

living circumstances both locally and in interaction with the larger society (Allen, 1999). The challenges brought by colonization, residential schools, bureaucratic control, and other social, cultural and political changes may have different impact on communities depending on their pre-existing social structure, resources, strategies of adaptation, and consequent dynamics.

Although connections to the land or to specific places are an important aspect of indigenous identity for many Aboriginal peoples, communities are defined not only in terms of geographic locations but also larger networks that link people as members of First Nations, Inuit or Metis communities that may be geographically dispersed yet strongly connected through a sense of belonging. Many Aboriginal people move back and forth from a rural community to urban settings, while maintaining their sense of community membership. Others Aboriginal individuals are connected to an urban community or to one that is defined by shared historical experiences, cultural values, and political commitments and concerns.

Continuing social, political and technological changes are re-configuring Aboriginal community life. New forms of networking also have allowed new forms of community to emerge that are based on common interests and perspectives, or shared identities, that are facilitated by the Internet and other telecommunications rather than regular face-to-face interaction. This may be particularly important for youth who make active use of new technologies. Such networking also allows communities to form common cause and to find resources and share experiences in ways that may confer new types of resilience.

In this paper, we will use the definition of community provided by Christensen and Robertson (1980) as a starting point, remaining mindful that the term means different things in different contexts and is continuing to undergo transformation.

1.2.3 Community Resilience

The notion of “community resilience” has two interpretations:

1. It may look at how people overcome stress, trauma and other life challenges by drawing from social networks and cultural resources embedded in communities.
2. It may consider the ways in which communities themselves exhibit resilience, responding to stresses and challenges in ways that tend to restore their functioning.

Identifying the ways in which communities foster individual resilience can begin with analysis of the roots of individual resilience. The different factors that contribute to individual resilience can then be mapped onto those structures and processes of the community that promote, enable or enhance these individual-level factors. Resilience of the community itself involves the dynamics of the social response to challenges that threaten to damage or destroy the community. These dynamics may involve adaptations and adjustments of individuals, groups and organizations with the community (seen as components of the community as a system) as well as interactions of the whole community with its surrounding environment, including especially other social, economic and political entities.

1.3 Methodology

This report is based on a selective review of community resilience using online search engines (Google, PubMed and PsycLit). We searched for all material addressing “resilience” and either “community,” “collective,” and Aboriginal, First Nations, Inuit, Metis, American Indian, or Alaska Native. From this we selected articles and reports directly addressing our core topic of Aboriginal peoples in Canada. This was supplemented with material on other Indigenous peoples, and specific issues, including: ecosystems, family systems, community response to trauma, measurement of resilience, social capital, and mental health promotion. Although the focus is on community resilience, we reviewed basic issues in individual resilience because of its importance for health and well-being.

2. MODELS AND METAPHORS OF RESILIENCE

Barton (2005) traces the evolution of concepts of individual resilience and shows how it began as a conceptual move away from illness, vulnerability and stigma towards a focus on strengths and assets. Initially, this involved identifying lists of personal traits, skills and resources that were viewed as independent factors that contributed to the individual’s resilience. The literature has moved from a “silo approach” of discrete or independent resilience factors towards an “ecological” view that focuses on the interaction of risk and protective factors. Resilience factors emerge at different levels: individual (psychosocial and biological), family, school, neighbourhood, and the macrolevel of social and economic structures.



Barton (2005) identifies several problems at the conceptual core of “resilience” theories. First, he argues that “resilience” is a culture-bound concept grounded in Euro-American and neoliberal discourses of choice, agency and flexibility. To go beyond this culturally bound or biased view, he encourages researchers to explore resilience in both general models and local cultural perspectives. Secondly, Barton points out that most definitions of resilience focus on it as a response to adversity. Yet resilience may also be shown in situations where hardship and vulnerability are not as apparent. Everyday challenges may also call for some of the same qualities of resilience that are seen in more difficult situations. Barton advocates a phenomenological approach to resilience that takes into account individual agency, situational context and processes of improvisation in everyday life.

On analogy to its use in ecology, resilience can be found at the level of families, groups, communities, and larger social systems. If many individuals in a community exhibit individual resilience, this can contribute to making the whole community resilient, since they work together more easily to respond to stresses and challenges. The link may also work the other way: a community that has resilient characteristics may increase the resilience of its individual members. This may occur in part because the community environment is conducive to healthy early child development but also because individuals can draw from community resources across their lifespan to meet new challenges. However, the interaction between individual and community resilience may not be so simple or exclusively positive. It is possible that certain aspects of resilience at the individual or community level may be in conflict with each other, involving tradeoffs of one aspect against the other. What is good for certain individuals is not always good for the community and vice versa. To consider this more complex possibility of trade-offs, we need to understand resilience at multiple levels. Before addressing community resilience, therefore, it is useful to consider the concept of resilience at the level of the individual.

2.1 Defining Resilience

In psychology and psychiatry, the concept of resilience emerged from clinical observations and research that recognized that many children do well despite very difficult childhood experiences (Luthar, 2006). In particular, some children whose parents have severe mental health problems nonetheless grow up to be well-functioning adults (Rutter, 1985, 2001). From this perspective, resilience is recognized as a positive outcome despite childhood adversity. Similarly, resilience was used to describe the success of children

living in harsh urban environments, exposed to poverty and violence, who nonetheless do well in school and grow up to be well-functioning adults (Garmezy, 1991). In adulthood, the resilient person is someone who lives a successful life as defined by such factors as steady employment, a stable marriage and overall well-being in spite of having been exposed to high levels of emotional, mental or physical distress (Lafrance, Bodor & Bastien, 2008). A large body of research has identified genetic and environmental factors that interact to confer resilience on the individual (Kim-Cohen et al., 2004).

In this view, resilience is an individual characteristic that is indicated by the person’s successful functioning; success is measured in terms of the achievement of specific social norms and roles (e.g. stable employment, relationships). The positive outcomes that provide evidence of resilience may be experiential or behavioural. Bonanno (2005), for example, defines resilience as an ongoing “capacity for positive emotions and generative experiences” during or following hardship (p. 136). Well-being, absence of depression or other symptom indicators may be taken as measures of individual resilience if the individual has a history of adversities that would usually lead to poor mental health. Behaviourally, resilience may be indicated by good performance in relationships, school, work, or other social roles. This makes it clear that social roles, norms and expectations are intrinsic to any definition and recognition of resilience. The strong normative aspect of resilience means it can only be defined in terms of specific cultural values and frameworks, and thus, may vary in different cultural contexts.

