner felt they got little feedback from the patients ‘about what they understand’ (p. 5). Comments such as these “often occurred in the absence of apparent reflection on whether their own communication style facilitated or undermined good communication with Aboriginal people and/or if they were the right person to be having that conversation” (Shahid et al., 2013, p. 5).

Hunter (2006) discussed the subtle undermining of Indigenous autonomy by ‘good intentions’ and calls for approaches that maximise Indigenous agency; a very strong emergent theme in this thesis. Hunter (2006) further stated that

...it is also clear that as effective approaches must necessarily reflect Indigenous agency and support Indigenous continuity and control, non-Indigenous players should be placed in support roles rather than broadly directing social change. (p. 30)

Further to this call for support rather than direction, Ranzijn et al (2007) stated that psychologists need to “value their expertise and be willing to provide it when asked” (p. 31).

As has been discussed earlier in this thesis, the discipline of psychology has had a negative impact on First Nations Australians, partly “...evident through an emphasis on a deficits model, intervening through mainstream assimilation approaches, and the provision of assumed ‘expertise’” (Rickwood et al., 2010, p. 18).

Sonn highlights the push for psychology as a discipline to not only decolonise but

to be decolonised, and he (2012a) also notes calls for psychology to adapt; to become more Indigenous:

The complex relationship between psychology (and other disciplines) and colonialism and its legacy is well reflected in calls for indigenising psychology, that is, grounding our research and practice in local histories, worldviews and socio-political realities. And, while the terms indigenising and Indigenous have a range of meanings, many scholars argue that indigenising psychology is a necessary part of the decolonisation process. (p. 33)

Psychology also needs to consider systemic factors in the discipline that may be contributing to inequities (Gillies, 2013). To conclude this section of the thesis, I offer a list of a variety of recommendations for the discipline of psychology here in Australia:

Recommendations for Psychology as a discipline in Australia:

- Optimise reflexivity and cultural safety
- Commit to vigilance; keep Indigenous issues on the agenda
- Understand colonisation and its many legacies
- Consider systemic factors, within the discipline, that may perpetuate inequality
- Recognise First Nations Australian contexts, history and culture
- Understand social determinants of health and social disadvantage
- Recognise First Nations Australians' contemporary context, lifestyles and diversity
- Redress First Nations Australia's disadvantage, without compromising their agency
- Support and honour First Nations Australians' empowerment

This leads us into the next section, how psychology can be an agent of advocacy.

Psychology as an agent of advocacy

“Acknowledging and owning this history [the past role of psychology in contributing to cultural and institutionalised racism] can ensure that we do not repeat the mistakes of the past, but rather learn from them and move forward” (Rickwood et al., 2010, p. 21).

Boss (2006) cautioned healthcare practitioners about the term resilience. She discussed some pitfalls of expectations and consequences of ‘expecting’ people to be resilient and adaptable; it is only part of the picture to concentrate on those who ‘get through’. The broader context needs to be addressed; such as reducing discrimination, poverty and oppression (Boss, 2006). Boss stated that “Sometimes fighting back, insisting on radical change, or crisis is better than continuing to endure, for example, abuse and injustice” (Boss, 2006, p. 54).

The literature around Indigenous psychology speaks of the need for broad change, structural change to address the effects of colonisation that still reverberate. For example, Ranzijn et al (2007) spoke of the ‘major frustrations’ voiced by (mainly) Indigenous professionals concerning

...the inability of services to address the broader social issues, including poverty, housing, and health. These unresolved contextual problems routinely lead to high levels of recidivism – the ‘revolving door’ syndrome (‘we’ll see you in three months’) – because they were regularly sending clients back to situations which generated the problems in the first place. (p. 30)

Ranzijn et al (2007, p. 30) state that this frustration informed “...a strongly expressed appeal for psychology as a professional body, and psychologists as individuals, to become advocates for resolving these broader issues, rather than limiting themselves to specific, narrowly defined professional responsibilities”.

Psychology has contributed to racism in the past (Gillies, 2013), by perpetuating it and by excusing it (Rickwood et al., 2010). Psychology and the academy had a monopoly

on the ‘truth’ and this added to Indigenous struggles and in essence silenced an already oppressed group (Dudgeon & Kelly, 2014).

