Re-storying: Conceptualising and Contextualising Problem Alcohol and Other Drug Use Among Aboriginal Australians

In this paper, I will be drawing on my doctoral research, and in particular, the literature review from my thesis: *Healing in the Yarn: Exploring Culturally Acceptable Responses to Australian Aboriginal Women Who Have Experience of Feelings of Shame and are Seeking Counselling for Problems with Alcohol*.

The relationship between the high rates of harm related to the use of alcohol and other drugs (AODs) and the complex historical traumas experienced by indigenous peoples in the Fourth World has been widely documented (Brave Heart, 2004; Gray and Wilkes, 2010; Human Rights and Equal Opportunity Commission, 2008; Lawson Te-Aho, 2011), and in Australia it has been found that over 60 per cent of Aboriginal people drink alcohol at harmful levels (National Indigenous Drug and Alcohol Committee [NIDAC], 2010). Alcohol has been reported to be a major factor in high mortality and imprisonment rates, family violence and 75 per cent of homicides (Wilson *et al*, 2010; Chikritzhs *et al*, 2007). Such harms occur despite research indicating that more Aboriginal Australians than non-Aboriginal Australians abstain from alcohol (Brady, 2010; Department of Health and Ageing, 2010).

Such differences in patterns of AOD consumption between Aboriginal and non-Aboriginal people have been attributed to many factors, including those related to the genocide and ongoing racism and discrimination against Aboriginal people in Australia (Brave Heart, 2004; Catto and Thomson, 2008; NIDAC, 2010; Tatz, 1999). In Australia, for many years, it was assumed that Aboriginal people would either die out or assimilate (Foley, 1997; Tatz, 1999, 2001). Whiteness of skin was regarded as a signifier of racial superiority, and vigorous efforts were made to eradicate Aboriginality (McGregor, 2002). Aboriginal children, particularly those with lighter skin, were forcibly removed from their families and placed on missions, and many young women were subjected to forced marriages aimed at ‘breeding out the colour’. Many men and women were tortured and murdered, and girls as young as eight or nine raped, and forced into sexual slavery in what can only be described as terrorist acts (Jalata, 2013).

The ongoing oppression of Aboriginal people that has resulted from racial discourse (Friere, 1973) is said to have created such severe conditions of sustained stress that the effects on individuals can be described as similar to those usually associated with post-traumatic stress (PTS) (Atkinson, 2008). The deficit narratives constructed around Aboriginal identity have contributed to the development of a range of problems, including those associated with AOD use (Ramirez and Hammack, 2014). Sadly, deficit narratives are familiar to many Fourth World populations. For example, according to Bishop and Glynn (1999), the Maori people of Aotearoa (New Zealand) have for many decades received powerful messages that they do not ‘measure up’, and that the only criteria of worth and success are those associated with the cultural standards of the white colonisers.

The 2007–2012 Intervention, which took place in the Northern Territory of Australia was described by Professor Triggs, President of the Australian Human Rights Commission, as being in breach of the basic principles of public international law (Kerin, 2015). In this region of Australia the police have the power to arrest and detain people for up to four hours for offenses such as drinking in public and making too much noise. These “paperless” arrests are usually of local Aboriginal people, a number of whom, detained under this law have died in custody.

In addition to these more overt practices of colonial oppression, social control of Aboriginal people continues with the development of humanistic forms of colonisation (Bowers, 2008). Through abnormalising difference, Western psychology and its practices have produced new forms of social control (Sonn, 2004).

In AOD counselling, common interventions include motivational interviewing (MI) (Miller and Rollnick, 1991), strengths-based therapy (SBT) (Berg, 2009; Van Wormer and Davis, 2012) and cognitive behavioural therapy (CBT) (Beck *et al*, 1993). These approaches are practiced widely in Australian health settings and are reported to provide support for many people who are seeking to make changes to their AOD use or dealing with addiction. Such mainstream interventions, when imposed on Aboriginal people without cultural adaptation and the involvement of Aboriginal communities, are ineffective. Similarly, education and persuasion programs have had little impact (Gray and Wilkes, 2010).