Even within developmental psychology, resilience has been operationalized and measured in diverse ways (Luthar & Brown, 2007). In many cases, resilience is defined simply as a positive health outcome in situations where an individual is exposed to risk, challenge or adversity. This raises the problem of how to separate resilience as a characteristic of the individual that explains past outcomes and predicts future responses from the outcome it is supposed to explain.

Disentangling resilience from positive outcomes is difficult. Strictly speaking, being resilient is not the same as simply doing well — a positive outcome depends on many other circumstances beyond the individual’s control. Faced with adversity, many individuals may show some negative effects. Resilience then would be shown by being “competent” or having normal capabilities despite exposure to severe or persistent adversities. Competence is defined in terms of the social demands and requirements at each stage of life and its meaning varies across the lifespan (Masten & Powell, 2003).



Resilience can refer to (i) a sort of strength, resistance or invulnerability that prevents the individual from getting sick; (ii) a capacity to heal, recover and return to functioning quickly and fully; or (iii) an ability to adapt, change course, and find a new way to live and go forward despite impairment. In terms of developmental pathways, resilience may involve maintaining a developmental trajectory, returning to the original trajectory after a temporary deviation or shifting to an entirely new trajectory that also represents a healthy life path (Luther, 2006; Masten, 2007).

The most common view of resilience in the literature is as a *positive adaptation in the context of significant adversity*. Situations of resilience are characterized by “successful outcome” rather than the negative consequences that would otherwise be expected (Rutter, 2007, p. 205). This implies (i) an exposure to threat or adversity and (ii) the achievement of positive adaptation despite major challenges on the developmental trajectory (Luthar, Cicchetti & Becker, 2000). Here “adaptation” indicates some combination of coping and growth or transformation despite chronic risk, stress, trauma, or catastrophe.

Of course, some measure of adversity is inevitable in every life. Ordinary challenges are central to the developmental process and may spur the individual on to greater health, strength and insight. Resilience is built not by avoiding stress but by facing stress “at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility” (Rutter, 1985, p. 608). In the case of more severe adversity, an individual may recover from a stress or trauma but carry a persistent “scar,” weakness or vulnerability related to the adversity they endured. In other cases, the experience of living through and overcoming a threat results in greater strength and mastery in the face of later challenges. This phenomenon also has been discussed in relation to more severe adversity in the literature on “posttraumatic growth” or “creative crises” (Rousseau & Measham, 2007; Tedeschi & Calhoun, 2004). Of course, both outcomes may co-exist, with strength in some areas and vulnerability in others reflecting the nature of the stresses and the strategies of adaptation.

In early work in developmental psychology and psychiatry, researchers defined resilience as a characteristic of individuals at high risk who have positive developmental outcomes. For example, a resilient child who has a parent with a severe mental disorder that disrupts their capacity to nurture, may nevertheless grow up to be healthy and high functioning. Similarly, children who do well despite experiencing extreme deprivation or abuse are said to display resilience. Because these situations are expected

to lead to negative outcomes, children who do well are viewed as exceptional. Their resilience may be attributed to constitutional traits and strengths, or to skills they acquire that allow them to survive and thrive in situations that seem to result in illness for most children. On this definition, resilience is an unusual characteristic of exceptional individuals. An alternative approach sees resilience as a common characteristic of healthy individuals, reflecting normal processes that promote positive adaptation despite stressful experiences (Konner, 2007). Masten (2001), for example, argues that resilience is not an unusual characteristic of exceptional individuals, but rather an ordinary process found in abundance in most individuals and populations.

Although many theories hold that resilience depends on exceptional social resources, such as a highly functional family, or community support, the way that people use these resources varies. Resilient individuals are able to use available resources to navigate through transitions and difficulties, whereas others may easily give up, become exhausted or deteriorate (McCubbin & McCubbin, 2005).

2.2 Resilience as an Individual Trait or Characteristic

Research in psychiatry and psychology tends to approach resilience as an individual phenomenon. From the 1970s, psychologists have continued to explore the individual qualities that enable people to deal effectively with adversity. Traits such as self-mastery, self-efficacy, positive outlook, and sense of humour have been isolated as contributing to resilience in the general population (Richardson, 2002). This work, much of which has focused on children, has also identified developmental processes that contribute to resilience, such as brain maturation, cognitive development, control of emotions, motivation for learning, and actively participating in social environments.

These characteristics and developmental processes may be viewed as residing within the individual or as fundamentally interactional, depending on relationships with other people. They may also be viewed as more or less “automatic,” emerging through normal development or as depending on adopting specific strategies through individual choice and agency.

Rutter (2007), for example, suggests that resilience largely depends on mental operations and mediating processes that reflect personal agency, idiosyncratic habits, coping mechanisms, mental sets, and the ways that people deal with challenges. In other words, an individual’s source of resilience lies mainly in their personal abilities and the cognitive strategies they use to get through adversities. For



3. COMMUNITY RESILIENCE

The ecosystemic view of individuals as embedded in a web of complex, interacting relationships has given rise to a new interest in community resilience. This work recognizes that resilience is a “clustered” phenomenon that is not randomly distributed among individuals in a society or community, but occurs in groups of people located in a web of meaningful relationships. The individual, family unit, community, and larger environment are interconnected, and factors from each realm contribute to processes that can counter stress and adversity. This perspective is shifting resilience research towards emphasis on collective processes, strengths and assets (Richardson, 2002).

This community perspective does not negate the importance of individual agency. In fact, research on community resilience advances the view that people can directly and actively harness their surrounding resources to foster healing. A resilient community provides individuals and families with new opportunities and resources to deal with challenges (Sonn & Fisher, 1998). The result may be quite different, and more effective, than what could be achieved by an individual or a single family acting alone.

Some approaches to community resilience emphasize the resources available to the community. Adger (2000) refers to community resilience in terms of the quantity and quality of resources accessible to the community and the extent to which these resources can be modified to meet new challenges. Breton (2001) suggests that community resilience is dependent on the stock of human and social capital within the community. Social capital, in this context, consists of people, networks and voluntary associations that can effectively mobilize individuals to action, as well as community services and infrastructure. In both of these conceptions of resilience a community’s strength is seen as residing in material and social resources. This lends itself to a relatively straightforward method of measuring resilience in terms of taking stock of resources and assessing the ease with which they can be mobilized and adapted to new challenges. However, it seems clear that the nature of available resources and their relevance to the community’s resilience will vary with other social and cultural factors, including the scale and structure of the community, cultural values and priorities, and relationships with the larger society and global systems.