However, inroads within the discipline have been evident; significant changes have happened in recent times that auger well for a future where empowerment and self-determination of First Nations Australians will be supported (Dudgeon & Kelly, 2014). For example, the Australian Psychological Society “...is now committed to enabling the profession and discipline of psychology to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians” (Rickwood et al., 2010, p. 20). In 2008, the APS developed a significant evolution for the discipline in Australia; the formation of the Australian Indigenous Psychologists Association (AIPA), a new body that was established under the auspices of the Australian Psychological Society (Rickwood et al., 2010, p. 20). Another example of how psychology has been proactive and reflexive is illustrated by the Australian Indigenous Psychology Education Project (AIPEP), aimed towards Indigenous participation in psychology (Dudgeon et al., 2013). Other positive signs include such initiatives as the Australian Psychological Society’s decision to include an acknowledgement of Country (a statement that honours and acknowledges the traditional First Nations owners and custodians of the land they are based on) on its website, which includes the Aboriginal flag and the Torres Strait Islander flag. The society has instigated a Reconciliation Action Plan (RAP), a commitment to reconciliation, which involves fostering relationship building and understandings between Indigenous Australians and the wider community. The society also has an initiative (Bendi Lango) to allow for financial assistance for First Nations Australians undertaking a postgraduate psychology degree (Australian Psychological Society, 2014).

‘Psychology serving humanity’ was the theme for the 30th International congress of Psychology held in 2012. Sonn (2012a, p. 33) writes of his experiences attending some

sessions at this congress, noting that they demonstrated an emergence and possible reconfiguration of the overall theme. He states that “this psychology is cultural, anchored in local and global realities, and fully aware of histories of slavery, colonialism and other processes of domination as they manifest in different contexts” (2012a, p. 33).

Further to this, Sonn considers that “this psychology is necessarily political if it is to truly serve humanity” (2012a, p. 33). Psychology therefore needs to continue to be proactive and it needs to accept a mandate to change, if it is to truly be an agent of advocacy.

It is anticipated that the results from research, such as this thesis, will feed back into various training programs for health and mental health workers to ensure that their professional actions enhance the resilience and wellbeing of Aboriginal Australians. Publication of results, following proper cultural approvals, will help to develop better understandings of the experiences and responses to historical and ongoing disadvantage.

Chapter Eleven: Conclusion

My focus in this thesis has been on the need to decolonise disciplines and systems, and specifically the discipline of psychology. I talked to older First Nations Australians about surviving through adversity, and I gathered and gained knowledge about assumptions and miscommunications around terms and concepts. What was learnt was that we, as psychologists and health practitioners, should not assume that concepts and constructs are universal. An assumed ‘construct congruence’ can lead to culturally unsafe practice, or can taint the therapeutic alliance at the very least. One potential consequence is the use of terms or constructs that, unintentionally, undermine, overlook or minimise the survivorship of First Nations people.

In this instance we looked at ‘resilience’, but we could have considered a number of constructs. This example, ‘resilience’, can highlight the possibility that Indigenous strength can be overlooked. An example I used earlier was the idea of ‘instilling’ resiliency ‘into’ Aboriginal kids. At various times I have heard of a programme or policy discussion that aims to ‘make Indigenous kids more resilient’. There are consequences to words, and language holds power, as has also been discussed previously. Thinking such as this could be unintentionally perpetuating a mythology, or expectation, or prejudice, that Aboriginal children are not resilient.

In discussing the theme of agency earlier, I highlighted the emerging pattern of the interviewees demonstrating a type of frustration at ‘where do we go now, and what is our map to follow?’ With a sense of agency, we continue to survive, because we are strong, and we continue to be resilient, but we do not ‘thrive’. In that discussion I asked the reader to not interpret this as a statement of ‘the onus is on you (an individual Aboriginal person)’. What I meant by that was that I do not want my words to be construed as a way

to blame the ‘victim’ or blame the individual. In order to thrive as a group, we need to lobby for change and the commitment of all to address social justice issues in this country. First Nations Australians have been silenced in the past, especially in relation to the lack of Indigenous voices in research and also within psychology and mental health. These stories and experiences need to be told, and the system needs to embrace this type of change.

An example of this commitment to change is demonstrated by Pyett, Waples-Crowe, and van der Sterren (2008) who stated that they “understand the importance of taking into account the structural causes of Indigenous health inequity, particularly those related to colonisation and oppression, and of developing interventions that avoid victim-blaming” (p. 182).

Human rights and social justice issues can be largely based on historic effects that are deeply rooted in the history of a country. These inequities manifest in many different ways, but easily measurable ones are access to healthcare, health disparities, and morbidity and mortality rates; for example, there is a pattern to health inequity around the world, which is more pronounced in poorer countries and regions (World Health Organization, 2008). Inequities exist all over the world, but particular entrenched inequities exist in post-colonial countries or countries where minorities have been mistreated. These inequities in health care are related to a raft of current and future problems, which stem from socioeconomic and cultural factors such as income, ethnicity, gender, and whether people live in rural, urban or remote areas (World Health Organization, 2008).

It cannot be left to the individual, or one distinct group, such as First Nations Australians, to address issues such as these, alone. The onus should not be on any individual or group; the onus should be on all individuals and groups. The example most salient to this thesis is the discipline of psychology becoming an agent of advocacy; an agent of change. The discipline of psychology, through expanding its presence and

leadership as an agent of advocacy and change, will demonstrate its recognition that structural and systemic responses are needed.