One notable problem with the widespread application of models designed by non-Aboriginal practitioners and academics is that they focus only on changing behaviour in relation to substance use, and do not address issues such as trauma (Saggers and Gray, 1998), marginalisation, power, history and the social context in which the problem has arisen. Without addressing these issues, it can be argued that therapies can become another avenue through which a group of people who have experienced oppression may be invited to experience evidence of their own inadequacy (Prilleltensky, 2003, 2008; Winslade and Smith, 1997). For colonised people, healing also involves developing a positive account of cultural identity (Ramirez and Hammack, 2014).

It has been reported that Australian mainstream AOD services have not only largely failed to address the needs of Aboriginal people (Gray and Wilkes, 2010; Wilson *et al*, 2010), but have at times demonstrated values and practices that do not support, or are antagonistic to an individual’s sense of cultural identity (Curtis and Harrison, 2001; McKenzie, 1997). According to McKelvie and Cameron (2000), the history of white practitioners expressing patronising and authoritarian attitudes has strongly influenced how the helping professions are regarded. It has also been found that there is considerable concern expressed among those struggling with AOD problems about adverse consequences should they seek help from workers in these professions. Over many years, under the guise of ‘welfare’, many such workers have served to support the enactment of oppressive government policies (Bacon, 2007; Foley, 1997; Tatz, 1999).

Until recent times, little consideration has been given to the worldviews and experiences of people in the Fourth World, and how they may differ from those of the white middle class, those whose standards are used to measure an individual’s healthy mental state (Bishop and Glynn, 1999; Carvajal and Young, 2008; Fox and Prilleltensky, 1997; Prilleltensky, 2008; Sue and Sue, 2012). In order to provide culturally safe responses to AOD problems experienced by Aboriginal people, researchers and practitioners need to position themselves in partnership with indigenous Australians and adopt appropriate methodologies in both research and practice (NIDAC, 2010; Smith, 2012).

A particular focus of my research is to explore narrative approaches to therapy, which can be best understood as emerging from the work of the post-structuralists (Denborough, 2011). Foucault’s early work (1961, 1965, 1973), which is substantially grounded in the fields of psychology and psychiatry, has had a profound effect on the social sciences (Besley, 2002). However, until White and Epston (1990) developed their narrative approaches, the work of Foucault had not been excavated for its implications for counselling (Denborough, 2011).

White and Epston’s narrative therapy is critically engaged with the language of representation (Besley, 2002), and can be understood as sitting within a broader movement within the social sciences, philosophy and the humanities, described as the ‘linguistic turn’ (Rorty, 1967). Narrative approaches are distinguished by their engagement with the post-psychological cultural work of placing personal problems back into the realm of culture and history. Through narrative approaches, any story told about individuals, communities or events are open to interrogation.

Narrative approaches are theoretically and philosophically underpinned by constructionist ideas (Gergen, 1983: Gergen and Gergen, 1984), and excavate wide fields of knowledge in order to explore how various therapeutic practices position individuals and their problems. Positioning the problems experienced by people as occurring within social, cultural and political contexts, it is suggested that each individual produces meaning from the narratives available to them (Drewery and Winslade, 1997).

As with other critical approaches to psychology (Fox and Prilleltensky, 1997), narrative approaches aim to address specific problems, which are always ‘externalised’, and to formulate responses based on collaborative, ongoing conversations (White, 1997). Counsellors using narrative approaches to therapy (White and Epston, 1989, 1990) work with clients to examine their dominant narratives and excavate other less privileged narratives that may not be as discernible (Weegmann, 2010). Through this process, the dominant story may be revised, and alternate stories may emerge. As personal accounts are often multi-layered and contradictory, uncovering diverse aspects of a person’s experience can expose hidden strengths. For example, a person who has an *alcoholic story* as their dominant narrative (Winslade and Smith, 1997) may start to recognise many aspects of their lived experience in which the alcohol problem was not dominant (McKenzie, 1997; Polkinghorne, 2004; Weegmann, 2010).