In contrast to this emphasis on human and material resources, Clauss-Ehlers and Lopez-Levy (2002) suggest a conceptualization of community resilience as a process rooted in cultural values and practices. Based on work with Latino and Mexican youth living in the U.S., they consider

community resilience as consisting of three crucial factors: (i) obligations to nuclear and extended family members; (ii) the authority of community Elders; and (iii) the value placed on relationships in and of themselves as opposed to as a means to an end.

A resilient community is able to withstand internal conflict while maintaining the diversity of its individual members, families and groups (Sonn & Fisher, 1998). It also provides the capacity and resources for its members to cope with adversity. The social, cultural and psychological resources offered by Aboriginal communities are “alternative modes” to the mainstream assimilation model. In the indigenous context, what the authors call the “indigenous psyche” provides a counter-model and form of resistance against mainstream representations of Aboriginal people that serves as “identity protection” (Sonn & Fisher, 1998, pp. 458-460).

In work on how communities respond to disasters, community resilience is the capacity of a community or similar group to withstand, recover from, and respond positively to a collective crisis or adversity. On analogy to the different types of individual response to challenges, community resilience can take three broad forms that are not mutually exclusive²:

Resistance – the community may resist change, adjusting and adapting in ways that counter-act the impact of the challenge. A resilient community can withstand considerable disruption before undergoing any lasting change.

Recovery – with severe or prolonged challenges, the community is changed but after the challenges resolve, the community may work its way back to its original situation. A resilient community returns to its pre-disaster state more quickly than a community that is less resilient.

Creativity – a community may be transformed by adversity, developing new modes of functioning that take it along a new path. A resilient community can adapt to new circumstances and create new institutions and practices that carry its values forward.

As these terms make clear, resilience is a dynamic property of systems. A system may express resilience, insuring its own continuity, in ways that maintain its components but it may also transform or eliminate components. Thus, a community may express resilience that maintain its continuity and growth as an entity in ways that are distinct



3.4 Social Capital in Aboriginal Contexts

The vast majority of the research literature on social capital and health has focused on general population samples from the U.S., Canada, Australia, or Europe. Likewise social capital theorists have generally eschewed a detailed discussion of factors such as culture, race and ethnicity; instead taking a broad-brush approach to their conceptualization of social capital. Fortunately, a handful of scholars have recently taken the social capital concept and attempted to assess its utility in the Aboriginal context.

Mignone and O'Neil (2005a, 2005b) pioneered this approach in Manitoba. They worked with three communities in Manitoba, conducting in-depth qualitative research to identify dimensions of social capital to measure, and then used this list to create a questionnaire. The researchers eventually created a 99-item questionnaire and a 55-item short version to measure social capital in an Aboriginal context. Mignone suggests that this tool can be used to assess the strengths and weaknesses of a community, guiding and prioritizing subsequent policies. Their work led them to create the first framework of social capital that was grounded in the experience of First Nations people. This was done through a "concept analysis" of the qualitative data. This analysis led to an emerging framework dividing social capital into three dimensions useful for the First Nations context: (i) bonding; (ii) bridging; and (iii) linking (this last category is similar to "vertical social capital" discussed above). Mignone and O'Neil conclude that social capital in a First Nation community is based on the degree to which (2005a, p. 27):

- the communities resources are socially invested;
- there is a climate of trust, norms of reciprocity, collective action, and participation;
- the community possesses flexible and diverse networks that are include all members of the community.

Mignone and O'Neil (2005a, 2005b) have described plausible linkages between the components of social capital identified above and community level health, especially youth suicide. They argue that a community where more resources are "socially invested" will confer community-level protection against suicide risk factors such as hopelessness, lack of meaning to life, instability, and lack of control. Social capital and socially invested resources will manifest itself in stronger and self-confident communities with strong social networks and community pride.

The work of Mignone and colleagues is important for various reasons. It documents community-level characteristics that could be indicative of higher or lower

levels of social capital in Aboriginal contexts. These include conventional measures of social capital, for example trust and reciprocity. They also include characteristics more specific to Aboriginal communities. These include language revitalization programs and collective ceremonial or spiritual practices (for example sweatlodges or powwows). Their work takes the appropriate first steps to understand the cultural appropriateness of social capital in the Aboriginal context. The authors have created a culturally grounded framework based on in-depth qualitative methods. They have made plausible theoretical links between this framework and health, simultaneously creating an instrument to measure community level social capital grounded in empirical research. Their work suggests that the concept of social capital may be a very useful proxy for the measurement of community resilience among First Nations. Indeed, this position is taken by Ledogar and Fleming (2008), who argue that collective efficacy and social cohesion are key aspects of social capital particularly relevant to community resilience in Aboriginal contexts. Collective efficacy is important because Aboriginal communities have traditionally faced exploitation, racism and colonialism. Defending communities against these forces can be considered an important component of social capital and community resilience. New assaults on Aboriginal communities have come from global enterprises wishing to make money from Aboriginal communities. As such, bridging and vertical social capital is considered protective in that it can assist resistance to these external threats.

3.5 Summary

Community resilience has been discussed largely in terms of social capital and related constructs. Despite the diversity of approaches to the definition and measurement of social capital, there are a number of common themes and trends. First, most theorists agree that social capital is based on four main factors: networks, relationships, norms, and trust. Secondly, while some argue that social capital can be defined and measured as a property of an individual, others recognize it as a property of a social system or ecological unit such as a community. This social-ecological approach is found in the small body of work that examines social capital among First Nations (King, Smith & Gracey, 2009; Waldram, Herring & Young, 2006). Finally, a number of distinctions among types or dimensions of social capital have been made (e.g. cognitive, structural, bridging, bonding, horizontal, vertical) to fit the different contexts and social realities of communities.

Unpacking the notion of social capital can help with devising models and measures that can address the



community responsibility for children; emphasis on language as a source of renewed culture; knowledge of history and tradition as a key element of identity; development of traditional skills; emphasis on the importance of kinship and connection with one another; and spirituality and respect for nature. The authors identify similar emphases in modern resilience theory focusing on the child. According to resilience theory, protective factors for children include: one person who values and respects the child; contribution to the community; development of spirituality and identity; development of a talent or skill; and contribution to one's community. Resilience theory thus provides a way to "reconcile" important aspects of Aboriginal and western knowledge and values. However, despite their awareness of Aboriginal contexts, Lafrance and colleagues seem to define resilience quite narrowly in terms borrowed from Rutter (2001); truly engaging Aboriginal perspectives may require a shift in values and priorities of conventional models of resilience with corresponding community-oriented interventions.

