

EDITORIAL

AFFIRMATIVE CHALLENGES IN INDIGENOUS RESILIENCE RESEARCH

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The well recognized advantage of resilience research is its ability to look at the positive side of things. A focus not on what is *wrong* with Aboriginal people, but on their strengths, offers some practical benefits.

First, it raises directly the issue of what to do. A concern about risks might show, for example, that 72% of Aboriginal youth smoke cigarettes and (yet again) that those who smoke are more likely to drink. This is not nearly as useful in public health terms as the finding that youth who do *not* smoke are three times as likely to be involved in traditional activities. As we get better at Indigenous resilience research, we might learn exactly what is protective about involvement in traditional activities. This is good research.

Second, the positive tone of resilience research changes the terms of engagement between researchers and the communities. Almost everyone is interested to learn about their own strengths. Few are motivated by being told yet again about their problems, though this is what they will be dealing with as they develop their strengths. This is good for research.

There is no unified Indigenous view of resilience, as different sources reflect varying degrees of integration with the Western view and different degrees of displacement from the land; many Indigenous views of resilience are based on their relationship to the land. Our years of work with a range of Indigenous communities in Canada and elsewhere have led us to understand that most Indigenous views of resilience go beyond the individual and negative tone implicit in “the capability of individuals to cope and flourish successfully in the face of significant adversity or risk” (Reid, 1996/7).

We have come to understand Indigenous resilience has a *collective* aspect, combining spirituality, family strength, Elders, ceremonial rituals, oral traditions, identity, and support networks (HeavyRunner and Marshall, 2003). We also understand Indigenous views of resilience to include — indeed to be based upon — a *positive* dimension. While the predominant (Western) “survival in the face of adversity” view of resilience seems to hinge on a relationship with failure, we have come to understand Indigenous views of resilience to be closer to a sense of direction, wisdom, or common sense — all positive attributes (Burack et al., 2007).

To increase the access of Aboriginal researchers and communities to the existing published knowledge on resilience as it applies to Aboriginal health research, three reviews by John Fleming and Bob Ledogar help to order the large and disparate literature.

Their first review deals with the concepts and key literature around resilience. Most Western concepts still involve “positive adaptation despite adversity.” Whatever formal definition Aboriginal scholars and communities might arrive at, the literature recognizes that much of what seems to promote resilience originates outside of the individual — in the family, the community, the society, the culture, and the environment. Some Aboriginal researchers reject connotations that label people as “damaged goods.” All this keeps open an evolving concept of resilience.

The second review examines the links between resilience and social capital. As an individual asset, social capital describes a person’s relationships to available social resources. As a community characteristic, it includes trust, reciprocity, collective action, and participation. But there is a potentially dark side to social capital; some social networks can be violent, repressive, bigoted, into drugs, or otherwise destructive. Resilience research is needed as much on this, and how to offset its consequences, as on the positive dimensions of social capital.

The third review deals with Indigenous spirituality in its relationship with culture and ways of living. *Enculturation* refers to the degree of integration *within* a culture, linked with positive outcomes in social behaviour, academic achievement, alcohol and substance abuse, externalizing behaviours, and depressive symptoms. The *cultural orientations* literature indicates this can protect against alcohol abuse, suicide ideation, and suicide attempts. However, even limiting Indigenous spirituality to enculturation and/or cultural orientation, there are serious difficulties in its measurement.

The article by Kevin Barlow and colleagues from the Canadian Aboriginal AIDS Network (CAAN) deals with the resilience-related theme of cultural identity and cultural skills. They document their case, that of Aboriginal people living with HIV/AIDS (APHAs), through semi-structured interviews and focus groups with 35 APHAs and 52 service providers. They describe the self-reflective processes of cultural *attunement* and cultural *investment*, referring to the sense of ownership of the success and continuation of their community.

Providing the practical backdrop to the three reviews, Andersson and Ledogar document the CIET experience in Canada over the last decade and a half. The overview describes advances in identifying actionable individual and community resilience factors in Canadian Aboriginal populations. A resilience research template is offered in the proposal that led to the Aboriginal Community Resilience regarding AIDS (ACRA) project, including the data sharing agreement signed with participating communities. This project is part of an international collaboration with Aboriginal researchers in New Zealand and Australia.

Dawn Caldwell describes the suicide prevention continuum she developed with two Aboriginal communities in Atlantic Canada, now extended as a partnership of 20 Aboriginal communities and two universities, called the Aboriginal Community Youth Resilience Network (ACYRN). Drawing attention to the classic public health definitions of primary (avoid the risk factors), secondary (stop the risk factors leading to suicide) and tertiary (recovery from attempted suicide or other suicide-related behaviour) prevention, she argues for prevention to move “upstream,” to evidence-based primary prevention. Viewing the prevention continuum from a community angle, she sees capacity building and policy development as cross-cutting or enabling strategies for primary, secondary, and tertiary prevention.

Dawn Caldwell and April Maloney describe the hands-on nature of CIET’s resilience work, as they discuss the origins of the Aboriginal Community Youth Resilience Network (ACYRN). This network now has 20 member communities, the newest member communities paying for their own research but taking advantage of ACYRN advances in research design and tools.

As a practical support for Indigenous resilience workers, Karen Edwards and colleagues reflect on several years of partnership and capacity development in Aboriginal communities. The surge in interest in research and research skills from these communities has led to hundreds of people receiv-

ing training as community-based researchers (CBRs). They deal with the tricky issues of ethics, confidentiality and community ownership in the context of external scientific input.

Carrielynn Lund's interview with Cree Elder Ruth Gladue describes the changes that people live with in her community. Many people do not use drugs or alcohol, and there are no youth gangs, but Elder Ruth sees the emergence of jealousy and addictions as key challenges her community has to face. Prevented from talking about spirituality in her official capacity as a community health representative and licensed practical nurse, she prefers Aboriginal spirituality to the Catholic faith she was brought up in. She sees community-based research helping to deal with the new problems of HIV and STIs.

The Tłı̨ch̨o story by Karen Edwards and colleagues is an example of best practice in Indigenous resilience research. The Tłı̨ch̨o Community Service Agency drove the research project, requesting CIET technical support for its Healing Wind Strategy, a local initiative to reduce sexually transmitted infections. Funded almost entirely by the Tłı̨ch̨o themselves, the project recruited and trained CBRs who facilitated self-administered questionnaires completed by 65% of the total population of the four Tłı̨ch̨o communities. For older people who could not read, they administered a modified questionnaire, without covering the more sensitive issues. The Tłı̨ch̨o story illustrates Aboriginal communities turning to an evidence-based phase of their own health development — opening a new and optimistic chapter in Aboriginal health research in Canada.

We hope you enjoy this special issue of *Pimatisiwin* and welcome your response and communication through our web site, at <http://www.ciet.org>

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