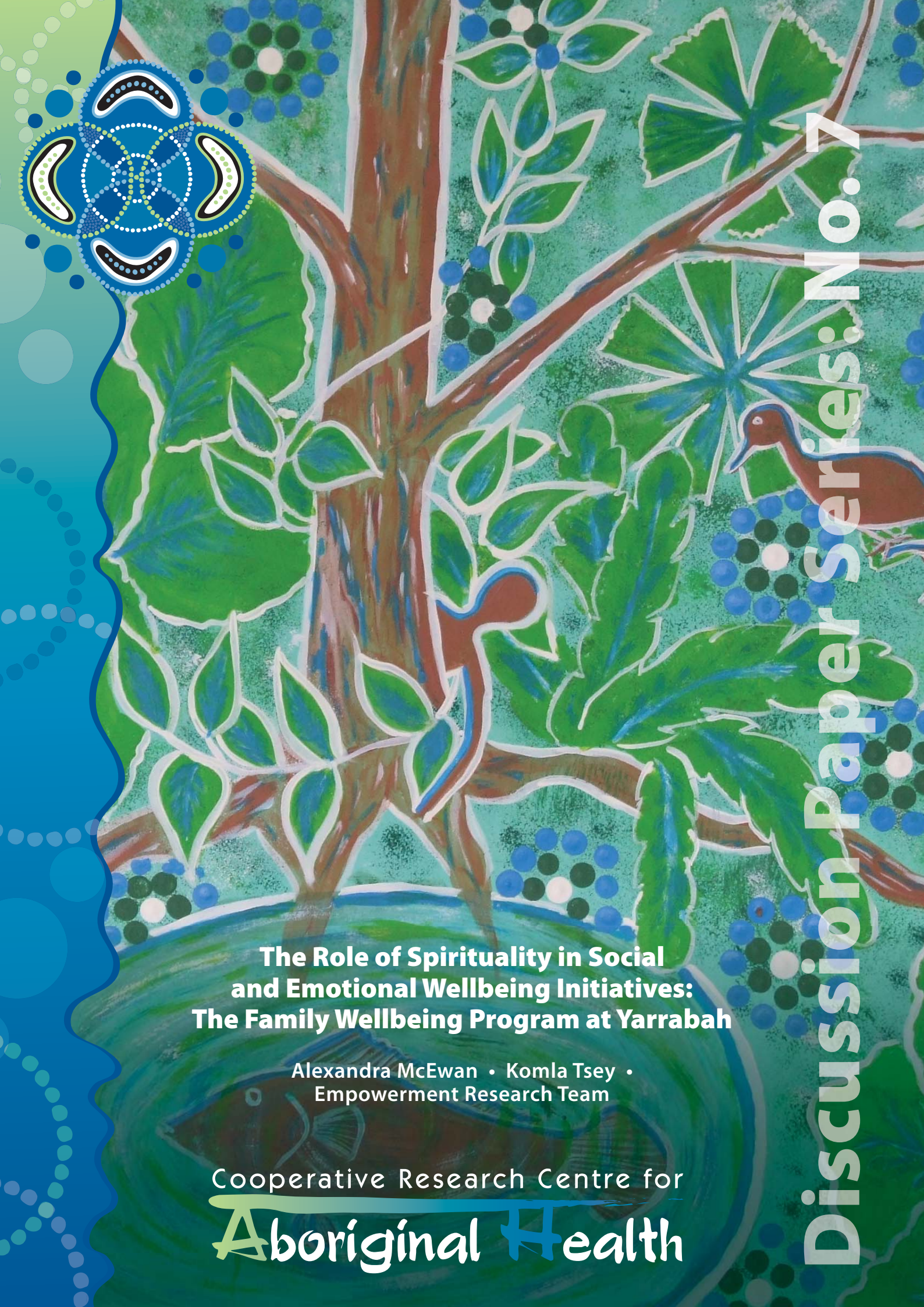# The Role of Spirituality in Social and Emotional Wellbeing Initiatives: The Family Wellbeing Program at Yarrabah

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Cooperative Research Centre for

Aboriginal Health

The Role of Spirituality in Social and Emotional Wellbeing Initiatives: The Family Wellbeing Program at Yarrabah
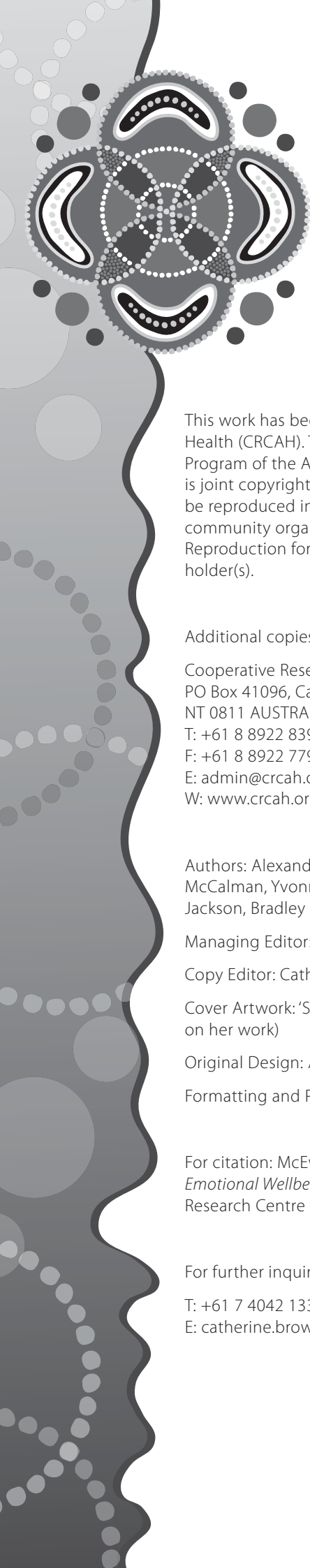
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Foreword I

Traditional Indigenous Australian communities were permeated by complex sets of spiritual values—self-control, self-reliance, courage, kinship and friendship, empathy, a holistic sense of oneness and interdependence, reverence for land and 'country' and responsibility for others, especially children. For many of the earliest white observers, however, Indigenous Australians did not have a religion in the same sense that Christians have a religion. Sir James Frazer and Baldwin Spencer, for example, saw the beliefs and practices of the Indigenous Australians as 'magic' and not as veritable religion.

But, largely through the work of the Australian anthropologist W. E. H Stanner and others, those prejudices are now seen to be untenable. It is recognised that, at their best, Indigenous Australians have a sophisticated and complex religious life, which is quite different from that of the great monotheistic faiths. Indeed, it has been said that Indigenous spiritual beliefs are 'geosophical' or earth-centred and not 'theosophical' or God-centred. Thus, the earth or country or terrain of particular groups is believed to be impregnated with the power of the Ancestor Spirits, and that it is this that humans draw upon as their saving grace.

In speaking of the spirituality of Indigenous Australian peoples the authors of this report are not appealing to Western values but are reminding Indigenous peoples of values that have always been part of their own 'Dreamings'. Attempts to help Indigenous Australians to cope with the cataclysmic shock caused by the dispossession of their lands and the brutal dissolution of their family and kinship structures have mostly ignored the spiritual resources that have been developed by Indigenous peoples over more than 50,000 years. One hopes that the approach of the authors of this ground-breaking report will be seen as offering a more hopeful way forward in coping with the ruinous consequences of the white invasion of *terra Australis*.

Max Charlesworth
Emeritus Professor

Foreword II

Understanding and respecting the ways in which spirituality is expressed in contemporary Aboriginal and Torres Strait Islander culture is critical to improvements in health. As this report notes, the people of Yarrabah identified reclaiming the healing of spirit and land, or responding to the experience of hopelessness, as the key to improved health outcomes.

It is important for social researchers to turn their attention to the connection between spirituality and health as a way to develop a contextualised understanding of contemporary Indigenous life. The ultimate aim is to support Indigenous Australians overcome the many challenges they face not only in sustaining their existence as Aboriginal people, but also to flourish. In facing these many challenges there are deep, resilient connections between people, place and values upon which to draw.

This evaluation of the Family Wellbeing program at Yarrabah, an Indigenous community in far north Queensland, contributes to Indigenous health research in Australia in a number of ways. First, Family Wellbeing was developed by Indigenous Australians conducting their own inquiry into their personal experiences, needs and solutions, then looking outward to enrich this base with what they deemed most useful from the mainstream. This is important to the emergence of a health evidence base from an Indigenous frame of reference.

Second, this report makes the point that there is much to learn from community-based programs. There is the need to build the evidence base from the bottom up and to consider more closely what the findings from well-designed and evaluated local programs might tell us about big picture questions.

Third, this report gives an account of the emerging role of research partnerships with Indigenous community organisations. This is an important element in shifting the research paradigm to one in which communities are supported in identifying their own priorities and taking the role of leaders or active participants in the search for solutions.

Fourth, the Family Wellbeing program has been conducted in several locations in Australia and the findings of this report will be of relevance to Indigenous communities throughout Australia. The flexible approach taken during the Family Wellbeing program reflects its capacity for translation across settings. Getting the most from Indigenous health research involves, where appropriate, being able to apply research across settings without the need for new research. Further, the findings of this report indicate that developing an appropriate approach to spirituality in the evaluation of social and emotional wellbeing programs requires the development of evaluation methodologies that respond to local history and current practice yet withstand translation.