There are important convergences between current thinking about community resilience and Aboriginal concepts of health and well-being. Aboriginal worldviews emphasize the interconnectedness of all beings with their environments. Indeed, human beings and the environment form one large interacting system. This systemic view that approaches each element or aspect of experience as related, so that changes are not simply additive but interact in nonlinear ways: a small change may have very large effects over time as it is amplified by the response of other parts of the system. Human agency is only one element in this dynamic system. In traditional systems of knowledge other forms of non-human persons and non-human agency are recognized. Thus, human beings have practical and moral obligations to maintain good relations with all aspects of their social, physical and spiritual environment.

There are parallels between indigenous notions of the person and ecological perspectives in developmental psychology and resilience theory. Aboriginal concepts of the person have been described as sociocentric, communalistic or relational, emphasizing the interconnectedness and interdependence of individuals within the family and community (van Uchelen, 2000). This relational self is balanced by a strong recognition of individual autonomy of thought, feeling and experience. In addition to this relational orientation, many Aboriginal cultures foster a sort of ecocentric self, in which the person is seen as strongly connected to the environment, the animals, plants, and forces of nature (Stairs & Wenzel, 1992; Kirmayer, Fletcher & Watt, 2008). Finally, many Aboriginal traditions emphasize a spiritual dimension to the self, in which the

person in transaction with a spirit world of ancestors, non-human persons or animal powers that influence human life.

This points toward the possibility of translating between the two knowledge systems or constructing a synthesis of indigenous knowledge and ecological science. The key tenets in this synthesis would include: a) reality is dynamic and constantly changing, as opposed to stable and consistent; b) adaptation is a key process in the relationship between humans and their environments; c) the process of adjustment and balancing draws on resources of the individual, family, community, and the natural and spirit worlds; and, d) resilience rests on the interaction and holistic interconnection of these spheres (Fleming & Ledogar, 2008a, 2008b; LaBoucane-Benson, 2005). An Aboriginal perspective would move resilience away from a simple, linear view of risk exposure, resilience and outcome, toward a more complex, interactional and holistic view. Aboriginal knowledge would add to resilience theory an emphasis on relational, cultural and spiritual dimensions. Culture here includes the role of traditional activities, such as spirituality, healing practices, and language in dealing with change, loss and trauma. Approaching resilience from Aboriginal perspectives can generate new and compelling models of wide relevance and applicability.

4.2 Historical Context

Aboriginal resilience must be understood in relation to the specific forms of adversity that Aboriginal individuals and communities have faced. These stem from the history of colonization, the unequal power and exploitative relationships that came with contact with Europeans, and the subsequent state machinery of regulation, control and active suppression of Aboriginal cultural traditions, community and autonomy (Kirmayer, Brass & Tait, 2000; Warry, 1998). Each Aboriginal community may face additional adversities specific to its history.

Duran and colleagues (1998) list six interconnected phases in the disruption of Aboriginal life in the U.S. that have close parallels in Canadian history: (1) first contact; (2) economic competition; (3) invasion and war period; (4) subjugation and reservation period; (5) boarding school period; and (6) forced relocation and termination period. These events have produced drastic transformations in Aboriginal life, involving loss of identity, trust, and connection to land and community (Hill, 2006). Historical losses and suppression of culture along with contemporary forms of marginalization and exclusion, including racism and discrimination, can interact with other vulnerability factors, such as poor parenting or health problems to increase the risk for a specific population or group. Each of these risk



4.3.5 Spirituality and Ceremony

Spirituality has received increasing attention in the resilience literature. Aboriginal spirituality emphasizes several elements, including: interconnectedness with others; a sense of the sacred; efforts to renew oneself; balance and harmony; and desire for lifelong learning. In Aboriginal societies, spirituality is an important aspect of cultural strength.

Aboriginal spirituality may protect against alcohol use, the impact of discrimination, and suicide (Fleming & Ledogar, 2008a). A study in two Northern Plains American Indian communities found that strong cultural spiritual orientations (as indicated by endorsing statements on a question such as “there is balance and order in the universe,” “I am in harmony with all living things”) was associated with lower risk of suicidal behaviour than others to make suicide attempts (Garoutte et al., 2003). This benefit of spirituality persisted when age, gender, education, heavy alcohol use, substance abuse, and psychological distress were statistically controlled. A study in an Inuit community in Nunavik also found that frequent attendance at church was associated with lower suicide risk among youth (Kirmayer et al., 2003).

Spirituality may serve as a strong buffer against depression (Perez, 2008). In circumstances of high stress, such as the loss of loved one, serious illness, homelessness, or severe psychiatric illness, spirituality has been shown to significantly mitigate depressive symptoms. This may be because participation in a religious congregation or community provides social support. Religiosity and spirituality also tend to increase hope, positive affect, meaning making, and coping mechanisms while reducing negative feelings (Boehnlein, 2007). Individuals who report higher levels of religious or spiritual belief and practice are less likely to engage in risky health behaviours and generally engage in stable and positive health practices. The positive relationship between religiosity and physical health, and mental health holds even when controlling for variables such as gender, ethnicity, income, or education (Koenig, 2009).

Of course spirituality and religious identity may also be sources of conflict within families and communities. Different forms of spirituality and religious practice are available in most Aboriginal communities and individuals within the same family may have different levels of engagement or even follow different paths (Adelson, 2008; Tanner, 2008). Some traditions are critical of other paths, while some are more tolerant. Given the diversity in some communities, explicit values of tolerance and respect for individuals and for other groups may be important to promote a sense of solidarity and belonging despite differences.

Ceremonial activities such as the sweatlodge can be highly effective in forging a sense of connection to others in the community. Participants in a sweatlodge reported higher levels of self-discipline, self-actualization, caring for others, and sense of creativity after a ceremony (Schiff & Moore, 2006). Practices like the sweatlodge reinforce collective identity while providing participants with a rich, emotionally charged metaphoric language for transforming experience. For example, at one Southern Plains treatment centre, people with addictions attend a sweatlodge ceremony in which they visualize heat, rocks, wood, fire, and offerings as elements of cleansing and restructuring their lives (Bigfoot & Dunlap, 2006). Other ceremonial activities can also contribute to an embodied sense of identity and healing (Dion Stout & Kipling, 2003).