Through such investigations, narrative therapy aims to interrogate dominant stories, listen for subjugated narratives, privilege individual insights and work with metaphor in order to construct a more positive self-account. It is, after all, through story telling (Bacon, 2007) that humans create meaning from experience (White and Epston, 1990).

It has been widely reported that narrative approaches appear to be a respectful way of working with individuals seeking to journey away from harmful use of alcohol or other drugs (Cherubin, 2005; Hegarty *et al*, 2010; Moxley-Haegart, 2009; Winslade and Smith, 1997). Often described as post-modern and constructionist (Freedman and Combs, 1996), narrative approaches are critically concerned with issues of power, how language is used and how problems are constituted (Denborough, 2011).

Substance use problems manifest in lived, discursive and cultural aspects, each of which exerts power beyond the ‘literal’ dimensions of the problem. Therefore, the role of language, and its potential to reconstruct a positive sense of self in clients’ addiction narratives, must not be overlooked. In this regard, it is only through engaging in reflexive processes such as therapeutic conversations that new discourses may be produced. While there are other professional processes that focus on the biological and chemical facets of substance use, therapeutic conversations or counselling can legitimately address the discursive space in which the relationships between AOD use and the individual are formed and maintained (Weegmann, 2010; Smith and Winslade, 1997).

In order for individuals affected by serious and long-term harmful AOD use to change harmful consumption patterns, significant change may be needed to personal priorities, aspirations and pre-occupations, which concomitantly affect one’s sense of identity (Smith and Winslade, 1997). The degree and manner of this impact upon the individual’s sense of identity depends on the type of language used when discussing the substance use and whether space is made for seeing other parts of the individual’s identity.

The use of words that negatively label an individual (for example, ‘alcoholic’) can be counter-productive in the therapeutic context, as this can powerfully affect the way a person sees herself or is seen by others. Self-narratives—that is, the stories we tell ourselves about ourselves—are essential to our sense of who we are. When problem stories are told in such a way that may invite a person to feel inadequate, this may make change even more difficult. The alternative is to encourage the telling of stories in a way that makes people feel stronger (Wingard and Lester, 2001).

Narrative practices, which can include one-to-one therapeutic conversations, have also been developed for group and community work using local knowledge. In recent times these have been adopted and adapted for use in a range of cultural and political contexts including Colombia, Rwanda and Gaza, where indigenous peoples face war, poverty and political oppression. Akinyela (2002) described narrative approaches as providing pathways towards the de-colonisation of people’s lives (Denborough, 2011; Man-Kwong, 2004; Moxley-Haegart, 2009; Ncube, 2006; Omaar, 2007). Through engaging in discourse around how language is used, narrative approaches to therapy offer a possibility of psychopolitical validation (Prilleltensky, 2003). Additionally, in the Australian context, the privileging of stories, as well as the use of metaphor, has particular resonance for Aboriginal people (Bacon, 2007). Through preferencing alternative stories, an individual’s alcohol problem story may be re-presented in a manner that challenges the culture of consumption, de-constructs addiction and supports the client’s migration towards a more positive self-account or preferred identity (Freedman and Combs, 1996; White, 1997).

In a study working with Aboriginal men in Melbourne, the journey away from alcohol addiction was described using a metaphor of ‘crossing the river’ (Hegarty *et al*, 2010). In crossing a river, one can be swept away by a current or fall over a rock; the crossing is hazardous, and developing one’s own sense of strength—a riverbank position—is important. Many Aboriginal people say that such strength comes from a positive self-account and a sense of connectedness—to family and friends, and to the land. There is a need to re-story a sense of self based on a positive account of cultural identity. In order to accomplish this, the dominant story of Aboriginal deficit will need to be contextualised and contested (Cherubin, 2005; Hegarty *et al*, 2010; Towney, 2005; West, 2003).

Larry Towney (2005) writes that, for Aboriginal people, there is healing in the ‘yarn’. This healing through narrative can only occur when injustice stories, and the dominant narratives constructed to serve colonial interests, have been acknowledged and challenged (Fanon, 1961; Friere, 1970; Linnaeus, 1806; Basedow, 1925).

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