Finally, this report concerns the evaluation of a health intervention program. A recent review of Indigenous health research outputs by Sanson–Fisher (2006) and colleagues in the *Medical Journal of Australia* identified that the majority of Indigenous health research undertaken in Australia over the past twenty years was descriptive. Descriptive research, although important, does not provide direct evidence on how to create change. Sanson–Fisher concluded by observing that an increased focus on intervention research may provide more direct assistance in understanding how to produce change and in improving Indigenous health outcomes. This work responds to this need.

Spirituality is a fundamental part of the contemporary Aboriginal landscape, and this report opens up new ways for us to think about the challenges this sets.

Ian Anderson
Professor of Indigenous Health
The University of Melbourne
and Research Director CRCAH

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About the Cover Artwork

The painting reproduced on the cover of this discussion paper is by Senimelia Kingsburra, from Yarrabah, who has written the following about her painting:

This painting is about spirituality. Spirituality is about connecting with all living beings/organisms in the world in harmonic ways and it is also about empowerment. Harmony is about perfect balance between all things. Spirituality is about tapping into the still places I go to when I'm on country and I feel like I'm part of all the things around me. In that still place, creativity and wisdom come from somewhere inside of you. When I'm on country I feel the stillness in the plants—can you imagine that you are a plant, swaying in the breeze as the breeze is flowing around and through the leaves? To me spirituality is about finding the calmness in the busy spaces of my life.

Family Wellbeing helped me notice all these things. It made me become aware of the many different connected parts of my life and it gave me a different way of looking at it. It also helped me more consciously to find those still spaces in the busy-ness of my life. The roots and the vine in the painting represent strength—they keep you centred and grounded; spirituality helps you this way too. I know when my roots are strong and when they are feeling weak. When I get in touch with nature they become strong again. The vine in particular is about my own personal strength that has no limitation. The vine just grows and creeps and doesn't obey the rules, the straight line rules—it represents my natural desire to be free, to creep and grow and expand and get thicker and more dense and strong. In the rainforest, vines can cover the whole canopy sometimes—that's what makes the canopy. The canopy is a healthy environment.

All the animals and plants in the painting are about spiritual connection—when you tap into spirituality you feel connected to everything. The light green colours in the painting are about new growth and life. The blue has some sort of power to its feeling—it's a clear, strong, primary colour and sometimes that colour can be part of the white aura too—when auras are strong they sometimes have blue in them.

The white outlines around everything represent all the spiritual connections on the earth, between the earth, flora and fauna. I put the white lines in to represent an aura too—a glowing bright white that sometimes looks blue. The water in the pond represents choices in life—to live in a toxic pond or in a cool inviting clear pond. Water has a ripple effect—for me, I see negative thoughts as having a ripple effect that leads to toxic water. When you have positive thoughts they ripple out too and the effect is like living in a calm inviting pool of water. The ripples represent growth.

The people in the painting represent families and the spiritual connection all living things have when they live in harmony, contented. You may not be able to feel like that in everyday life but you can feel this when you connect with your inner stillness, your spirituality. For me that's strongest when I connect with animals and plants in the bush.

Acknowledgments

Executive Summary

The Empowerment Research Program's partnership with Gurriny Yealamucka Health Services (Gurriny Yealamucka) in the far north Queensland community of Yarrabah started around eight years ago. In the mid 1990s, Yarrabah experienced a series of suicides that traumatised many families and grieved the community. In the face of this, Yarrabah drew on its strengths by getting together, identifying what it saw as the causes of suicide, and setting about establishing a range of social and emotional wellbeing support strategies.

One of these strategies involved exploring what contribution the Family Wellbeing (FWB) empowerment program might make to Gurriny Yealamucka's newly established social health program. Developed by Indigenous Australians, FWB focuses on social and emotional wellbeing and the development of self-worth, communication and problem-solving skills, conflict resolution, and other personal qualities that enable the individual to take greater control and responsibility for themselves and their family, work and community life.

Together, Gurriny Yealamucka staff and the Empowerment Research Program conducted the FWB program for a number of community groups. As part of the project, some of Gurriny Yealamucka's staff members were trained as FWB facilitators. After completion, thirty-eight participants were interviewed to find out what they got out of the course.

Spirituality emerged as an important but contested topic during course discussions. There were varied views and beliefs in the group and some lively debate. Some participants were churchgoers, some drew on their connection with the land, and some combined both of these elements into their personal view of spirituality. Other participants drew great solace, inspiration and a sense of calm and connection when they sat quietly in nature.

Spirituality was obviously important to participants. To explore this aspect of the project further we set ourselves two questions:

1. What is the most appropriate way to approach spirituality when evaluating social and emotional wellbeing program outcomes?

2. How can the results of social and emotional wellbeing health programs be made more meaningful within a population health framework?

In order to answer these questions we analysed the participant interview transcripts to identify themes. These themes were then explored to see how the outcomes reported by FWB participants, such as better communication with family members, resonated with the concept of spirituality. The diversity of perspectives on spirituality meant that we had to approach the concept in a way that respected contemporary Indigenous spirituality as dynamic and manifest in many beliefs and practices.

As this project was essentially about improving health, we turned to the literature on health and spirituality for guidance. We looked at how the term 'spirituality' was used in mainstream and Indigenous health research, by FWB participants at Yarrabah—all of whom were Indigenous Australians—and by the general community. As a result, we decided to consider participant statements in terms of five interrelated themes: meaning, transcendence, value, connecting and becoming.

So, what did participants get from the Family Wellbeing program? When participants were interviewed they were asked what they saw as the good, and not so good, aspects of program participation and how the program could be improved in the future. Each person had the opportunity to report if participation had negative outcomes for them, and there were some suggestions for improvements to the program. However, participant feedback overwhelmingly indicated that positive, though in some cases modest, changes had occurred in the way they viewed and understood themselves, their loved ones and their community.

To summarise, these self-reported changes included:

a. Improved communication skills with loved ones, family, particularly with children;

b. Empathy, especially thinking about how other members of the family or community might feel;

c. Establishing a vision for the future and recognising personal potential, e.g. formulating career or educational goals;

d. Thinking more about fundamental values such as trust, courage, hope and honesty and their influence in our lives;

e. Some talked of a renewed sense of calm in their lives and not getting angry as often as they did before completing FWB;

f. Seeing ways of connecting with the past and tradition, finding new forms for expressing spirituality and new pathways for healing; and

g. A better ability to critically reflect on oneself and one's life journey.

All of these capacities tap into important aspects of social and emotional health. Contemporary approaches to spirituality highlight the values underlying our relationships with others, our appreciation of dimensions beyond the self, our care for the environment, our contribution to broader social issues, and our efforts to make our life journey meaningful and conducive to personal growth and development. In summary, there was a clear link between the themes noted above and what participants told us about Family Wellbeing outcomes.

In some cases, shifts in personal capacity were gentle and sustained. In others, individuals struggled to maintain an increased sense of personal empowerment. There is, of course, the problem of sustaining this shift without continuous support for change in the various contexts in which an individual lives. This is not to see the process as a failure, but as true to the very nature of personal change. Personal growth is never an unwavering upward trajectory. Overwhelmingly, participants saw the possibility of change—it enlivened their creativity and ignited their hope for the future.

Exploring spirituality from a community perspective provided insights into the role of spirituality in social and emotional wellbeing programs, such as FWB. Participants engaged strongly with spirituality as an issue for discussion, but the contested nature of the term highlighted the importance of using a broad definition of spirituality in order to integrate the diversity of views and beliefs.

In conclusion, our findings indicate that it is probable that the capacity for hope, empathy, a sense of connectedness and respectful communication with loved ones are essential ingredients in the 'control factor', a recognised psychosocial variable in epidemiological patterns of disease. Increased control and mastery means that people have greater capacity to deal with day-to-day challenges of life without being overwhelmed by them. In our view, this is the pathway by which FWB can contribute to improved social and emotional wellbeing in Indigenous communities. The task for the future is to continue to work in partnership to strengthen both the sustainability of empowerment strategies and their evidence base.

Introduction

The concept of social and emotional wellbeing articulated within the national social and emotional wellbeing framework (Commonwealth of Australia 2004) is an important attempt to merge the population health paradigm and an Indigenous worldview in which spirituality is recognised as a key element of health. Although Indigenous Australian spirituality has been widely studied from the perspective of disciplines such as anthropology and religious studies, an approach to Indigenous spirituality within the context of Australian public health interventions is yet to be clearly defined. This lack of clarity leaves health workers and researchers in uncharted territory when working with Indigenous communities and raises questions related to how to best evaluate social and emotional wellbeing programs. If health professionals are to meet the challenge that holism presents (NAHSWP 1989), it is imperative that we begin to seriously grapple with the role that spirituality plays within the concept of social and emotional wellbeing and the implications this has for program planning, implementation and evaluation.

This paper presents the findings of the 2005 Family Wellbeing program evaluation in Yarrabah, an Indigenous community just south of Cairns, with the aim of engaging with the concept of social and emotional wellbeing from the 'bottom up'. It documents our attempt to approach social and emotional wellbeing program evaluation with the question of holism in mind. To this end, we established two objectives. The first was to explore the most appropriate framework in which to approach spirituality when evaluating social and emotional wellbeing program outcomes. The 2005 FWB findings are therefore discussed within the context of current debate regarding the role of religion and spirituality in health outcomes and the use of the term 'spirituality' in health research. As 'holism' is also a contested concept, it is considered in relation to its use in Indigenous Australian health discourse. Our second concern was how to render the results of social and emotional wellbeing health interventions intelligible within the population health framework. As a community suicide crisis in Yarrabah was the main catalyst for the FWB project, the findings are discussed drawing upon what is known about protective factors for suicide.

