

Relationships, Identity & the flow of knowledge: Aboriginal cultures in Australia

Relationships figure in unexpected and diverse ways in Aboriginal cultures in Australia. Relations to land and kin are vital to identity. Relationships determine knowledge flow. Relationships influence mental health, constitute social forms of coping, figure in self-damage, are implicated in suicidal tendencies and are yearned for in greater extent and depth. If connectedness matters to women in general, it seems doubly relevant to Indigenous Australian women.

In an Australian indigenous context, relationships are central to defining mental health, which is appropriately thought of 'as a qualitative index of the integrity and strength of an individual's relationships with his or her natural, spiritual and social world' (Reser, 1991:222). Relationships are based on the notion of 'proper feeling' and one of the most wounding things that can be said within Aboriginal cultures is "I won't weep for you when you are dead" (Reser, 1991).

Land and Kin: the loss isn't history yet

Indigenous Australian's relationship to the land goes so far back as to place their claims to nationhood beyond mere sovereignty, towards a cosmogony. While reigning politicians say that present generations cannot be held responsible for decisions made by generations past over which they had no control, Pettman (1991) suggests that even if we have never met an Aboriginal person, we are living off the fruits of their dispossession. It is a black history that must be faced for more than one reason. Kin and place are vital to an Aboriginal person's sense of identity, yet they have been systematically parted from both by the white invaders. The effects of forcible removal of Aboriginal people from their land and their families are still being felt (Swan, 1988). As our recent empirical research on urban Aboriginal women's mental health shows, it is not yet possible to consign the harmful effects to history (McIlwain, Sutton & Cooke, forthcoming). There is indeed unfinished business (Swan, 1988). Six of the 40 inner city Aboriginal women involved in our research had lost their mothers to the Aboriginal Protection Board, 1 had her father taken, 3 their grandmothers, 2 their grandfathers and one had both grandparents taken. This was a door knock sample, which, while not strictly random, did not tap into a subgroup that we had any reason to suspect was more troubled than any other.

Relationships and knowledge flow: who are you to ask?

Relationships also determine the flow of knowledge within communities. Knowledge is not a commodity, neither is it something which can flow freely through all the parts of a community. What you are permitted to know is contingent on who you are, your tribal connections, and your ritual placing within the community. To get a reply to a question is a privilege not a right. In her ethnography of speaking based on research with South-East Queensland Aboriginal Australians, Eades (1985) reveals the links between the social organisation and culture of speakers, and the development of language and patterns of speaking. She notes that because of culturally-bound constraints on which verbal strategies are appropriate in which contexts, Aboriginal people may be seen as 'confused, dysfluent and non-compliant' when questioned using interrogative questions. Questions don't compel an answer. Each speaker volunteers information about herself, or presents information for confirmation.

Relationships and research design

Good relationships are as important as a good research design, and the establishing of them is vital to being able to share valid information.

As middle class white academics, our first research step was skill sharing with the Aboriginal research assistants who were to ask the inner city Aboriginal women about their life events, social support and wellbeing. The language of the psychometric scales had to be changed from the 'white fella talk' (Swan, personal communication): phrases like 'in good spirits' were too ambiguous. Life events scale were reordered so that intensely personal questions followed less threatening items. More sensitive information

might be divulged if some rapport was allowed to develop first. Mention of death was either removed so that women were asked if they had 'lost a child' during pregnancy, or introduced gently. Civic rites of passage such as engagement or marriage we were told were not so important; 'partner' replaced 'spouse' and 'deeply involved' or 'committed' replaced 'engagement'. Since the extended/blended family is more the norm, the question 'How many children do you have?' became 'how many children have you looked after?' Questions about fights and violence in relation to one's partner became a more general 'Do you find it stressful living with your partner?'

