Family and community resilience in an Australian Indigenous community

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Abstract

Objectives

Understanding of Australian Indigenous resilience is predominantly limited to the knowledge gained from non-Indigenous psychological resilience research. In a narrow research field, authors have pointed to various protective factors at play for Indigenous Australians that have the potential to strengthen community responses to ill health and adversity. This article reports on a study in the Yaegl community, an Indigenous community of north eastern NSW, which investigated resilience and its relationship to wellbeing.

Methods

A qualitative study with ethnographic and phenomenological design, utilising semi structured interviews and focus groups with Yaegl Indigenous community members, between 2006-2010.

Results

Findings from the study indicate resilience in the Yaegl community is multi-layered with wide-ranging sources of protection, support and resources needed to foster strength and wellbeing. In response to adversity and hardship, family and community protective sources are particularly important, including the need for connectedness, sharing and affection, role models and leadership.

Conclusions

Of particular significance is the importance participants placed on relationships for individual and collective strength and functioning. These relationships appear key to the amelioration of risk and adversity, and the sense of wellbeing of and within the community.

Implications

The existing and potential strengths and resources of a community need to be recognised and valued in health and mental health service initiatives, as tools in preventing risk, strengthening recovery from ill-health or adversity, and indeed boosting wellbeing.

Key words

Indigenous; family; community; wellbeing; resilience.

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Introduction

While the term ‘resilience’ is difficult to define and is ultimately based on Westernised and individualised constructs of ‘coping’, there are aspects of resiliency research that show potential, given greater understanding from Indigenous perspectives, for enhancing Indigenous community wellbeing initiatives. Michael Ungar (of The International Resilience Project) describes resilience as “both an individual’s capacity to navigate to health resources and a condition of the individual’s family, community, and culture to provide these resources in culturally meaningful ways” [1]. In other words, resilience is as much, if not more, about the quality of the environmental influences and capacities to facilitate positive growth as it is about individual coping [2]. It has been established that at the family and community levels, protective factors can contribute to the development of resilience in response to risk and adversity [3-6]. In a narrower research field, Waller [4] includes several key protective factors in the development of resilience for cultural/ethnic groups, including strong positive ethnic identity; resistance to oppression through ethnic activism; identification with traditional beliefs and values; participation in traditional practices, and; racial/ethnic socialisation [4]. From Canadian Indigenous perspectives, it is largely what happens outside an individual that promotes resilience, and that resilience can become a feature of whole communities through the fostering of cultural and ecological balance [7].

In Australia, authors have discussed several protective factors are at play for urban and rural Indigenous communities, and these point predominantly to the importance of ‘cultural resilience’ as a major protective factor [8], with access to and management of traditional lands and the practicing of cultural knowledge crucial for gains in mental and physical health [9-12]. Further, the concept of ‘social resilience’ as framed by a group of Australian Indigenous young men, indicates among other factors the importance of civic connectedness and responsive communities [13]. Participation in family and community wellbeing programs and men’s group activities has been shown to improve participants’ personal empowerment by increasing their sense of self-worth, resilience and problem solving ability, and in turn their capacity to strengthen their families and communities [14-18]. While the conversation is growing, authors have affirmed that little is known about resilience among Indigenous Australians and their communities and urged for greater research and understanding in this area [13, 19-23].

The aim of finding a new lead in Indigenous community wellbeing and health promotion was the central rationale for a research study in the north-eastern NSW Indigenous Yaegl community from 2006-2010. The researcher aimed to look at the specific features of Indigenous resilience, and protective factors, operating to shield the community from even worse conditions and ameliorate the effects of ill health and social disadvantage. Given the well-documented knowledge of the determinants and state of ill-

Methodology

The research was part of a PhD candidature in which the researcher chose a combined methodological approach, utilising ethnography and phenomenology to guide the study design, the approach to data collection and analysis, and in ensuring the study involved consistent quality. The ideologies of the ethnographic tradition and phenomenology ensured the researcher was mindful, throughout all stages of research, that the community holds a variety of beliefs and actions that influence, and are influenced by, their particular culture as well as their own individual lived experiences. With this in mind, the researcher spent time with participants from the community as well as recording through interviews and focus groups their beliefs and reported actions so as to develop a detailed picture of the community’s processes that may or may not aid the development of resilience.