Background

The Family Wellbeing program

FWB is a health intervention program that has been developed by Indigenous Australians and focuses on social and emotional wellbeing and the development of life skills (Tsey & Every 2000). Social and emotional wellbeing has its genesis in mental health policy but approaches mental health from a socio-historical perspective, responding to Indigenous Australian understandings of health as involving an inextricable relationship between physical, mental and spiritual wellbeing. It is a concept that encompasses grief and trauma, suicide and other forms of self-harm and the ways in which these issues impact on Indigenous individuals and families throughout the lifecycle.

FWB aims to build communication, problem-solving, conflict resolution and other life skills to enable the individual to take greater control and responsibility for family, work and community life (Whiteside *et al*. 2006). The program is based on the idea that all humans have basic physical, emotional, mental and spiritual needs and that denial of these needs will result in behavioural and emotional difficulties (Tsey & Every 2000). FWB is conducted in five stages, with each stage delivered as either a thirty-hour, stand-alone workshop or as a series of weekly meetings. Completion of all five stages of the program provides participants with a nationally accredited qualification in counselling. Since its inception in 1993, FWB has been conducted in several locations around Australia, including Whyalla in South Australia, Central Australia and northern Queensland.

The Family Wellbeing project at Yarrabah

Yarrabah is a coastal Indigenous community of approximately 3000 people located in far north Queensland. Although only fifty kilometres from Cairns, Yarrabah is separated from the city by a mountain range. Prior to European settlement, the Gunggandji (sometimes referred to as Kunkangi) and Yidingi inhabited the land in and around Yarrabah (Baird, Mick-Ramsamy & Percy 1998). A mission camp was established in 1892 and the community was administered as an Anglican mission until 1960, when management of the community was transferred to the then Queensland Department of Aboriginal and Islander Affairs. In 1986 the community received a Deed of Grant in Trust and has since been self–managed by a locally elected council. The Anglican Church continues to exert a strong influence in the Yarrabah community: in the 2006 Census, 82.7 per cent of residents stated their religious affiliation as Anglican (ABS 2007). Hume (1988) has observed that in Yarrabah Anglicanism has undergone a transformation from an imposed religious belief and worldview into one that is Aboriginal oriented.

The establishment of Yarrabah involved the forced co-location of disparate Aboriginal groups under government assimilation policies (Hunter *et al*. 2001). Today, Yarrabah is home to descendants of at least thirty-two clan groups, with around 80 per cent of the population being descendants of people who were moved to the community from other parts of the State. Baird, Mick-Ramsamy and Percy (1998:8) explain that Yarrabah can be considered a 'stolen generation community with the consequential intergenerational and unresolved grief and trauma'. The Stolen Generation refers to those Aboriginal and Torres Strait Islander children who were forcibly removed from their families under past Australian assimilation laws, practices and policies. The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families estimated that between one in three and one in ten Indigenous children were forcibly removed from their families between 1910 and 1970 (HREOC 1997).

The Yarrabah FWB program was implemented in the context of a community suicide crisis. During the mid-1990s the rate of youth suicide in Yarrabah was well beyond that experienced anywhere else in Australia (Baird, Mick-Ramsamy & Percy 1998). Hunter *et al*. (2001) provide a detailed discussion of the community's response to this crisis, which included the establishment of a Crisis Intervention Group, a Family Life Promotion Program and the commissioning of a primary health care service feasibility study. The feasibility study, among other things, identified social, emotional and spiritual health as a priority (Baird, Mick-Ramsamy & Percy 1998). These

findings led to the establishment of the Gurriny Yealamucka Health Service in 1998, and the subsequent FWB project partnership. The objective of the project was to determine the appropriateness of the FWB framework as the foundation for a community-controlled social health program and involved the implementation of FWB as a discrete social health program.

Linking the Family Wellbeing program to population health

Internationally, the relationship between spirituality, religion and health is an emerging area of research (Hassed 2000; Keonig 2003; Miller & Thoresen 2003; Peach 2003; Tse *et al*. 2005; van Dierendonck & Mohan 2006). Overall, evidence supports a positive association between religion and health (Williams & Sternthal 2007). Some studies have found spirituality and religion to be positively related to immune system function (Williams & Sternthal 2007). Other reported salutary effects of religion and spirituality include lower blood pressure and lower rates of heart disease, stroke and kidney failure (Seybold & Hill 2001). However, the reasons for these positive effects are not well understood and recent evidential reviews have cast uncertainty on the strength of the association between religious-based variables and cancer or cardiovascular disease (Williams & Sternthal 2007). It is also clear that certain types of religious or spiritual beliefs may have negative effects on a person's health and wellbeing. Religion can be judgmental and alienating, and has been associated with some forms of psychopathology, such as authoritarianism and dogmatism (Seybold & Hill 2001; Williams & Sternthal 2007). Feelings of religious guilt or failure to meet religious expectations can contribute to illness (Lee & Newberg 2005; Williams & Sternthal 2007).

Religion-associated variables have been shown to have a protective effect for wellbeing, suicidal behaviour and substance abuse (Hassed 2000; Williams & Sternthal 2007). For example, strong spiritual or religious faith has been cited as one of a range of factors that appears to protect individuals against suicide (Commonwealth of Australia 2000). Van Dierendonck and Mohan (2006) note that intrinsically religious people derive a significant mental health benefit from their religion. 'Intrinsic religiosity' refers to inner beliefs that form the substance and aim of life, in contrast to 'extrinsic religiosity' wherein one adopts religious practices but where religion is a vehicle towards another end rather than a central part of one's identity (Brimhall & Butler 2007). Intrinsic religion has been related to qualities characterising positive mental health, including responsibility, self-control, tolerance and an internal locus of control (van Dierendonck & Mohan 2006).

From a public health perspective, 'the control factor' is recognised as an important psychosocial variable in epidemiological patterns of disease. Evidence indicates that the less control people have over their lives and environment, the more likely it is that the demands and stresses experienced as part of everyday life will have a negative effect on their health (van Rossum *et al*. 2000). Increased control and mastery means that people have greater capacity to deal with day-to-day challenges of life without being overwhelmed by them (Syme 1998). It is almost certain that a lack of control, or mastery, comprises one aspect of a broader experience of 'powerlessness', which has been identified as a major factor in Indigenous Australian ill health (Tsey *et al*. 2003). Factors such as the loss of Indigenous male authority and self-esteem, alienation, and ongoing challenges to individual and collective wellbeing are considered antecedents to widespread substance abuse, violence and suicide (Daniel *et al*. 2006).

Methodology

The project partnership

The Yarrabah FWB project was implemented as a partnership between the University of Queensland (UQ), James Cook University (JCU) and Gurriny Yealamucka Health Service (GYHS). JCU and UQ agreed to train a core group of FWB facilitators and to provide those trained with support. JCU and UQ also took the lead responsibility for evaluation of the project. GYHS was responsible for delivering the FWB program to different groups of people, according to its assessment of community need and in response to interest expressed by local community members.

Participatory action research

Family Wellbeing was implemented as a two-step participatory action research program. Emphasis was first given to enhancing individual empowerment as a basis for people coming together to tackle broader structural and organisational issues. The first step of the program consisted of thirty hours of structured personal development training workshops. The second step involved follow-up processes aimed at supporting groups to address priority issues identified from the personal development training (Whiteside *et al*. 2006). The broader project activities occurred in action research cycles involving local facilitator training, follow-up interviews with course participants (conducted by the JCU/UQ and GYHS facilitators), data analysis and community feedback sessions. The pilot project was delivered in three phases (see Table 1).

Table 1: Yarrabah FWB project phases

Project Phase 1: 2001–02	CU/UQ trained ten members of the Yarrabah community in Stage 1 and Stage 5 of the FWB program. Members of this core group were qualified to facilitate Stage 1 of the FWB program.
Project Phase 2: 2003	JCU, UQ and the newly qualified GYHS facilitators conducted the FWB program in partnership for a variety of community groups: a women's group, a men's group, a school, and a drug and alcohol rehabilitation centre.
Project Phase 3: 2004, ongoing	GYHS has continued to conduct the FWB program with mentoring provided by JCU.

Recruitment strategies included word-of-mouth, posters in public locations, and letters to relevant organisations and interested individuals (Daly *et al*. 2005). Each workshop commenced with the development of a group agreement, which committed members to certain guidelines for working together. The agreement included punctuality, confidentiality, honesty and openness, the ability to advance alternative views without being derided, empathy and support for one another. The project took a total of five years to complete.

The two main sources of data used in this analysis were transcripts of FWB program evaluation interviews conducted in 2003 and 2005. These interviews were semi-structured and explored what the participant liked or did not like about the program, the ways in which the participant had used the FWB skills, any difficulties encountered and suggestions for future FWB programs. The data were supplemented by participant observations made by JCU/UQ research team members, community-based facilitators and other local stakeholders. All FWB participants were Indigenous Australians. Table 2 summarises the number of people exposed to the program and interview numbers.

Table 2: Yarrabah FWB project—FWB program participants and evaluation interviews

Year	FWB participants	Number interviewed	Men interviewed	Women interviewed
2001–03	55	15	8	7
2003–05	67	23	10	13
Total	122	38	18	20

Study limitations

This case study is limited to the outcomes of data derived from the evaluation of one community-based public health intervention conducted at one site. Although the project methodology drew upon ethnographic methods of data collection, the findings presented in this paper do not represent the results of an ethnographic study of spirituality and/or religion in Yarrabah. Indeed, FWB participants were not asked about their spirituality or religious beliefs in either the 2003 or 2005 evaluation interviews. Our aim was to track the relationship between the context (Yarrabah), input (the FWB program) and outcome (self-reported changes in attitudes, emotions and behaviour) (Pawson & Tilley 1997).