4.3.6 Cultural Knowledge and Identity

A prominent theme in studies of community protective factors is the importance of cultural knowledge and identity. It has been repeatedly shown that engagement with traditional beliefs and practices has considerable influence on Aboriginal well-being (Reynolds, Quevillon, Boyd, & Mackey, 2006). For example, a study of American Indian and Alaska Native students, researchers found that youth subject to stress exhibited resilience because they were “embedded in traditional culture” (Strand & Peacock, 2003). In this study, connection to tradition involved several characteristics, including: “feeling good about tribal culture,” participating both in Native and mainstream worlds, feeling a strong belonging to community, appreciating parents and Elders, and being exposed to a Native school curriculum. In a recent study of First Nations communities in Saskatchewan, McKay and Prokop (2007) found that children’s resilience was enhanced by a strong sense of belonging to a vibrant community that “celebrates its own culture and history” (p. 47). Tradition reinforces resilience through the values of belonging, mastery, independence, and generosity (Brendtro, Brokenleg & von Bockern, 2001).

In a study of health issues among Aboriginal women, Walters and Simoni (2002) observed that spiritual and cultural engagements like the sweatlodge ceremony and Native crafts contributed to positive “identity attitudes” in women, mitigating their negative health concerns. These traditional practices offer an “indigenist” alternative to mainstream health interventions and so participation affirms cultural identity. Adelson (2000) has also observed how indigenous communities foster vitality and renewal through the creation and promotion of pan-Indian identities, involving practices such as the powwow ceremony.



Others have defined enculturation in terms of people's identification to their culture, their sense of pride in their cultural heritage, and the extent to which they integrate their cultural heritage into their lives (Zimmerman, Ramirez, Washienko, Walter, & Dyer, 1995, 1999). Studies have generally shown that ethnic pride knowledge and practice of culture can serve as a buffer against stress and reduce negative health outcomes (Austin, 2004). For example, in a study of Anishinabe communities Whitbeck and colleagues (2004) found that enculturation, as measured by identification and by participation in cultural practices, tended to be associated with less alcohol abuse.

Identity tends to be seen as something defined by membership in a group, heritage or line of descent. However, identity is actively constructed by social interaction, narration, and embodied enactment. Identity then may be acquired by birth or by conscious choice, a distinction the Anishinabe scholar Gerald Vizenor (1999) calls, *natio* or *ratio*. In cultural psychology and medical anthropology, there has been a shift away from an essentialized view of cultural identity toward recognition of the negotiated nature of identity as self-fashioning and this has been applied to understanding Aboriginal identities (Gone, 2006, 2007; Waldram, 2004). Identity is embodied through lived experienced and narrated in specific social contexts, both of which depend on the nature of community. Identity also is supported by larger political struggles to assert collective rights (Niezen, 2003).

Gone (2006) discusses the complexity of American Indian identity. For example, some individuals assert an "authentic" Indian identity, based on blood quantum, language fluency or ceremonial practice. At other times "authentic" identity relies on "proof" of having been marked by the colonial experience, for instance by family alcoholism. Gone frames American Indian identity as a process of active "intentional construction" involving individual agency and both local and wider social influences. For this reason, Aboriginal identity cannot be approached as a single construct; rather, it varies depending on how people draw on cultural meanings and practices to make sense of their own experiences.

In urban settings, shared cultural practices may be more difficult to measure because people may have very different backgrounds reflecting differences in community affiliation, level of urbanization, cultural background, and education. Urban Aboriginal peoples are often dispersed throughout a city. Urban health providers often misidentify Aboriginal clients and make incorrect assumptions about their cultural practices (Macdonald, 2008). For all of these reasons, it has been difficult to conduct epidemiological research on

urban Aboriginal groups and there is little information available about their health status or other factors relevant to resilience.

Many Aboriginal people living in urban spaces are bicultural or multicultural; they may live or value a traditional way of life and they may be integrated to varying degrees into the mainstream culture or other ethnocultural communities (Clark, 2006; Sissons, 2003). Long and Nelson (1999) have shown that Aboriginal people living off-reserve in rural or metropolitan areas may be more consciously aware of tradition to maintain their cultural identity and affiliation whereas settlement/reserve-based Aboriginal people may participate in tradition without consciously articulating it as such. For individuals living in a remote community, many elements of tradition are embedded in their way of life; for urban Aboriginal people, many expressions of tradition must be actively sought and recreated. Measures of resilience must capture this diversity, which may differ within and between Aboriginal cultures and communities (Clark, 2006).

Aboriginal people often have multiple cultural traditions represented in their families, friends and communities. This may give rise to mixed or hybrid identities, with new values, attitudes and activities (Sissons, 2005). This diversity may also create tensions and contradictions that individuals must negotiate to maintain a sense of personal coherence, clarity and comfort with their identity (Brass, 2008). Resilience is also demonstrated by individuals who mobilize the strengths of multiple cultural commitments of the groups with which they are affiliated (Reynolds et al., 2006; Strand & Peacock, 2002).

The mental health consequences of multiple or hybrid identities depend, in large part, on the receptivity of the community. Traditionally many Aboriginal societies have been respectful of individuals' perspectives and small communities allow each person to be known by others in their individuality, in ways that go beyond stereotyping and may prevent stigmatization. However, communities may also demand conformity and have little tolerance for diversity. When a community feels stressed or threatened by divisive forces, there may be stronger efforts to re-assert a common identity and silence or suppress alternate perspectives and ways of being. Tolerance for diversity and explicit acceptance of some notion of pluralism in identity are important to allow individuals to find their place in the community (Niezen, 2005).

The pathways from cultural identity and knowledge to resilience and well-being are complex. A study of Southwestern American Indian youth living on reservation or in urban settings found that participation in American



support using measures such as the Harvard University Social Capital Scale (Harvard University, 2002). These self-report measures are most effective if used in pre/post longitudinal studies testing the population impact of a population-level intervention.

5.1.2 Specific Measures of Individual Resilience

All of the measures discussed above are proxy variables that can be used to infer levels of community resilience. However some researchers have created instruments that deliberately attempt to measure self-perceived individual-level resilience.