Data collection and analysis

The researcher acknowledged from the conception stage of research that ethical and cultural sensitivity were paramount. This guided the appointment of an Indigenous academic supervisor, and ‘advisory group’ of Yaegl community members and Elders. Advisory group meetings were held in the community during the planning and conception stage, data collection and data analysis phases of the research. Approval was sought and granted from the relevant University Human Research Ethics Committee, and from the Aboriginal Health and Medical Research Council of New South Wales, following strict commitment to the Guidelines on Aboriginal and Torres Strait Islander health research [24]. The majority of research participants were recruited through advertisements at the two Yaegl Local Aboriginal Land Council offices, and others through advisory group contacts.
Fifteen in-depth interviews and two focus groups (n=24) were utilised to best meet the needs of the research questions. After transcription of the digital recordings, a thematic analysis was carried out, in which the vast collection of words and phrases were examined and reduced to what was of most interest and significance to the research questions. Airing key themes and associations in the passages were then explored further, involving the investigation of relationships, consistencies and anomalies with the existing literature. These arising themes were placed into categories, interpreted individually and then compared cross-categorically. After examining the categories, the researcher identified the core themes, and connecting sub-themes, which were presented consistently throughout the data. The qualitative research software ‘NVIVO’ was also used to aid the analysis process by providing the researcher with an additional, and more manageable way of coding data and investigating relationships between these. Through a rigorous process of identifying themes and constantly checking the reliability of the coded themes to the raw data, a process detailed by Fereday and Muir-Cochrane [25], the researcher was able to ensure quality by ensuring it was possible to logically and clearly represent the subjective viewpoint of participants, and justify the development of analytical conclusions.

Findings

Findings indicate there are many protective and supportive structures operating in the Yaegl community. The researcher was careful not to introduce resilience into the discussion until late in the dialogue, to allow its reference and discussion to occur at the participants’ own will. The concept of resilience was implicit in all discussions through the use of many different terms and phrases, including ‘strength’, ‘determination’, and ‘stubbornness’, and many factors were reported by participants as helping them to feel supported and ‘keep going’. While it is not the intention of this article to focus on the difficulties experienced within the community, these will be touched upon in order to provide a context for the main findings in protective factors. Participants spoke of diverse hardships in their lives, which could be categorised into three main groups of risk factors, namely negative change (including separation from biological parents; disruptions in community cohesion; reduced respect for the Elders and traditional practices), ill-health (increasing rates of ill-health and reduced life expectancy in the community; seemingly constant grief from deaths in the community; increasing use of alcohol and other drugs), and racism (historical and continued experiences of racism; unemployment due to racism). In particular, one participant spoke of the need to see past the racism and maltreatment endured by her people, explaining:

All that horrible stuff that happened to our people, well one side of my brain is still covered with that but for us it’s about pride, and being proud of who we are and our history. (#14)

Protective factors operating in the community were divided into individual, family and community based protective factors. These were often difficult to separate as some may develop from the interaction between these domains, for instance one’s individual character and coping style, or ‘grit’, may be products of parenting and role model influences. This article will focus on community and family based protective factors seen as contributing to the development of resilience and support of wellbeing within the community. Other sources of strength and protection, such as those from individual coping styles and drawn from cultural and spiritual practices, will be covered in a separate article.

Family and community connectedness

The researcher noted the wide-range of people referred to in participants’ discussions of sources of support, role modelling and positive influence. These included parents, siblings, partners, Elders, grandparents, aunties and uncles, nieces and nephews, children and grandchildren, cousins, teachers and colleagues. These broad avenues for support and guidance indicate the interconnected and interdependent nature of the community and its protective resources. The terms ‘family’ and ‘community’ were used interchangeably, showing the community is considered one big family, or “one mob” (#4). There appears to be less of a separation between community and family than in non-Indigenous communities, with the Yaegl people recognising strong kinship ties with all members of the community and therefore considering them as family, for instance:

Well with the community here, you get people coming around to see if you want any help. It’s just so touching when they come up to you and just say “are you alright? Here’s some money for you and the family” or they make something, and they would do that for everyone because we’re that close knitted family, and all our mob here we’re just one, and we’re all here for each other, and that’s the support we can give to one another. (#1)