2003 findings

The 2003 data analysis was informed by an understanding of empowerment as a three-tiered framework, encompassing personal, group and structural change (Wallerstein 1992; Tsey & Every 2000). Indicators of personal empowerment include improved perceptions of self-worth, empathy and perceived ability to help others, the ability to analyse problems, a belief in one's ability to exert control over life circumstances and a sense of coherence about one's place in the world. Group empowerment manifests in stronger social networks and community participation in organisational decision-making, perceptions of support, community connectedness and the ability to reach consensus on goal-oriented strategies. Structural empowerment refers to actual improvements in environmental or health conditions, evidenced by changes in systems, public policy and the community's ability to acquire resources to create healthier environments.
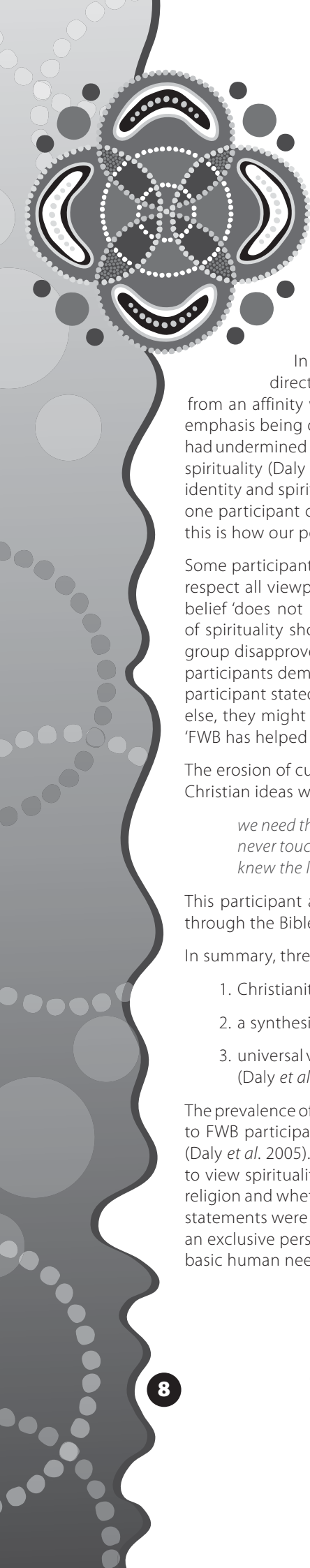
The 2003 evaluation themes were Program Relevance and Acceptability, Personal Level Change, Community Level Change, Building Facilitator Capacity, and Spirituality and Religious Beliefs. These themes are summarised to provide the context for the analysis of the 2005 interviews and as a key step in the project methodology.

The theme of Program Relevance and Acceptability highlighted the group setting, confidentiality and honesty as important factors in program acceptability. Participants thought FWB was relevant to the challenges facing Indigenous communities, to the local workforce, relationships and to suicide prevention. FWB's approach to life skills made it relevant to participants' current circumstances; one participant noted that it 'talks about all the issues, not just one'. The program was seen as appropriate because it was developed by members of the Stolen Generation.

Personal Level Change emphasised increased reflective skills to develop intellectual curiosity, hope and confidence. Participants also referred to personal healing, an improved ability to control destructive emotions, prevention or management of domestic conflict and more positive family relationships. The opportunity to 'voice pain' in a safe environment and to explore feelings and attitudes towards white people prompted the observation that FWB was an effective tool for reconciliation. Some participants reported that they had significantly reduced their alcohol consumption as a result of completing FWB. However, it was also clear that participants encountered difficulties in sustaining change: one participant commented, 'when you are doing the program you are sort of changing yourself and then when you go home you are going back to that same [situation]. So, you're going two steps forward and then you are coming back.'

FWB group discussions identified housing as a priority for Community Level Change. This informed the second step of the program. Following participatory action research principles, the participants, with the support of UQ and JCU facilitators, went on to advocate for improvements in housing in the Yarrabah area. Uncertainty of land tenure meant that this issue was unable to be resolved in an expedient manner and participants expressed frustration with the perceived lack of progress. Nonetheless, the group members acknowledged their achievements. They undertook research and met with the Yarrabah Council and traditional owners. One significant outcome was that the council made a commitment to provide infrastructure such as roads, water and electricity to areas not previously on the council's strategic plan.

The Building Facilitator Capacity theme highlighted the fears held by some participants in relation to taking on the role of FWB facilitator and their relatively limited educational and professional backgrounds. Despite these anxieties, the local facilitators came to play a crucial role in the planning and facilitation of the FWB program. The feedback indicated that, with support, participants were able to gain the necessary skills and confidence to adopt this role.

Within the FWB program spirituality is discussed as one of four basic human needs (mental, emotional, physical and spiritual) and is defined in the following way:

To be deeply connected with one's inner self, to be deeply connected with others and with something greater than ourselves, whatever we perceived that to be, to express that connection in whatever way is right for us, to have meaning and purpose in life, to value our true self and trust our intuition, to express the higher qualities of our nature, to discover one's life purpose and ask 'why am I here and what is my life purpose?' (Aboriginal Education Department Branch 1993:22).

In the 2003 analysis the Spirituality and Religious Beliefs theme encompassed statements that directly related to God, spirituality, sacredness or religion. Participant views on spirituality ranged from an affinity with land and oneness with the environment to a profound relationship with God, with the emphasis being on a Christian God (Daly *et al.* 2005). Although there was general agreement that colonisation had undermined Indigenous spirituality, there was no consensus as to what constitutes contemporary Indigenous spirituality (Daly *et al.* 2005). Some expressed the opinion that the capacity to resolve contemporary issues of identity and spirituality required a return to 'traditional' understandings of religion and spirituality. For example, one participant commented, 'the [FWB] program should be drawing us back to the point in each topic to say this is how our people done it, bringing it back to how they done it before'.

Some participants were challenged by the FWB group rule, which stated that a discussion on spirituality must respect all viewpoints. For example, one participant believed the group rule which noted that one's spiritual belief 'does not have to be a religious thing' undermined his Christian beliefs, adding that any discussion of spirituality should occur 'through the eyes of a Christian'. This participant sensed that some others in the group disapproved of this assertion, stating that 'some people just cringe' (Daly *et al.* 2005:40). Other Christian participants demonstrated greater acceptance of perspectives on spirituality that differed from their own. One participant stated, 'all cultures have a God', and 'it's no good projecting my stuff [as a facilitator] onto someone else, they might believe something else'. Another saw the FWB program and Christianity as complementary: 'FWB has helped me to bring myself back to that [Christianity]'.

The erosion of cultural heritage was seen as an important issue. A synthesis of Indigenous values and Judaeo–Christian ideas was apparent in statements such as:

we need the tree to breathe, that is a basic human need… We are destroying our land, whereas our old people never touched it… because they lived in nature with the land… they didn't dig for silver and gold or oil… They knew the land was sacred (Daly *et al.* 2005:41).

This participant added, 'He is the God of our ancestors, because we never seen him but we heard his voice through the Bible…'.

In summary, three contested sub-themes emerged:

1. Christianity as epitomised by the church and New Testament values;

2. a synthesis of traditional Indigenous values and Judaeo–Christian ideas; and

3. universal values of tolerance and respect for other religions and spiritual beliefs, within a holistic framework (Daly *et al.* 2005).

The prevalence of spirituality-related comments in the 2003 evaluation findings indicated the issue was important to FWB participants. At times, differences of opinion on the topic of spirituality led to tensions in the group (Daly *et al.* 2005). To a large extent, these tensions arose around questions related to whether it was necessary to view spirituality as something which can only be experienced through an explicit connection with God or religion and whether it is necessary to view spirituality in exclusive terms (that is, 'my way is the only way'). These statements were later presented to course participants and the group explored the strengths and limitations of an exclusive perspective versus an approach based on respect for others' beliefs as long as they do not violate basic human needs.

The diversity of perspectives evident in the 2003 interviews and the discussions during the community feedback sessions were critical points along the action research cycle. Together, they led to the decision to analyse the 2005 feedback in the light of a contemporary definition of spirituality and to the idea that 'empowerment' and spirituality were overlapping concepts.

2005 data analysis

As the research team's interest in spirituality arose as a result of the 2003 participatory research cycle, we approached the 2005 data with the assumption that the feedback could shed some light on the role of spirituality both within the FWB program outcomes and as it related to the concept of social and emotional wellbeing. However, it is important to reiterate that although spirituality was specifically discussed in some FWB sessions, the participants were not asked about religion, spirituality or social and emotional wellbeing in either the 2003 or 2005 interviews.

A preliminary issue to consider was the use of the term 'spirituality' as distinct from 'religion'. Religion and spirituality are overlapping concepts (Hassed 2000; Mueller, Plevak & Rummans 2001; Seybold & Hill 2001; Miller & Thoresen 2003; Williams & Sternthal 2007) and some of this overlap arises from the fact that both have the search for the sacred in common (Zinnbauer, Pargament & Scott 1999, cited in van Dierendonck & Mohan 2006:228). However, there is a debate as to whether the concept of 'religion' or 'spirituality' should be used in health research (Keonig 2007). Spirituality is a broader term than religion and is 'primarily a dynamic, personal and experiential process', whereas religion, as an institutional phenomenon 'organizes the collective experiences of a group of people into a system of beliefs and practices' (Mueller, Plevak & Rummous 2001:1225). This paper adopts the term spirituality rather than religion, which is consistent with the national social and emotional wellbeing framework. A search of the national social and emotional wellbeing framework document identified four references to 'spirituality' and eighteen references to 'spiritual'. The term 'religious' was used once and there were no references to 'religion'.