This work includes interest in individual resources for dealing with chronic illness. For example, the “Brief Resilient Coping Scale” was developed to measure resilience in people with rheumatoid arthritis (Sinclair & Wallston, 2004). The scale consists of four items: 1) “I look for creative ways to alter difficult situations, regardless of what happens to me;” 2) “I believe I can control my reaction to difficult situations;” 3) “I believe I can grow in positive ways by dealing with difficult situations;” 4) “I look for ways to replace the losses I encounter in life.” Responses to this scale correlate with other individual attributes, such as tenacity, optimism, creativity, problem solving, and commitment to positive growth in difficult situations. People who endorse the items are likely goal-directed and successful in overcoming challenges (Sinclair & Wallston, 2004).

Another approach to measuring individual resiliency is based on research that suggests that “sense of belonging” or “sense of community” are linked to resiliency (Baumeister & Leary, 1995; Macintyre et al., 2002; Young, Russell & Powers, 2004). Davidson and Cotter (1986) set out to evaluate people’s “sense of community” which they defined as the “special attachment” between people and their social milieu in urban settings, by measuring people’s social motives “especially likely to produce sense of community.” The scale includes factors such as affiliation, control, safety, privacy, sense of urban aesthetic, and spiritual fulfilment. The authors envisioned these variables to be at work in social contexts such as the home, neighbourhood, government institutions, public services, religious venues, and recreational and educational sites. The goal of their scale was to make resilience a generalizable concept across cities—though, of course, such a technique may overlook important cultural differences in measurement.

While much of the work on measuring social capital has occurred in the general population in the U.S. and U.K., without reference to culturally specific factors, there have been efforts to develop measures that can be used internationally (Chen et al., 2009; De Silva et al., 2006; Grooteart et al., 2003). Mignone (2003) has developed

a guide to measuring social capital for First Nations communities.

5.2 Community-Level Indicators of Community Resilience

Communities are complex systems with emergent dynamics (i.e. they are more than the sum of the individuals they contain). Conversely, individual members of a community or group do not necessarily reflect the characteristics of the group. Both individual and collective processes require separate study and analysis because each level has its own properties and patterns of interaction or dynamics. Misattributing the characteristics of the group to individuals within it has been termed the ecological fallacy; incorrectly assuming that group level processes can be identified purely from individual characteristics has been called the “atomistic fallacy” (Diez-Roux, 1998).

Medical geographers, sociologists and epidemiologists have long argued that community-level concepts must be measured through community level indicators. This tradition has a strong theoretical and empirical heritage, and many creative researchers in these fields now use multi-level designs with complex statistical models to discern community level influence on health and well-being. This approach addresses the influence of structural factors on individual and collective well-being. As such, it avoids the tendency to “victim-blaming” that occurs with an exclusive focus on individual-level risk factors divorced from their social context (Holton, Brass & Kirmayer, 2009).

5.2.1 Existing or Routinely Available Community-Level Indicators

Von Kemenede (2003b) provides a useful review of community-level indicators of social capital based on available statistics. Some of these are not consistently available for Aboriginal communities.

One instrument currently being applied to First Nations across Canada is the First Nations Community Well-Being (CWB) index (McHardy & O’Sullivan, 2004). It combines several dimensions of social and economic well-being into a single indicator. Developed by Indian and Northern Affairs Canada (INAC) to assess the socio-economic well-being of First Nations, the CWB index uses data on education, labour force participation and employment, income, and housing from the Canadian Census to derive a single index score. Notably, data on other important aspects of life in First Nations communities, such as health, the natural environment and freedom from crime are not collected in a way that makes their use suitable in this index. Nonetheless, Cooke (2005) concludes that the



community organizations, faith institutions, businesses, and arts institutions. In low-income communities the availability and affordability of these services is particularly key.

Structural factors are broader elements such as race relations, and employment and economic opportunities. When THRIVE was piloted in three American communities (rural, suburban and urban), in New Mexico, California and New York City respectively, several issues emerged as priorities across the sites: healthy, affordable food, shifting focus to the needs of youth and implementing more youth services and programs; and learning to deal with community diversity, for instance the influx of new migrants and cultural groups. While elements of this toolkit could be adapted to Aboriginal communities, there are unique aspects of Aboriginal culture, history and context not captured by this measures oriented toward culturally diverse urban neighbourhoods.

In a recent study of First Nations communities in Saskatchewan, McKay and Prokop (2007) found that individual-level child resilience was enhanced by a strong sense of “belonging to a vibrant, positive community that proudly celebrates its own culture and history” (p. 47). Factors that contribute to a vibrant positive community may include powwows, sweatlodges, longhouse activities, and extent of traditional ceremonies. The extent of traditional dance, music, sport, art, religious, and spiritual practices could all indicate a resilient and active community. Indeed, such activities are often measured by urban sociologists to gauge levels of social cohesion and community need. These are frequent variables used in the measurement of social capital. The number and frequency of these activities and the level of participation could be assessed as a potential measure of community resilience.

One aspect of Aboriginal communities where developing new indicators could be useful concerns spirituality. There are difficulties in assessing spirituality in general because the term covers an increasingly broad array of meanings (Koenig, 2008). Moreover, in assessing spirituality among Aboriginal people, it is important to remember that spirituality is often expressed in “everyday” activities, for example, in caregiving, hunting or consuming traditional foods. This is augmented by more specific sacred activities such as powwows, sweatlodges, smudge ceremonies, or in many cases conventional Christian worship. Spiritual orientation and activity can be measured at the individual level and aggregated to the community (Garoutte et al., 2003). This might include self-report measures of extent of engagement in spiritual or religious practices such as prayer or attendance at religious/spiritual ceremonies and rituals. Community-level variables can

also be measured that indicate scope and extent of spiritual practices. This could include the number of sweatlodges, healing circles or church services held within a community within a certain period of time. Self-report measures can then be triangulated with community-level measures to better assess the role and impact of spirituality/religion in the community under observation.

Another factor that could benefit from such an approach is language retention. Researchers can investigate language retention through self-report measures of who does and does not speak the language and of its use in other settings like local signage or media. However small numbers of speakers may not necessarily indicate a low resilience community; the community may have an active revitalization program in place that focuses on other aspects of culture.

5.3 Measuring Resilience in Aboriginal Contexts

Much of the adversity faced by Aboriginal peoples reflects structural violence⁶: inequalities in power, economic resources and social capital that reflect the legacy of colonization, forced assimilation and cultural oppression that Aboriginal people in Canada have faced over several hundred years.

