



the  
**Lowitja**  
Institute

Australia's National Institute for Aboriginal and  
Torres Strait Islander Health Research

**Address to the  
CRANaplus Conference**

***Telling Tales:  
The Power of the Narrative***

Delivered by

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on behalf of

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Alice Springs

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Good afternoon ladies and gentlemen, brothers and sisters,

I'd like to acknowledge the Arrernte nation, traditional owners and custodians of the land upon which we are meeting today.

I'd also like to thank the organisers of this CRANApus conference for inviting me to speak to you this afternoon.

I want to congratulate CRANApus on the provocative and interesting theme for this conference: *Telling Tales - The Power of the Narrative*.

This theme recognises the importance of the stories we tell.

It reminds us that stories are the way we make sense of the world to ourselves, and that they are often the way we communicate that understanding to others.

I particularly like the narrative theme of this conference because it closely matches with the Aboriginal world view: our diverse Aboriginal cultures are oral cultures, and that means that they are story-telling cultures.

The land is indeed alive with stories.

Today, I would like to talk about two important ways of understanding the world.

On the one hand there is the narrative, the stories which seem to grow organically from the direct experience of life by individuals and communities.

On the other, there is research and evidence, based on a rigorous practice that often seems quite remote from our daily experience, but which can provide a powerful, complementary understanding of the world.

In talking about these two contrasting ways of creating knowledge and understanding, I am not going to argue that one is somehow better than the other.

(However a common theme in the stories that I want to tell today is that all too often Aboriginal narratives based on lived experience are not given the respect they deserve).

Instead, I want to suggest that bringing these two complementary ways of understanding together – having them learn from and respect each other – can be very powerful.

Such an approach is at the heart of the work of the Lowtija Institute, Australia's national institute for Aboriginal and Torres Strait Islander health research.

To make this comparison I wish to tell – of course! – two stories.

The first you could call 'the story of how research became not-quite-such-a-dirty-word' in the Aboriginal community.

Because twenty-five years ago, that was how research was perceived by Aboriginal communities.

It was viewed with deep distrust as an alien and even hostile practice, carried out almost exclusively by non-Aboriginal people and it seemed all too often for the benefit of others.

Of course there were those respected researchers who did their best to work with us, and even for us: but all too often we were seen as the subjects of research, and little more.

However, in the 1990s, some of us began to think about what research from our perspective would look like: research based on our experience of our communities, of our experience of service delivery in these places, and of the effects of constantly changing government policy on our communities.

In thinking about these questions, we were powerfully influenced by the emergence at around this time of the theory of the social determinants of health.

As we all know, this theory simply states that the health of peoples is not just about access to health services.

Access to appropriate health care is of course an important determinant of health.

But health is also strongly influenced by a range of social and political factors – poverty, employment, education, access to food and transport, housing, stress and social exclusion or racism.

This idea is now commonplace, but in the early 1990s in a research world still dominated by the medical world view, it was seen as quite a radical academic theory.

What struck us, though, was how closely it matched what many Aboriginal activists and communities had been arguing for a long time.

For example, the definition of health put forward in the landmark 1989 National Aboriginal Health Strategy put it simply and well:

[quote]

*[Health is] not just the physical well-being of an individual but the social, emotional and cultural well-being of the whole community ...*

[unquote]

And, although they put it so beautifully, the National Aboriginal Health Strategy Working Party did not invent this holistic Aboriginal definition of health.

The political struggles for Aboriginal rights of the 1960s and 1970s had the same idea, under the label of what we then called the “underlying causes of ill health”.

Land rights, access to quality education, freedom from discrimination and racism, the right to self-determination: all these were explicitly part of the movement with which we sought to achieve better health for our peoples.

For us, the idea that poor health was linked to such broader social and economic issues grew out of our every-day lived experience.

It was, simply, part of the narrative of our lives.

We could see in our own communities and our own families the effects of poor housing, unemployment, racism, and the day-to-day stress of worrying about where the money was going to come from for the rent or for the kid’s clothes.

We could see that this was how the world worked, in a way that was probably not so obvious to those from more privileged backgrounds.

So, when the theory of the social determinants of health appeared out of academia, telling us that it had now been “proved” that social, emotional and political issues affected our health, it aroused mixed feelings amongst many of us.

There was a temptation to put our hands on our hips, sigh loudly, and say “Yeah, that’s what we’ve been trying to tell you for the last two hundred years!”

However, that aside, the theory was welcome as a confirmation of our experience and of the “holistic” approach to Aboriginal health we had been living and advocating.

It provided a powerful new way of conducting the argument about how to improve the health of our communities.

We could see immediately that the 'scientific' nature of the evidence was much more difficult for politicians and policy makers to deny than our narratives which may often have got sympathy, and sometimes understanding, but rarely seemed to lead to action.

So this new theory was significant in helping to build a bridge between the research community and the Aboriginal world.

This, we could see, was the kind of research which could help solve the problems our communities were living.

This was a research agenda which we could relate to and which we felt had something to offer to our health services and our communities.

So we began to develop contact with researchers interested in this "social determinants" approach.

This in turn led to the establishment of the Cooperative Research Centre for Aboriginal and Tropical Health in 1997, which eventually evolved into the Lowitja Institute.