The 2005 data analysis was conducted in three stages. Data were first extracted from participant interview transcripts on the basis of two broad concepts: 'self' and 'social outcome'. The concept of 'social outcome' included any reported shift in thoughts, emotions, attitudes and/or behaviours directed towards anyone other than the participant. These two broad concepts linked loosely with social and emotional wellbeing in that the word 'emotional' refers to individual feelings and responses, although these occur in the context of an identity based on relatedness. The analysis was not concerned with empowerment *per se* and the data analyst had not been involved in the delivery of the FWB program, nor the analysis of the 2003 data.

The data were then interpreted by focusing on the key words and ideas the participants used to express the experience of emotional, attitudinal and/or behavioural change that they associated with their participation in FWB. The third and final interpretative stage involved exploring the identified themes with two questions in mind:

1. Do these themes relate to spirituality, which is identified as a key element of Indigenous health and social and emotional wellbeing?, and

2. What is the significance of these findings for social and emotional wellbeing?

Findings

The application of thematic analysis (Braun & Clarke 2006) to the 2005 data commenced using the broad concepts of 'self' and 'social outcomes'. This led to the identification of several themes: 'understanding', 'calm and peace', 'recognition of personal potential', 'unity', 'healing', 'spirituality', 'self-reflection', 'empathy', and 'family relationships'.

Understanding

Many of the FWB participants reported that completion of the program gave them a greater understanding of their feelings, emotions and relationships. One participant stated, 'I was actually able to understand some of the… feelings and emotions that I have in my own life'. For others, understanding manifested in an increased capacity to manage interpersonal relationships. One participant said, 'I've got an understanding of reading between the lines… and… how to respond more, respond in a positive way… that… won't cause conflict'; and 'I used that [relationship triangle] to see… like where we were sitting in the relationship triangle… overall what it did was it just changed my whole viewpoint on emotions and feelings'.

Another said, 'I like the relationship topic… The relationship triangle helped me solve a disagreement between two friends. By being the third person, 'cause both of them are my friends.'

Calm and peace

Many FWB participants referred to the way in which the program had provided them with a sense of truth, hope, acceptance, trust and/or honesty. Participant feedback emphasised a renewed sense of calm or peace:

> It changed my way of thinking, too, in a positive way… Especially how I approach situations, you know? Being more calm… instead of jumping the gun all the time… and not assuming… taking different steps, you know, that slow, one step at a time approach, yeah?

Other comments included, 'A lot of people noticed the changes in me… I'm much calmer too with myself', and 'I notice my home is very peaceful'.

In some cases a sense of calm could be inferred by the participant noting that, in general, they were experiencing less anger after completing FWB. For example:

> I feel very light… after bringing up some of the pains, you know? I think maybe all of us… It's been quite a while since I've been angry like after doing the course. I mean, I could get angry very easily… I thought I was nuts… whereas things I used to get angry about, I just don't feel that anger any more.

This participant went on to explain how this change affected her relationship:

> when we do talk about issues I used to get angry and say a lotta nasty things… but I don't anymore… I sort of try to encourage… him, you know, to make changes, like… before I used to sort of walk away, I don't care.

Participants recognised FWB as a forum in which one could speak openly and without judgment: 'I wasn't feeling like people might judge me… or that they might make me feel like I can't talk or that I might say something that is wrong.' The sense of safety within the group setting facilitated feelings of trust: 'A lot of trust. That's what I found about it… everyone was just really open', and 'I don't have to tell lies. I just want to stick to the truth, tell the truth, what's on my mind.'

There was also mention of courage: 'I had enough courage to say, "No", I want to do it in my way and that. And it feels good too.' Participants valued the opportunity to speak openly and truthfully. Some recognised FWB as having assisted them in establishing a sense of calm and peace within their lives and homes.

Recognition of personal potential

A number of participants talked about the ways in which participation in FWB had allowed them to identify and work towards realising their potential. For some this involved overcoming fears: 'My personal fear stopped me from moving on. I had a fear of going to university, but… I feel like I can do it now.' Several FWB participants have gone on to undertake studies towards health promotion and community development qualifications. Others emphasised the role of imagination in identifying one's goals:

> the visualisations were good… because I believe that imagination has a vital role like for all of us… part of that imagination I see myself. We all know where we could be, if we wanna be there… visualisation help people dance who didn't think they could dance, for example, at church.

Unity

Participants also recognised the potential to build community cohesion via empowerment strategies: 'just imagine if our people did this training… it'd be a far more better community than it already is'. There was also mention of reconciliation: 'I've got the best of two worlds not one now… that's the way I see it… the FWB… sort of like reconciliation for myself, you know? Just to see you know.'

Recognition of the links between personal and community issues was evident in statements such as:

> … have suffered a real lot, kinda made me understand a little bit more about why people, like in that grief and loss, it made me think about how some people in the community behave the way they do. That's the way they really cope… sometimes I see a lot of intolerance of people in the community… people only thinking about themselves and the family and I think through FWB that could change.

Healing

The basic principle underlying FWB is that all humans have the capacity to heal irrespective of race, culture or country (Aboriginal Education Development Branch 1993). The *Oxford Dictionary* (1989) defines 'healing' as 'a restoration to health; reparation or restoration of wholeness'. Feedback indicated that FWB had assisted participants to identify strategies for change that extended the reach of healing to contemporary social and emotional trauma. Part of this involved recognising the resourcefulness of the Stolen Generation in overcoming adversity:

> although… Indigenous people have done it, like part of the Stolen Generation, they done it and that, but they also had different beliefs in it, you know? Like it [FWB] wasn't solely presenting Aboriginal peoples… [they] were part of the Stolen Generation. They lost their culture. I don't know if they lost all of it. But then they found it on something else. They use something else… that's one of the biggest things for me what came out… they used things like visualisation… good to see that being done.

For many in Yarrabah connections to forebears and knowledge of traditional healing practices have been lost, which highlights a central issue for Aboriginal people since colonisation: to sustain the continuity of existence as Aboriginal people (Hunter & Milroy 2006). While this continuity remains threatened (Hunter & Milroy 2006), a deeper and more resilient connection with the past may explain why Indigenous people have so strongly argued for acknowledgment of their spirituality. In this context, recognition of alternative forms of healing within the FWB program provided participants with an opportunity to innovate, be creative and possibly establish a renewed coherence between the past and present: 'I can use my own beliefs and integrate that with FWB… I didn't have to be from the Stolen Generation.' Another stated, 'I know there's a lot of good ways in culture but not all the answers are found in there. That's why I like looking to other cultures and other ways like Family Wellbeing.'

Spirituality

The term 'spirituality' was evoked in a broad, non-denominational sense and was linked to emotions:

> everyone get involved in FWB make Yarrabah a better place… like it is a good place… we've got a lot of good people… Elder within the church, they can look at the spiritual side but everything affects… the emotional and the spiritual. That's what I'd like to see in Yarrabah.

Participants also made links between spirituality, land and self-reliance:

Because the land, this is a bit of spiritual stuff, the land, we was once before self-sufficient… having provided all the resources there. And we sort of come like within ourselves too… it's inside of our being, like not relying, we can't rely on ourselves… Like everything will be there… an Aboriginal man walking in that place again.

Several participants mentioned the visualisations and meditations used in the FWB program. One stated that the meditation in FWB was 'making me tired' and explained:

I didn't get sick of it but they just made you tired… I used to meditate once in a blue moon but now I seem to be doing it often… I usually go down to the beach in the early hours of the morning.

This participant clarified that this continued practice of meditation was not the kind done in FWB, but was 'creating my own way'. Another stated: 'I really enjoyed the meditation… it helped me to release a lot of things.' Meditation was used to sustain change: 'Now I can handle things better and I can use the meditation.' Visualisations were also referred to as a source of contemplation and personal reflection:

I like those… visualisations… it was a real eye opener… it did bring something about for me… focusing the mind, yeah, really visualising what I wanted to do or should have done through some of them exercises, especially one of the breathing one… yeah, I really think with that one. It really touched something with me.

Self-reflection

Several participants spoke in terms of self-reflection: 'I sorta used it like a mirror to reflect on myself, talking about the whole person… made me more aware of, I think mainly about grief and loss.' Reflection allowed participants to re-assess their past ('when I started to reflect back on things, like things weren't as bad as I made out') and acknowledge their strengths: 'being empowered, that is a very useful resource… It really opened my eye to what I had, you know?', and 'I probably looked at myself and thought I've gotta be more understanding of people's shortcomings… instead of me looking at myself as a victim all the time'. As one participant put it, 'you just gotta help yourself'.

Participants reported that positive shifts in their attitudes and behaviours were reflected back to them: 'I notice everyone is saying good things about me or good things to me… it's coming back to me now. I mean, all that goodness.' Another stated, 'a lot of people noticed the change in me'. Some spoke of feeling more open and the positive effect this had on their capacity to deal with life's challenges: 'It sort of opened me up more to deal with situations at work and… in my personal life.'