The resilience of contemporary Aboriginal communities is a consequence of complex historical and social forces. As such, any attempt to measure community resilience must consider historical factors. Just as the developmental trajectory of the individual across the lifespan contributes to individual health and resilience at any given point, so do the dynamics of development influence the resilience of communities.

Historical changes in communities have reinforced some elements of community life while destabilizing, transforming or casting aside other aspects. Many of these historical changes, therefore, cannot be interpreted as simply positive or negative—they involve complex tradeoffs made for survival. Community resilience is not simply a matter of forging blindly ahead or of recoiling from threats and adverse circumstances, but a process of engagement, negotiation, creative adaptation, and active challenging of the evolving status quo.

Similar dynamics may be at play within communities. Qualitative research suggests that internal conflict within communities, can have a corrosive influence on community life and resilience (Adelson, 2002; Morgan Phillips, *personal communication*, August 10, 2009). Likewise friction and conflict between a First Nation and the wider geographic community can also have a detrimental effect on well-



being. That said the outcomes of conflict, rather than the presence of conflict per se, that is the prime determinant of resilience. Qualitative research on resilience in Kahnawake, for example, suggests that the “Oka crisis” galvanized the community, giving them a sense of purpose and increasing communal esteem (Morgan Phillips, *personal communication*, August 10, 2009). The types, extent and outcomes of both internal and external political conflict again could be enumerated as a potential indicator of community resilience.

The legacy of the residential school system continues to have a profound impact on Aboriginal health and well-being (Stout, 2003). However, Aboriginal communities were differentially affected by the residential school system. Some communities lost a greater proportion of children to residential schools than others. Recent research suggests that attendance at an Indian Residential School is associated to distress not only among those who attended, but also their descendents (Bombay, Matheson & Anisman, 2009). The intergenerational transmission of trauma can occur both through family interactions and larger communal processes (Kirmayer et al., 2007; Serbin & Karp, 2006). The transgenerational impact of residential schools may depend on the proportion of parents in the community influenced negatively by these experiences, and the availability of alternative resources to support effective parenting and positive family life.

Whitbeck and colleagues (2004) devised two 12-item scales to measure the effects of historical trauma among American Indian individuals in the Midwest. They originally developed the scales through extended focus groups with Elders and other Indigenous individuals on reservations. During focus groups the participants were asked to share their ideas of loss. The authors extracted the most frequent themes from discussions and incorporated them into the *Historical Loss Scale*. They also developed a second scale, the *Historical Loss Associated Symptoms Scale* as a measure of the emotional responses triggered by the thought of the losses. The Historical Loss Associated Symptoms Scale could be viewed as a measure of how individuals have emotionally coped with and managed past and current losses. Although not a direct measure of the resilience process, it can approximate individual’s emotional resilience to collective adversity.

Using constructs like resilience across different cultures and communities raises issues of the equivalence of meaning and measurement. Burgess and Berry (2009) urge researchers to develop Aboriginal-sensitive measures. In some instances, scales administered in English may not accurately reflect indigenous conceptions of health, illness or resilience. Even where English or French are the languages of everyday life, Eurocentric categories can confound

results. For instance, in Aboriginal community contexts, the category of “income” on scales and questionnaires should include forms of subsistence production, and “education” should include traditional knowledge. Future studies might broaden definitions of successful functioning by examining other outcomes that are valued by Aboriginal youths and their communities (Silmer & Stiffman, 2006). Attention must also be paid to developing specific definitions of terms such as resilience or spirituality so that they are sensitive to Aboriginal conceptions. In a recent study, Schiff and Moore (2006) wanted to assess how spiritual elements of the sweatlodge translate to emotional well-being. They began the study with few available, relevant models. No existing instruments connect the two variables in context of a holistic, Aboriginal framework. In the absence of an ideal instrument, the researchers combined two questionnaires, the SF-36 and The Heroic Myth Index (HMI), for the purposes of the study. The SF-36 is a multipurpose health survey that provides a general measurement of physical and mental health. The HMI is a scale, based on Jungian psychology, that consists of 72 items reflecting various personality archetypes (innocent, orphan, warrior, caregiver, seeker, destroyer, lover, creator, ruler, magician, sage, fool, etc.). Schiff and Moore noted that Aboriginal participants seemed to dislike the SF-36 scale because of its limited, objective-style response options. Some participants had even written an “X” next to questions to indicate dissent. The HMI scale was better received, possibly because it involved more fluidity of response. It also avoided notions of deficit and focused more on strengths and resilience.

The deficiency of existing instruments is often compounded by a more basic problem termed the category fallacy (Kleinman, 1977). The category fallacy refers to the uncritical imposition of categories and constructs developed in one culture on another culture. Some of this can be seen in the social capital literature. For example, electoral turnout is often considered a valid measure of a community’s social capital. However, research suggests that in some active and presumably resilient Aboriginal communities, segments of the community may boycott Council elections as these are considered externally imposed governmental institutions. In this context, electoral turnout may not be an indicator of communal resilience. In fact, in the example just given, it could be the complete reverse: lower levels of participation in Council elections could indicate more cultural continuity, which as discussed above has been linked to community resilience. Qualitative research exploring the local meanings of potential indicators is essential to develop valid measures of resilience (Adams, Madhavan & Simon, 2006; Canino et al., 1997; De Silva et al., 2006; Ungar, 2004).



which individuals learn their own culture, as a buffer against stress and negative health outcomes. Such work is consistent with other work on ethnic identity which indicates a strong cultural and ethnic identity is good for health and subjective well-being.

Renewing and promoting traditional cultural beliefs and practices may enhance community resilience. Pilgrim, Samson and Pretty (2009) describe six main types of cultural revitalization interventions; these are centred on: (1) reviving traditional methods of food collection and preparation and increasing the consumption of traditional foods; (2) reviving traditional cultural practices and ceremonies as part of income generating through ecotourism; (3) providing culturally-appropriate and locally controlled education; (4) protecting and promoting the use of traditional language (which serves to reinforce the connection between Elders and youth); (5) maintaining or reinstating cultural knowledge and practices that have been suppressed, displaced or forgotten; and (6) working to assert human rights and land rights. These strategies are closely interrelated in Aboriginal worldviews. For example, subsistence activities related to traditional foods involve cultural knowledge and language, and ceremonial practices with spiritual meaning. Interventions that target one or more of these factors may promote community resilience.