Another participant expressed:

They’re always there and the community is your family, they’re not separate because your family and the community is one. (#6)

The support structure present in the community was repeatedly emphasised, whereby “everyone is family so everyone helps each other anyway, it’s just automatic” (#3), and “in place for our families and the community” (#15). Community members “help one another out by just being there” (#12), as part of an expectation of support and responsibility in times of difficulty:

It’s a very tight community when it comes to it and we’ve got a funeral tomorrow actually, people just pull together and everyone’s got their own little job to do...everyone just gets
in there and does their share that’s just the way it always is. (#8)

The close emotional connections within and beyond the community, explained by one participant as “Aboriginal people we tend to feel a connectiveness to people that even aren’t in our family” (#6), engenders a united sense of grief but also collective support and healing following the death of a community member. Community connectedness and support, “looking out for one another” (#23), was expressed by all participants, including “I’ve got the love there that will never be taken away…There is always that deep understanding that we are one mob” (#4).

The interdependent nature of individual wellbeing with family and community wellbeing was discussed repeatedly throughout the interviews and focus groups, for instance:

Wellbeing, I see it as my inner health, but as well as that wellbeing is also in regards to family as well. How can I put it, the wellbeing of family and family members, that’s the way I see wellbeing anyway. (#3)

And:

For me as an Aboriginal man, for me being well it’s about the people that I care about and the people around me…If I don’t feel happy with what’s happening to someone else either in my direct or indirect family then I don’t feel very well also, for me it’s about concern for the family and making sure everyone else is ok, I can feel comfortable then. (#7)

When asked about activities within the Yaegl community that help people to feel connected

and strong, all participants spoke of the togetherness experienced at times of funerals, the occasional cultural gatherings and the more regular BBQ get-togethers.

Those BBQs bring everyone back together and we laugh and talk about old times and tell stories and the kids run around and it’s just one big family. (#8)

The interviews indicate family support in particular is inextricably linked to wellbeing, and one’s strength in recovering from hardship. When asked what had helped them through difficult times, many expressed the centrality of immediate family support. It was expressed that families will “bond together and help each other through the grief” (#3) and “you always have your immediate family that you tend to lean on more in times of stress and hardship” (#5). It was considered common understanding that families are there for support at all times, described as “you are family and you love and respect one another all the time” (#11).

Affection and sharing

Many participants spoke of the sharing nature of the Yaegl community members, and many spoke of the affection and shared responsibilities that are common during times of grief. Both sharing and affection were seen as supporting and assisting the strength of community members during times of hardship or grief.

the Aboriginal community is very, very strong where they all want to come together and they cuddle and kiss and talk about the old times and the good times and what not (#7)

Two of the Elders interviewed (participants 1 and 2) spoke of their childhoods and specifically the sharing within their families and community that occurred through the pooling of income and resources. Resources such as fish, tinned food and flour were also said to have been shared amongst the community, along with items given to those who were employed at local shops, including the bakery and fruit-shop. Another participant spoke of the continued sharing in the community and summarised the positive affect this has had on the community’s ability to overcome hardship, saying “there’s a lot of hard times but we care and share and we’ve done good” (#2). One participant told the story of sharing a child with her aunty who was not able to bear children:

I gave him away when he was born, before I had him I gave him away see my aunty had no kids and said well, see I had [names of three children] and she said to me ‘come you have another baby and give it to me…and that’s how [son] got reared up. (#9)

Role modelling and leadership

Positive role modelling, including its cyclical nature and important function in the guidance and wellbeing of the community, was discussed by all participants. Role models spoken of included parents, uncles, aunts, Elders and schoolteachers.

There are a lot of really good role models out there, like the Elders and the ones that sit in the middle and there are a lot of role models out there. (#12)

And:

If you’ve got really good role models and good organisations in the community that gives people a bit of guidance. (#15)

Others spoke of the strength, pride and inspiration imparted by their role models, and of their gratitude for having these people in their lives.

My grandfather…he was a black tracker and he was the first black tracker in NSW to have his own men under him… and mum’s sister…was the first Aboriginal teacher in NSW,
and to us that’s just inspirational to have those sort of people in your family, and they’re amazing role models and we’ve been fortunate enough to have that. (#7)

Many participants spoke of the inspiration for achievement provided by their role models, and others spoke of the drive to achieve in circumstances where there was a perceived lack of achievement.