Empathy

Empathy emerged as a theme and was evident in statements such as, 'I was actually able to listen to the other women who had it and were experiencing the same thing', and 'It made me think about other people… like in that grief and loss… it made me understand why people behave the way they do', and 'Ah, probably looked at myself and thought, well, I've gotta be more understanding of people, be a bit more mature I think'.

Participants referred to 'sharing' within the group as a catalyst for insight and empathic responses: 'the group was really great… everybody shared… I thought my life was bad… and then you see somebody else who feels worse, and that really picked me up', and 'when we sit down and share… seeing the wisdom of the group'.

Family relationships

Empathy influenced how participants thought about their family relationships: 'makes you think about it when you're there with your family. Um… how to deal with situations in your family and, you know, thinking about their feelings as well', and '[FWB] gave us time to look at yourself, where we came from back here and how to build, sort of build confidence up between husband and wife… and family'.

The feedback highlighted a need to communicate appropriately with children: 'You've got to come down to your children instead of treating them like an adult', and 'Kids, they could see the change in me too… I never used to talk to them properly', and:

> sometimes we as a member of a family react… we might give them a hiding or we talk to them… instead of sitting there and talking and finding out what's really, what's truly happening. I think this FWB gave us more options to look at.

In summary, participation in FWB frequently resulted in a re-evaluation of family relationships: 'I've decided to spend more time at home… to input into our, my family, things that I never had growing up.'

How do the Family Wellbeing evaluation themes relate to spirituality?

Spirituality is identified as a key element of Indigenous Australian health and social and emotional wellbeing. During the third and final stage of data analysis we undertook a literature search in order to locate Indigenous Australian health intervention studies that had integrated spirituality into their evaluation design. The literature search encompassed published studies in peer-reviewed journals between 1995 and 2007. Relevant articles were identified by conducting searches on several health and social science databases: Ovid Medline, CINAHL Informit, Infotrac and Proquest. The results indicated that between 1995 and 2007 there was no original research published in Australian peer-reviewed journals that integrated the concept of spirituality into an Indigenous health intervention program evaluation. Although there were several relevant initiatives in existence (Clarke *et al*. 1999; Wanganeen 2001; Auseinet 2005), they were reported in the grey literature and provided only brief program overviews. In light of this result, we turned to the broader health-related literature in order to consider how to approach spirituality within a social and emotional wellbeing intervention program.
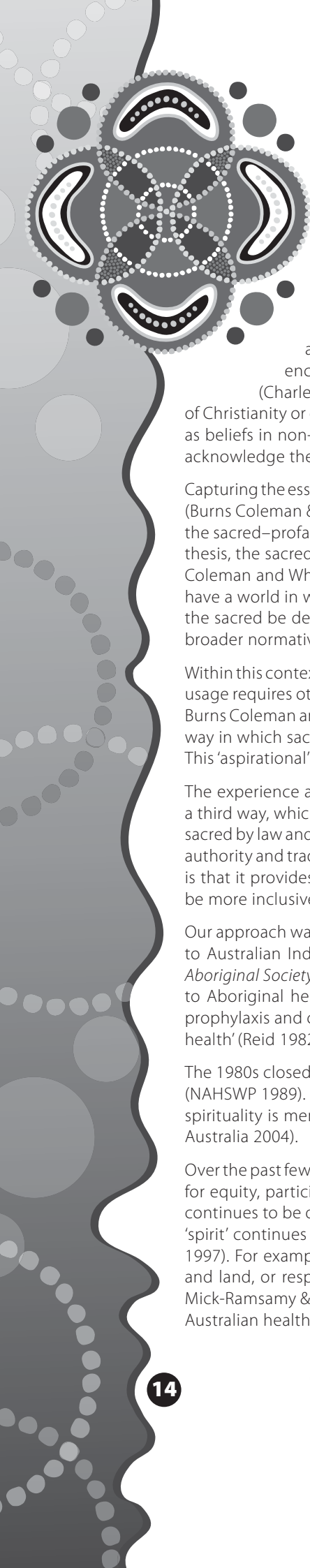
Theoretical considerations

There is ongoing debate as to how to define spirituality. In a recent edition of the *Medical Journal of Australia*, Harold Keonig (2007) stated that the lack of agreement on what spirituality means produces a real challenge when trying to measure it. Keonig (2007:S45) recommended that:

> the word spirituality, when used in research, should be restricted to those things that have something to do with the sacred… If there is no connection with the sacred, then it should not be referred to as spiritual or spirituality.

In this concept of spirituality, 'the sacred is defined as God, the numinous (mystical or supernatural) or ultimate truth' (Keonig 2007:S45).

Keonig's approach implies a dualistic understanding of sacred in which the sacred sits in contrast to the ordinary, secular or, possibly, the profane. It raises questions such as in what circumstances do humans encounter or experience 'ultimate truths' and how does one interpret or categorise the sacred when expressed in everyday practice? For example, in some spiritual traditions, the daily practice of non-violence expresses the sanctity of life. For Indigenous Australians, 'caring for country' expresses the sacredness of land. Can an approach to spirituality that is based on a split between the sacred and the ordinary assist in understanding contemporary Indigenous spirituality?

In Australian Aboriginal religious systems the sacred is recognised as a separate realm of human experience through the preservation of sacred sites, ceremonial events and the ritualised transmission of knowledge. Yet, the rhythm of life across a landscape imbued with sacredness seems to belie a rendering of the sacred as a separate category of human experience or aspiration. The sacred knowledge, wisdom and moral truth of the Dreaming permeates the entire *beingness* of Aboriginal life (Hume 2004:237). As an embodiment of the spiritual power of the ancestral heroes, as a way of life and as law (Charlesworth 1992:9–10, cited in Hume 2004:238) the Dreaming is continually unfolding and ever-present. This interconnectedness between the religious or spiritual and the everyday is reflected in Pat Dodson's observation 'your ceremonial people are absolutely essential to your normal everyday life. They're part of that ordinary everyday life' (Dodson, Elston & McCoy 2006:253). Today, even where people may not observe traditional rituals or live on ancestral country, the land remains sacred. It seems that in discussing Indigenous spirituality, the 'sacred' is used in a variety of ways which at times incorporate Koenig's approach and at others refer to something broader, though still highly influential on the way that one acts in the

world. The diversity of statements made by FWB participants reflected this in relation to the term 'spirituality'. In addition, the 2003 FWB evaluation had demonstrated that perspectives which confined spirituality to institutionally legitimised connections to the sacred had been a source of tension and conflict among the FWB course participants.

Although Keonig's definition of spirituality did not necessarily exclude non-religious-based spirituality, by referring explicitly to God it tends to foreground the Christian tradition and it implied the sacred as something separate from daily life. We wanted to avoid taking a stance that supported one particular religious or spiritual doctrine. The diversity of perspectives evident among participants in 2003 indicated that we needed a definition of spirituality that would encompass the eclectic and dynamic nature of contemporary Indigenous Australian spirituality (Charlesworth 2005; Morton 2005). The concept had to reflect a complex social world in which elements of Christianity or other religious traditions might co-exist with aspects of traditional Aboriginal cosmology, such as beliefs in non-human ancestors, magic and sorcery and contemporary forms of spiritual practice. It had to acknowledge the land as sacred or of great spiritual significance (Burns Coleman & White 2006).

Capturing the essence of contemporary Indigenous Australian spirituality may require that the sacred be 'stretched' (Burns Coleman & White 2006). Burns Coleman and White argue that it is possible to 'stretch the sacred' beyond the sacred–profane binary described by Emile Durkheim. In Durkheim's highly influential (and widely critiqued) thesis, the sacred is that which is set apart and protected from sacrilege by social restrictions or taboos. Burns Coleman and White make the point that 'if you think that God, or the spirit of the world is immanent, you will have a world in which the entire world is endowed with spiritual significance', and it will not be necessary that the sacred be defined as that which is set apart (2006:73). In taking this approach the term 'sacred' takes on a broader normative or ethical force that will influence behaviour (2006:74).

Within this context, sacred is invoked in three ways. The first is as an expression of one's feelings and intuitions. This usage requires others to respect the speaker and their feelings but excludes others from commentary (2006:76). Burns Coleman and White do not extend the term sacred to personal, individualistic claims (2006:76). The second way in which sacred may be used is to refer to a commitment to a way of life based on a set of values or 'truth'. This 'aspirational' usage appears to 'involve a virtue ethics, an attempt to lead a way of life' (2006:76).

The experience at Yarrabah indicated that participants used the term spirituality in both of these ways and in a third way, which Burns Coleman and White refer to as a juridical concept of the sacred, in which the sacred is sacred by law and the law involves obligations and duties (2006:76). The juridical approach is based on respect for authority and tradition. The value of Burns Coleman and White's analysis in relation to Indigenous health research is that it provides specificity to Koenig's broad definition of spirituality. Indeed, it proves Koenig's approach to be more inclusive that it appeared initially, in that aspirational usage draws on the notion of 'ultimate truths'.

Our approach was also heavily influenced by a desire to engage with holism, as it has been expressed in relation to Australian Indigenous culture and health. In the early 1980s, *Body, Land and Spirit: Health and Healing in Aboriginal Society* (Reid 1982) merged anthropological and medical perspectives to call for a holistic approach to Aboriginal health and recognised spirituality as central to this holism: 'The Aboriginal approach to both prophylaxis and curing is a holistic one. It recognizes the physical, personal and spiritual dimensions of life and health' (Reid 1982:91).