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Appendices

A.Appendix Appendix One – Interview prompt questions - script

Conversational Interview Prompts

Outline your journey up until now.

Tell me about your life...

Where were you born, what is your country?

What are your parents' countries?

Where do you live now, why are you there?

Have you lived in other places – moved for education or training etc?

How did such moves have an impact on you and your understandings of being an Aboriginal person in Australia?

How do you relate to the Indigenous people where you now live?

What is the extent and nature of the interactions you have with people in your home country?

What experiences would you say have shaped you as a person?

What were the ups and the downs?

Tell me about getting through the bad times...

What were the hurdles? How did you overcome them?

What helped? What didn't?

What advice would you give? What have you learnt?

What have you learned is true?

What advice would you give to a younger you?

Now, tell us about systems – health, education, the law, etc. How do these meet your needs? What challenges have you faced with them?

How supportive are they of Aboriginal people and our growth?

How does this work?

How des it help?

How does it hinder?

If I was to say “survival” to you, what would it mean from you Aboriginal perspective?

If I was to say “Resilience” to you, what it mean from your Aboriginal perspective?

What, if anything, do you see as the links between resilience and survival?

How are resilience and survival for indigenous people represented in systems such as health and education?

What could be done better?

C.Appendix Appendix Three – Information sheet for participants

INFORMATION FOR PARTICIPANTS INVOLVED IN RESEARCH

INFORMATION TO PARTICIPANTS:

We would like to invite you to be a part of a study into "Indigenous Knowledge on the Issue of Surviving through Adversity." What we are looking for in this study is a better understanding of the term resilience and what it means to Aboriginal people here in Australia.

I am Shane Merritt, a PhD researcher from Victoria University and of Kamilaroi descent. I will be interviewing a selection of Aboriginal people who have life experiences and have been through bad times. I will ask you questions about getting through those bad times, and about what helped and what didn't help. I will also ask you about what you learnt. I will also ask about resilience and what it means to you.

Should you agree to take part, we will interview you with our set of questions, but hope that we can have a long conversation about your experiences and how you have overcome these. To help us to remember the discussion, we wish to tape record it.

Besides the interview, we will send you a copy of the transcript so that you can have a look and see if it is all okay, or if we have missed something.

Some areas of the interview may be do not anticipate any potential risk to you in this process, but if anything you talk about during the interview causes distress, we have a referral mechanism (plan) in place for you to seek counselling. You can stop the interview at any time, or you can ask us to move to other questions which are less distressing to you.

The information from the interviews will be used, with proper permission from participants, in a doctoral thesis and in related professional presentations and publications. All efforts will be made to protect the identity of participants so that no-one will be able to identify you or your comments.

Any queries about your participation in this project may be directed to researcher, Shane Merritt (0414-694-551), or to the principal investigator Associate Professor Adrian Fisher (03-9919-5221).

If you have any queries or complaints about the way you have been treated, you may contact the Secretary, Victoria University Human Research Ethics Committee, Victoria University, PO Box 14428, Melbourne, VIC, 8001 phone (03) 9919 4710

D.Appendix Appendix Four – Consent form for participants

CONSENT FORM FOR PARTICIPANTS INVOLVED IN RESEARCH

INFORMATION TO PARTICIPANTS:

We would like to invite you to be a part of a study into "Indigenous Knowledge on the Issue of Surviving through Adversity." What we are looking for in this study is a better understanding of the term resilience and what it means to Aboriginal people here in Australia.

I am a researcher from Victoria University and I will be interviewing a selection of Aboriginal people who have life experience and have been through bad times. I will ask you questions about getting through those bad times, and about what helped and what didn't help. I will also ask you about what you learnt. I will also ask about resilience and what it means to you. While we do not anticipate any potential risk to you in this process, but if anything you talk about during the interview causes distress, we have a referral mechanism (plan) in place for you to seek counselling.

CERTIFICATION BY SUBJECT

I,
of
certify that I am at least 18 years old* and that I am voluntarily giving my consent to participate in the study:
Indigenous Knowledge on the Issue of Surviving through Adversity being conducted at Victoria University by: Shane Merritt and Associate Professor Adrian Fisher

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the research, have been fully explained to me by:

Shane Merritt

and that I freely consent to participation involving the use on me of these procedures:

- In depth, conversational interviews that will be taped.
- Checking of transcripts
- Approval of release of findings for the thesis and other presentations.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Any queries about your participation in this project may be directed to researcher, Shane Merritt (0414-694-551), or to the principal investigator Associate Professor Adrian Fisher (03-9919-5221).
If you have any queries or complaints about the way you have been treated, you may contact the Secretary, Victoria University Human Research Ethics Committee, Victoria University, PO Box 14428, Melbourne, VIC, 8001 phone (03) 9919 4710