Under the CRCs and then the Lowitja Institute, we evolved a new way of doing research: we carried out high quality research that could stand against the best in the country, but we did so on the basis of respect for Aboriginal narratives, for the stories that grew out of our lives.

How often had we heard that phrase in response to a powerful Aboriginal narrative: "yes ... but it's only anecdotal".

That is, it's "just" a story.

In this way, our Aboriginal experience was sidelined, trivialised.

What we said, from our personal experience and that of our communities, was not valued.

But through the CRCs and the Lomita Institute a model of research was developed that quite explicitly took the concerns, the experiences and the stories of Aboriginal life seriously – seriously enough to document them and investigate them with research.

I want to give an example.

This is my second narrative for today: we can call it 'the story of how racism started to be taken seriously as a health issue'.

The issue of racism in non-Aboriginal Australia is a hot-button topic, guaranteed more than any other to raise uncomfortable feelings and often straight-out denials.

Yet for us it is different: just about every Aboriginal person in Australia has direct personal experience of racism, whether overt or hidden, whether directed at us personally or embodied in the workings of systems set up to cater for the needs of what we have come to call 'the mainstream'.

Yet our everyday experience has not always been taken very seriously.

As we have seen in the last year with the example of former Australian of the Year Adam Goodes, all too often, if an Aboriginal person is brave enough to tell their story of racism, the response is that "it's just name calling"; "it's just a joke"; "get over it!".

The racists are "just a few bad apples".

Or: "It was all in the past – it's not like that now!".

Our stories, our experience is often – not always, by any means, but often – met with denial or dismissal.

My view is that it is exactly these kind of areas that the Lowitja Institute can and should investigate: the research we carry out is predicated on respecting the narratives of the Aboriginal community, and then looking to see what the research can tell us about that experience.

So for example, we supported a key study in Victoria in 2010-11 on racism.

The research sought to answer the question about just how common the experience of racism really was.

Is it just an occasional experience, something we can safely relegate to Australia's difficult history?

In actual fact, of the 755 Aboriginal Victorians surveyed by Angeline Ferdinand, Yin Paradies and Margaret Kelaher, almost every single one (97%) reported experiencing racism in the previous year<sup>1</sup>.

This included being subjected to a range of behaviours, from being called racist names, teased or hearing jokes or comments that stereotyped Aboriginal people; being sworn at, verbally abused or subjected to offensive gestures because of their race; being spat at, hit or threatened because of their race; to having their property vandalised because of their race.

Significantly, over 70% of those surveyed experienced eight or more such incidents in the previous twelve months.

This research put to bed, once and for all, the idea that the experience of racism by Aboriginal people is rare, that it is the result of "one-off" behaviours by a few "bad apples".

It is, unfortunately, the very background of our lives.

The Institute has also supported work that shows that the experience of racism is not harmless – it is significantly related to poor physical and mental health<sup>2</sup>.

It is associated with psychological distress, depression, poor quality of life, and substance misuse, all of which contribute significantly to the overall ill health experienced by Aboriginal and Torres Strait Islander people.

Prolonged experience of stress can also have physical health effects such as on the immune, endocrine and cardiovascular systems.

The experience of racism can also lead people to avoid seeking help for health issues.

So, through research which started from the premise of respecting the lived experience and the stories of Aboriginal people, we have been able to outline its dimensions as a significant health and wellbeing problem in its own right.

We have thus been able to contribute to widespread advocacy around racism, which has seen it included for the first time in a national Aboriginal and Torres Strait Islander health plan as a key area for government to address.

So, what do these two narratives tell us?

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<sup>1</sup> Ferdinand, A., Paradies, Y. & Kelaher, M. 2012, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne. Available: <http://www.lowitja.org.au/lowitja-publishing/L023>

<sup>2</sup> Paradies, Y. n.d. (2008), *Racism Undermines Health: Policy brief*. Menzies School of Health Research, CRAH, Onemda VicHealth Koori Health Unit & The University of Melbourne, Melbourne. Available: <http://www.lowitja.org.au/racism-undermines-health-policy-brief>

First, they suggest to me the power of bringing together these two complementary ways of understanding the world: the narrative or story on the one hand and research and evidence on the other.

Second, they suggest to me the importance of respecting Aboriginal and Torres Strait Islander narratives.

In each case, there was (and perhaps still is) a tendency to dismiss Aboriginal experience as 'anecdotal', as lacking real importance.

I am reminded of how when non-Aboriginal people first came to this country they described it as 'terra nullius' – empty land – because they could not 'see' any system of land ownership.

Of course, if they had listened to Aboriginal and Torres Strait Islander people in those days and respected the stories they were told, they would have seen that there was a deep and profound relationship between our diverse cultures and the land.

Instead, they assumed such a relationship did not exist and it took over two hundred years for the legal fiction of 'terra nullius' to be overturned.

So my message, especially to non-Aboriginal people here is: listen to the stories Aboriginal people tell you.

You don't have to naively believe everything you are told, but I strongly suggest that you respect the stories you hear, and ask yourself what is the life-experience from which these narratives grow.

And last, I reflect on how the Lowtija Institute began and how it was part of a movement that really has changed how research is done in Australia.

I would encourage all of you, Aboriginal and non-Aboriginal, to keep telling your stories, because no one knows where a story might lead and how it might end.

Thank you.