The 1980s closed with the endorsement of a holistic definition of health in *A National Aboriginal Health Strategy* (NAHSWP 1989). Although the national social and emotional wellbeing framework does not define spirituality, spirituality is mentioned in the document's glossary as an element of a 'holistic approach' (Commonwealth of Australia 2004).

Over the past few decades, the concept of holism in Indigenous Australian health has been mobilised to advocate for equity, participation and sustainability in primary health care (Brady, Kunitz & Nash 1997), yet its meaning continues to be debated (Lutschini 2005). Nonetheless, the importance of harmonious social relationships and 'spirit' continues to be a feature in Aboriginal conceptualisations of health (Reid 1981; Brady, Kunitz & Nash 1997). For example, focus groups held in Yarrabah in the late 1990s identified reclaiming the healing of spirit and land, or responding to the experience of hopelessness, as the key to improved health outcomes (Baird, Mick-Ramsamy & Percy 1998). In conclusion, it is apparent that the essence of holism, as it is used in Indigenous Australian health discourse, refers to the interconnectedness of life's dimensions.

FWB outcomes and spirituality

During the FWB project, participant perspectives on spirituality drew from Western and Indigenous cultural traditions: Judaeo–Christian, Christianity, beliefs that are commonly referred to as 'New Age' and tradition-based Indigenous values. This diversity suggests a complex set of social dynamics operating within the Yarrabah community. Our observations are, therefore, limited to the preliminary and exploratory.
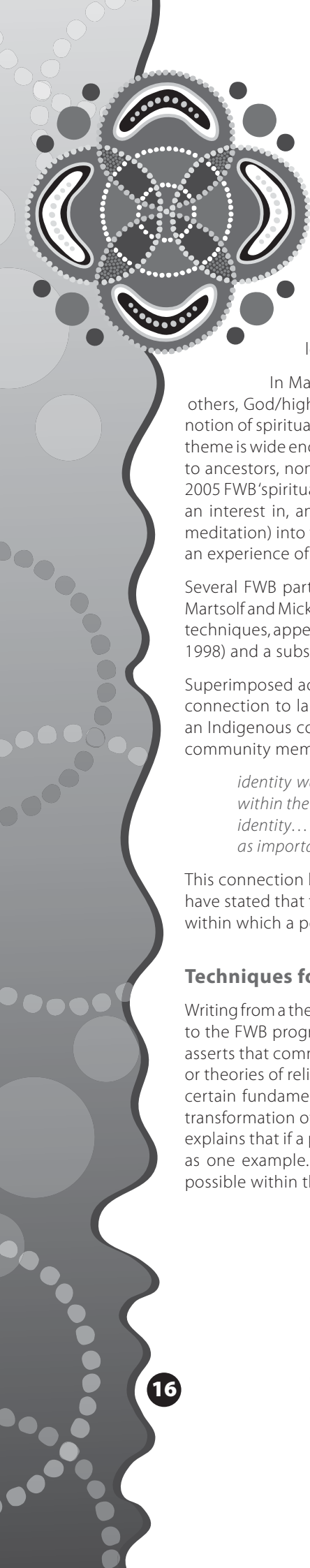
The FWB program grew out of informal discussions and formal consultations with Indigenous people who survived the impact of Stolen Generation policies to become community leaders (Tsey & Every 2000). Unlike personal development courses which modify mainstream programs to an Indigenous context, FWB developed from Indigenous people conducting their own inquiry into their personal experiences, needs and solutions, then looking outward to enrich this base with what was deemed most useful from the mainstream. These men and women wanted to pass on the life skills and values they had drawn upon in overcoming adversity and maintaining a strong sense of family in the face of a hostile dominant culture. As the title indicates, Family Wellbeing assumes 'family' or 'kin' (Martin 2006) as the cultural bedrock and fundamental unit of contemporary Indigenous society. With its emphasis on empowerment, healing and group process, FWB also answers the call as a 'New Age' personal development program (Dein 2005). For example, the course incorporates techniques taken from psychosynthesis, including meditation and creative visualisation. Psychosynthesis is a branch of transpersonal psychology that aims to 'enrich lives through direct spiritual experience' (Clinebell 1981). In summary, FWB takes an eclectic approach, reflecting the lives, circumstances and interests of contemporary Indigenous Australians.

The concept of spirituality generally includes the search for meaning, transcendence, connectedness and values (Dyson, Cobb & Forman 1997; Martsolf & Mickley 1998; Mueller, Plevak & Rummous 2001; Spohn 2001; Tse *et al*. 2005; Eckersley 2007). Martsolf and Mickley (1998) have noted that spirituality generally encompasses one or more of the following five themes:

1. meaning: the ontological significance of life; making sense of life situations or deriving purpose in existence;

2. value: beliefs and standards that are cherished, having to do with truth, beauty or behaviour, which are often discussed as ultimate values;

3. transcendence: experience and appreciation of a dimension beyond self, expand self-boundaries;

4. connecting: relationships with self, others, God/higher power and the environment; and

5. becoming: an unfolding of life that demands reflection and experience.

We decided to reflect on the 2005 FWB outcomes in light of these five themes precisely because they did not represent the final word on how spirituality should be defined, although they were flexible enough to encompass the different ways in which participants referred to concepts commonly associated with spirituality. In contrast to Burns Coleman and White's analysis of the sacred, our analysis of spirituality preserved expressive statements, such as those related to meaning and existence. One reason for this was that in participant narratives juridical, expressive and aspirational elements were often integrated. In addition, any response to the social phenomenon of hopelessness should take into account the nature of existential struggle. Lastly, although the sacred and spirituality are terms which are sometimes used synonymously (Burns Coleman & White 2006) it seems that the two concepts also diverge in important respects.

Participant statements that referred to 'understanding' related to an improved capacity to manage interpersonal and family relationships and the identification of pathways to healing. Statements that focused on 'understanding' can be taken to relate to meaning because it is through the process of understanding that one makes sense of life's situations. Understanding was focused on improving interpersonal and family relationships, rather the some other domain of life. This suggested the ontological dimensions of 'understanding', in that connectedness to family or kin is fundamental to Indigenous identity. Relatedness provides an orientation for personal agency and strengthens one's place in the social world. The recognition of alternative paths for healing contributes to a sense of possibility and hope for the future. Dyson, Cobb and Forman (1997) identify hope as a spiritual need common to everyone and state that the majority of studies related to spirituality identify hope as a key

component. A number of the other values referred to by FWB participants are commonly associated with religious precepts or ultimate values: honesty, courage, acceptance, calm and peace. It is likely that these and other ultimate values express 'ultimate truths', an element in Keonig's (2007) preferred approach to spirituality.

Participant statements that related to the theme of 'recognition of personal potential' reflected a sense of an 'expanded self'. Those that referred to the theme of 'unity' and to reconciliation conveyed aspects of personal transcendence. For example, a number of participants expressed a desire for improved community wellbeing and spoke of a need to look beyond one's own or one's family's concerns.

In Martsolf and Mickley's (1998) themes of spirituality, 'connecting' included relationships with self, others, God/higher power and the environment. This aspect most closely aligns with the traditional Western notion of spirituality in that it explicitly refers to the individual's relationship with God. However, the 'connecting' theme is wide enough to encompass Indigenous Australians' beliefs in the sacredness of land and connectedness to ancestors, non-Christian religious beliefs and 'earth-based' spiritualities (Rose 1996; Taylor 2001). Within the 2005 FWB 'spirituality' theme some participants talked of their spiritual connection to the land. Several expressed an interest in, and some had introduced a variety of spiritually based practices (including visualisation and meditation) into their lives with the aim of improving their sense of wellbeing. Empathy and 'sharing' expressed an experience of connecting with others and were catalysts for shifts in beliefs and attitudes.

Several FWB participants used the word 'reflection', or phrases to do with 'looking at oneself', which links to Martsolf and Mickley's (1998) theme of 'becoming'. This reflective process, facilitated by imaginative and meditative techniques, appears to have been the catalyst for the experience of 'expanded self-boundaries' (Martsolf & Mickley 1998) and a subsequent increased capacity to manage relationships.

Superimposed across Martsolf and Mickley's five themes are understandings of the central role of kinship and connection to land in Indigenous Australian spirituality (McLennan 2003:8). In one small study conducted in an Indigenous community in New South Wales, McLennan and Khavapour (2004) analysed interviews with six community members, who were asked about their spirituality and wellbeing. The authors reported as follows:

> identity was viewed as a component of spirituality and the result of spiritual development… relationships within the community and the sense of belonging to the community were described as the basis of Aboriginal identity… all participants considered cultural practices, sacred sites and spiritual connections with ancestors as important components of their wellbeing.

This connection between Indigenous spirituality and identity has also been noted by Tse *et al*. (2005:182), who have stated that for Australian and New Zealand Indigenous peoples 'the heart of spirituality is a cultural ethos within which a person's identity unfolds'.

Techniques for life and committed practice: Spohn's 'true test of spirituality'

Writing from a theological perspective, Spohn (2001) discusses 'authentic spirituality' in a manner that has relevance to the FWB program, by describing the ways in which techniques can evolve into committed practice. Spohn asserts that committed practices are the backbone of 'every authentic spirituality' rather than peak experiences or theories of religious experience (2001:280). Committed practices are 'complex social activities which address certain fundamental needs and values' (2001:280). They are worthwhile in themselves and require a gradual transformation of our basic motivations. Friendship constitutes one practice, and music another. Spohn (2001) explains that if a practice is sufficiently complex and challenging it can be transformative, and he cites marriage as one example. In undertaking committed practice, the individual enters a form that supports the values possible within that form or structure.