Women as 'kin keepers'

Recent research has alerted us to the plight of urban Aboriginal women (Radford et al, 1990, 1991). Women were found to be predominantly the heads of households, in a truly sorry state in relation to alcohol, with a considerable proportion frequently having attempted or considered suicide. Larbeleister (cited in Pettman, 1991) warns that the portrayal in the literature of Aboriginal women as matriarchs, as heads of household who keep kin and family together should not blind us to the enormous physical and emotional costs of achieving this. McIlwain et al (*Forthcoming*) reveals relatively isolated inner city women, mentioning just over 2 friends on average. In comparison to a matched sample of white women, Aboriginal women were as isolated but more dissatisfied on almost all (bar advice) of the dimensions assessed (tangible aid, companionship, encouragement, emotional support and the women's own rating of overall support). Aboriginal women were open to more and deeper social contact. They were much more likely than the white women to say 'yes' they would like more people around them, and 'yes' they would like more support from those already there.

Permeability to culture and an attack from within

One's sense of self, wellbeing and mental health are open to and influenced by life experiences and how much impact they have, by close relationships and their inevitable friction, lacks and inadequacies as well as their support and care (Belle, 1982). The personal residue of these interactions and our attempts to deal with life events that occur and the emotions they arouse in us contributes to our mental health.

As social beings we are permeable to culture; our own and adjacent cultures. We take on board (or internalise) as part of our self-image the (subtle or otherwise) messages from the dominant culture about our subculture, gender, sexual orientation and so on. If we live next to a dominant culture which does not acknowledge or understand the things that matter to us, or does not prize our difference, this might not hit us so hard if we are supported by those who share features of our life situation. But if they too are struggling, and cannot offer us the support we need, then we may be dissatisfied with our selves, and self-critical. To the extent that we identify with norms which do not acknowledge and prize our difference, we participate in our own silencing. Such identification can form the basis of an 'attack from within' if we have internalised values which deride and dismiss aspects of our past history and cultural commitments. (Rosenberg, 1979:113, cited in Hunter, 1991:92).

Social Connectedness and Depression

If Aboriginal people identify with norms which weren't developed with their culture this can form the basis of an attack from within. If women identify with standards and goals which weren't developed by women, this can likewise form the basis of an attack from within (as Jack, 1991 has shown). Autonomy and individualism are culturally specific signs of mental health which cannot masquerade as a 'universal' perspective.

You can't simply take a framework that was developed in one culture, or with one gender and simply fit it to different people. At best it means you get things wrong if you do this. At worst you actually harm those you are trying to understand. So in noting important findings which suggest that there is greater 'psychopathology' among Aboriginal people in proximity to white culture than among those in more remote, self-contained communities, we also have to entertain the possibility that what is seen as psychopathology may be forms of coping gone

wrong, may be attempts to recover important features of culture and self which are diminished in an urban context.

Evidence for social forms of coping in an Aboriginal context, and for a different conception of self

There seem to be more social forms of coping in an Aboriginal context. Reser (1991) suggests there may be, within Aboriginal cultures, a very different conception of self (a merged sense of self which quite literally includes others). Reser's (1992) powerful analysis of the links between the emotional expression of past hurts and wrongs in a social context under the influence of alcohol and the sometimes catastrophic self-injury that sometimes ensues leads him to call this 'the darker side of kinship'.

Hunter's findings of the extraordinarily high rates of femicide in the Northern Territory with more Aboriginal women dying in this way than there are Aboriginal men dying in custody underscores the extreme vulnerability to violence. This vulnerability is echoed in Radford's findings. In our own findings the summation of all questions relating to difficulties experienced with one's partner made up a variable called 'partner stress' which was highly predictive of suicidal tendencies (past attempts and present thoughts). At stake here though is the issue of who is permitted to speak. Pettman (1991) both acknowledges the frequency of domestic violence and the fact that the home is not a safe place for Aboriginal women and problematises a decontextualised citing of this fact. She notes that it may render Aboriginal men 'savage', and authorise state intervention into domestic spheres which are already overpoliced from the viewpoint of Aboriginal people. There are no mental health services set up specifically for Aboriginal people (NSW Aboriginal Mental Health Report (1991)).

While poverty was a powerful contextual variable omitted from this brief introduction, I have attempted to show that in considering mental health in Aboriginal women, one must consider their historical and social context, particularly their intimate relationships. There is much local variation in culture, and generalisations will only take us so far. But they do give us some insight into the what must be considered and respected in doing research with Aboriginal people

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