There didn’t seem to be a great deal of incentive to finish the HSC because my brother and sister didn’t, but I think the whole reason behind it was that I didn’t want to end up on the CDEP program like my brother has and my dad has, and I just wanted to have a go at doing something better. (#15)

One participant spoke of the leadership trait in people viewed as successful or strong, implying a natural sense of leadership for the community may be a motivating factor that drives some people forward.

It’s a hunger to do something else, something better, in the end it’s all there to better our community and that’s the special trait that they have is knowing that ownership of their community because they’re leaders and we all work together. (#6)

**Strategies to further the strength and protection within the community**

Participants contributed various ideas regarding ways of strengthening the protective factors for the community. These included improving health and wellbeing, by increasing access to medical information and services; enhancing community cohesion, by encouraging closeness and increasing community gatherings and participation; increasing youth participation, respect and their knowledge of cultural heritage and kinship ties, through community activities and education; assisting parenting and financial management skills, through support and education; improving cultural identity and pride within the community, through the activities mentioned above along with the passing on of specific cultural knowledge from older community members and Elders.

“we sit together and talk about what’s going on in the community and it’s something we got to start doing off our own backs now, probably more knowledge for the kids and pass on what we’ve been taught, help them to be proud of who you are and where you’re from…” (#8)

**Discussion**

The findings indicate the experience of hardship itself and the ability to recruit a variety of coping strategies and protective resources are key to the development of resilience in this community, supporting previous findings showing the links between adversity and resilience [1-6]. The findings further our understanding of the role of risk factors in prompting the recruitment of protective factors that foster community resilience. These broad ranging and interdependent protective factors were indicated predominantly within family and community systems, including supportive processes, community cohesion, love and support, role-modelling and leadership, affection and sharing, friendship, and culture. The findings here go further than just individual coping and personal development previously discussed in the literature, and suggest that a community’s resilience is strengthened through the collective experience of adversity, such as grief and loss, and the resulting cohesive support structures and shared resources that strengthen bonds and mutual reciprocity.

There was a clear link between the need for family and community support and protection in the wellbeing and ‘strength’ of community members, with many existing resources present in the Yaegl community that can and do serve to offer protection, support and strength, both individually and collectively. These links have been pointed out in previous studies and reviews indicating the significance of external (to individuals) influences and supports in the development of resilience in ethnically diverse groups [3, 4, 7, 13]. It became increasingly obvious from the data collected in this study that the interconnection between family and community is significant, and forms the fabric of society for the Yaegl community. This involves sharing and giving, passing of knowledge, cultural identity and community cohesion. Families in particular are viewed as responsible for many coping mechanisms and imparting a sense of responsibility to self and the community. Of particular significance was the importance participants placed on knowing their wider family (community) members, and having close, supportive and affectionate connections with their immediate family members. These relationships are expected to be particularly important to family resilience and functioning, but equally for social bonds and the strength of and within the community.

**Conclusion and Recommendations**

The findings of this study indicate individuals, families and the community possess many resources that can assist the development of resilience and thus improve responses to risk and adversity. Utilising, and building on, existing strengths and resources may be key to enhancements of a community’s capacities and resilience. These resources need to be recognised and valued in health and mental health service initiatives, including their potential to be utilised as tools in preventing risk, strengthening recovery from ill-health or adversity, and indeed boosting wellbeing.

There is a clear need for greater research into the cross section
between Indigenous community health and wellbeing and resilience, in order to build strengths-based models of health care and rehabilitation for Indigenous peoples, rather than accepting a deficit-focused and ‘one size fits all’ approach. This research will need to respect the diverse culture and experiences of Indigenous peoples, as well as attempt to define the role and meaning of resilience from each community’s own perspective rather than from a westernised view of resilience and adaptive functioning. Further, research is needed into the role of relationships in resilience. Based on the findings of this research, there is a possibility that relationships form a central component of resilience, and it may be that it is whom we are connected to and the closeness of these connections, that influences individual and collective responses to adversity. Healing and bonding in relationships may be a key to harnessing resilience in Indigenous communities.

References