In Spohn's terms, the FWB program introduces participants to techniques or 'life skills' for personal development. Such techniques may develop into committed practice and thus constitute or express 'authentic spirituality'. Spohn cites friendship, music and marriage as examples of practice. Within the FWB program, the practice of family provides an Indigenous-defined form in which life skills or other techniques aimed at improving wellbeing can develop into committed practice. This has the potential to contribute to personal development and to support Indigenous families to respond to current social demands and opportunities while maintaining a distinct cultural identity.

The personal qualities underpinning committed practice to which Spohn refers may share some common ground with the notion of 'intrinsic religiosity', those inner beliefs that go to the substance and aim of life (Brimhall & Butler 2007) and that have been related to the possession of an internal locus of control and other qualities linked to positive mental health (van Dierendonck & Mohan 2006). Importantly, control—operationalised as mastery, self-efficacy or locus of control—has emerged as a psychosocial resource in the aetiology of health and disease (Daniel *et al.* 2006).

If committed practice can underpin ostensibly secular dimensions of life, such as music and friendship, and thereby express an authentic spirituality, the major challenge for health researchers may not be to 'define and measure spirituality as distinct from religion' (Williams & Sternthal 2007) but, rather, to define what it is that these two concepts share.

Discussion

What is the significance of these findings for social and emotional wellbeing?

The FWB program was implemented in the wake of a community suicide crisis. Although suicide was a rare occurrence in Aboriginal society prior to the 1970s (Tatz 2001; Queensland Government 2003; Elliot-Farrelly 2004), it is now one of the most distressing issues confronting Indigenous communities, making a significant contribution to premature Aboriginal mortality (Hunter *et al*. 2001; Elliot-Farrelly 2004; Hunter & Milroy 2006). Daniel *et al*. (2006) note that suicide among young men is an important indicator of the social, emotional and psychological wellbeing of Indigenous communities and that the vulnerability of young men resonates with low levels of mastery or control. It is, therefore, fitting that the FWB project outcomes be considered in light of what is known about the risks and protective factors influencing suicide.

There is no agreed-upon framework for understanding Aboriginal suicide and there are important differences in suicidal behaviour epidemiology and aetiology between Aboriginal and non-Aboriginal populations and within Aboriginal groups (Hunter *et al*. 2001, cited in Elliot-Farelly 2004). In the mid-1990s the Yarrabah community identified the contributing factors for suicide as:

- drugs and alcohol;
- unresolved grief;
- conflict;
- depression;
- domestic violence;
- unemployment; and
- parental neglect (Hunter *et al*. 2001; Queensland Government 2003).

Australia's national framework for prevention of suicide and self-harm identifies several elements that appear to be protective factors for individuals, including:

- connectedness to school and family;
- personal resilience and problem-solving skills;
- responsibility for children;
- family communication patterns;
- the presence of a significant other (an adult for a young person, a spouse or partner);
- strong spiritual or religious faith, or a sense of meaning and purpose to life; and
- community and social integration (Commonwealth of Australia 2000).

Many FWB participants reported an improved understanding of emotions, relationships and life circumstances. This experience of understanding and empathy led to improved communication with family members and a better ability to avoid or manage conflict in a constructive manner. Importantly, there was recognition of the vulnerability of children and a need to communicate with children in an appropriate manner. Participants drew upon practices based in spiritual traditions, such as meditation and visualisation, as a resource for positive coping. An explicit link was made between spirituality and emotions. One participant connected spirituality,

land and self-reliance to reason that self-reliance would allow Indigenous people to regain their rightful place in society: 'an Aboriginal man walking in that place again'. Some participants reported a better ability to set and work towards goals, showing improved problem-solving skills. There was also wide acknowledgment of the program's relevance to the needs of the community.

One important finding of our analysis was FWB's capacity to provide participants with paths to healing that both engaged the individual's creativity and intellect and that participants considered an appropriate response to current social maladies. FWB harnesses the potential for choice and change at a practical, 'grass roots' level. Another notable aspect was the participants' renewed sense of hope for the future and vision for a better community.

The outcomes reported by FWB participants resonate strongly with the protective elements for suicide noted above and directly respond to many of the suicide risk factors identified by the Yarrabah community. While in the short term it may be extremely difficult for programs like FWB to impact on the stresses present within an environment, such intervention programs have the potential to positively affect the vulnerabilities and resourcefulness that a person brings to a crisis (Commonwealth of Australia 2000).

In facilitating the development of life skills and encouraging a set of personal values that respect one's own and others' basic human needs, the FWB program findings indicate that social and emotional wellbeing intervention programs can make a useful contribution to suicide prevention efforts and to the rebuilding of respect, principled autonomy (Tauber 2003) and other values underpinning civil society. Having stated this, it is important to acknowledge that intervention programs such as FWB are one, albeit an important, ingredient in a multi-level, integrated approach.

Dein (2005), drawing upon Tambiah's (1990) work, offers some insight into how the biomedical approach and Indigenous thinking about health might be complementary, rather than dichotomous. Tambiah (1990) discusses Levy-Bruhl's identification of two modes of human thought—the causal and the participatory—as two 'orderings of reality'. Both modes of thought are simultaneously available to all humans but 'are linked to and enacted in different contexts of communication and "practice" [as Bourdieu has defined it]' (Dein 2005:540). Within this schema, population health represents the causal mode of thought. The participatory mode of thought is represented as occurring 'when persons, animals, places and natural phenomena are in a relation of contact, nearness or proximity and in which this relation of contact is then translated into one of existential immediacy with shared affinities' (2005:540). In this mode of thinking, one might share a sense of being—with ancestors, humans or non-human animals, or with a significant place. The participatory mode of thought emphasises sociocentrism, holism and connectedness.

While the ongoing challenge for public health is to integrate the population health agenda and its causal mode of thinking at a local level, the participatory mode of thought seems especially relevant to Indigenous communities. These are places in which individuals and families struggle with questions of personal and group identity and where one's relationship to land and ancestors (people, animals and places) continues as a fundamental element in the shaping of identity. Social and emotional wellbeing interventions that establish a safe setting into explore these and related questions may form the ground work on which community-based concerns for improving health emerge: from a basis of a secure identity. Without this, public health professionals may continue to struggle to convince those experiencing illness to change their habits or to adopt a healthier 'lifestyle' without ever achieving the desired result.

Conclusion

This paper seeks to contribute to an improved understanding of the concept of social and emotional wellbeing by considering the significance of our program findings for social and emotional wellbeing and by exploring the role of spirituality in social and emotional wellbeing from a local perspective. Analysis of the 2003 FWB participant interviews at Yarrabah identified spirituality as a theme. Following this, the 2005 Yarrabah FWB data were analysed according to an inclusive understanding of spirituality.

Analysis of the 2005 FWB data provided a window into a process of personal development in which self-reported changes in understanding, beliefs and attitudes resonated with themes commonly associated with spirituality. In this case, spirituality was not confined to whether or not one attends church or is a member of a congregation; rather, it was related fundamentally to how individuals interact with others and their communities and the values brought to those relationships. This approach encompassed feelings, attitudes and values—such as empathy and hope—and led to the conclusion that these qualities are important aspects of individual and community spiritual life. It is probable that the capacity for hope, empathy, a sense of connectedness and improved communication with loved ones are essential ingredients in the 'control factor' and that this is the pathway by which FWB can contribute to improved social and emotional wellbeing in Indigenous communities.

The FWB program has many limitations. It experiences the familiar struggles associated with the implementation of small community-based interventions and requires high levels of trust between partners to ensure its sustainability. Although the program does not have all the answers, it does provide an opportunity for Indigenous Australians to discuss important issues related to their personal and cultural identity and wellbeing in a safe environment. Such opportunities may not otherwise be available.

The opportunity to express and acknowledge differences of opinion, and also to seek shared ethics and values, may be one source of hope for the future. Our feedback also demonstrated that providing people with an opportunity to participate in spiritually based practices tapped into their creativity and allowed for innovation in the quest for healing. To some extent, these personal innovations are a welcome response to the type of romanticism that risks pigeonholing 'authentic' Indigenous spirituality as confined to 'tradition', rather than as a living, dynamic personal and social resource.

Developing an approach to spirituality in the evaluation of social and emotional wellbeing programs is a challenge that is elusive yet particularistic. It requires the development of evaluation methodologies that respond to local history and current practice but are rigorous enough to withstand translation across ethnographic settings. The issue is fraught with complexity and although evidence indicates that the association between religion, spirituality and health is usually positive, some forms of spirituality and religiosity have been associated with negative outcomes.

The different approaches taken to the 2003 and 2005 FWB data revealed a substantial overlap between 'empowerment' and 'spirituality'. There may also be overlap with the concept of participation (Dein 2005). Empowerment has been utilised as the FWB evaluation framework for almost a decade (Tsey & Every 2000; JCU & UQ 2006), and the Cooperative Research Centre for Aboriginal Health (CRCAH) has recently identified 'resilience' and 'empowerment' as research priorities for its Social and Emotional Wellbeing Program (CRCAH 2006). A systematic cross-analysis of 'spirituality', 'empowerment' and 'resilience' would provide further understanding as to the relationship between these concepts.

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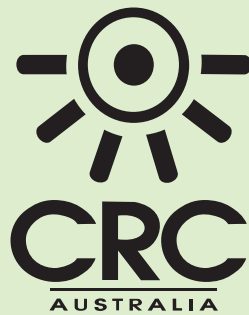
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