Revitalizing cultural traditions does not mean rejecting modernity. It is more than simply a return to the past. Culture is best understood as an ongoing, creative process of self-definition and self-fashioning, rather than a timeless, static system or backdrop on which life events occur. For example, ecotourism on Aboriginal land represents a new way of relating to the land but may tap into traditional knowledge and values of hospitality toward the stranger. Teaching visitors about living on the land then becomes a way to honor, preserve and promote Aboriginal culture. However, fostering such ecotourism may require innovation in terms of using the internet and communications technology to market and facilitate such ecotourism. This may bring new skills to an Aboriginal community which can be utilized in other business domains. Tradition and modernity may thus intertwine to revitalize a culture and thus enhance community resilience.

Much of the material reviewed suggests that a spiritual outlook on life and participation in ceremonies contribute to individual resilience. Additionally, given that they often are communal events, ceremonial activities can be highly effective in forging a sense of connection to others in the community. Participation in activities such as a powwow or sweatlodge brings both individual and community benefit. Participants in a sweatlodge reported higher levels of self-

discipline, self-actualization, caring for others, and sense of creativity after a ceremony (Schiff & Moore, 2006). Walters and Simoni (2002) observed that spiritual and cultural engagements like the sweatlodge ceremony and Native crafts contributed to positive "identity attitudes" in women, mitigating their negative health concerns. Promoting community resilience may involve supporting the renewal and consolidation of Aboriginal spirituality and ceremony. This occurs internally to communities but can be supported by sharing across communities and by resources to develop heritage centres, and protect sacred sites and other settings needed to conduct ceremonies.

Aboriginal people have always had an intimate and abiding relationship with the land. This has persisted, despite land expropriations and forced sedentarization on non-traditional lands. Several studies suggest that spending time on the land and conducting meaningful activities lead to improved health and well-being. As such, programs that facilitate and support bush activities with family and other community members, especially those that are inter-generational, should foster community resilience.

Indigenous languages contain much cultural knowledge about the environment, human relationships and moral systems and, as such, constitute a previous resource for the community, and for humanity as a whole (Harrison, 2007). There is evidence that language revitalization can play an important role in community resilience (Hallett, Chandler & Lalonde, 2007). Funding and promoting language revitalization efforts may be a key intervention, especially in settings where languages are under threat. This may involve educational programs as well as community or population-level interventions such as the development of radio or websites in Aboriginal languages.

It should be noted, however, that some of the work suggesting the importance of language revitalization comes from places such as British Columbia where there is a large variation of language retention among different First Nations communities. There are many communities, mainly in remote and northern regions that have very high rates of language retention, but also have high rates of suicide and other mental health problems. Language revitalization may thus be most important in communities where local language use is in the minority or in decline. Language alone is not sufficient to protect communities from the effects of social and economic adversity, however as part of a broader approach support for language learning may promote community resilience. Language revitalization may also be an important intervention for urban Aboriginal people. Language classes in cities may bring together otherwise isolated people to participate in culturally meaningful



recent suicides, and identified their feelings, concerns and motivations about suicide and its prevention in the community. Kral and Idlout call this a space of “synchrony” in which group thoughts generated productive ideas. Similarly, an effective measure in the community of Igloolik involved the establishment of a Youth Committee which met every two weeks to discuss issues and ways to improve community life. Finally, another Igloolik group came together to produce a successful feature film (“Atanarjuat: The Fast Runner”). In light of their experience, Kral and Idlout emphasize that “it does not appear to matter so much what the project is as much as that program or initiative is the community’s own” (Kral & Idlout, 2008, p. 328).

Decentralized and collective power allows communities to determine their own health priorities and establish culturally appropriate programs. In urban centres, Clark (2006) has also found that the best mental health intervention programs depend on community ownership, along with consistent and effective leadership and a culture-focused approach.

Compared to local programs, interventions that are parachuted in from the outside are less likely to be successful in promoting community resilience because they do not build local capacity. Support for the development of local interventions will build local capacity and have broader effects on resilience. This support can include financial resources and expertise that is oriented toward facilitating local program development.

6.3 Supporting Families and Healthy Child Development

Building resilience may involve preventive measures that occur early in development. This can include support for parents and families with young children or early adolescents. Interventions that encourage positive parenting and intergenerational exchange within families are likely to foster community resiliency. This is especially the case given that the residential school system fragmented families and disrupted intergenerational relationships. Programs and services geared to the well-being of Aboriginal communities therefore must facilitate the importance of sharing and cooperation between generations.

Studies have found that Aboriginal youth tend to rely on cultural and social networks for help rather than professional resources. Efforts to target youth problems, such as violence, are therefore moving away from individual psychotherapy toward family and group interventions that incorporate community and cultural values (Clauss-Ehlers & Levi, 2002). Residential treatment programs also have

acknowledged that many protective factors can be best addressed through community and cultural involvement, for example by encouraging traditional Aboriginal teachings that promote morality, humour, creativity, initiative, relationships, independence, and insight (Dell, Dell & Hopkins, 2005). Policies and programs that foster stronger cultural identity by encouraging collective events for sharing Aboriginal history and expressions of cultural pride which are youth-oriented may be helpful interventions.

6.4 Building Social Capital, Networks and Support

Activities that enhance intra-community social cohesion and expand social networks may be very helpful in increasing social support. These include regular collective events such as powwows, educational events with Elders and sports events. Shared spaces where people can gather must be created and maintained; these may include community centers, religious or other community organizational settings, or recreational facilities. Other specific programs and services can be developed to bring people together over common concerns, for example, parenting programs. Given the respect for the wisdom of Elders in Aboriginal communities, such programs can facilitate sharing and cooperation across the generations.

Much research suggests that community resilience may be mediated by natural helping among community members (Waller & Patterson, 2002) and networks. These include organizations such as church support groups, veteran’s organizations, self-help groups, and sporting associations (Sonn & Fischer, 1998; Iwasaki, Bartlett, MacKay, MacTavish, & Ristock, 2005). Such community groups allow sharing of resources (both economic and emotional), and facilitate the propagation of collective systems of meaning that can increase community resiliency. The creation, perpetuation and expansion of such groups may increase social capital and social networks, and be a useful intervention for enhancing community resilience. This type of organization can be developed in both remote communities and in urban settings.

Interventions focused on developing internal links should be complemented by interventions that enhance extra-communal linkages, as this allows for communal empowerment and influence on wider society. Strengthening internal networks and building broader links among communities and across regions will contribute to the communities resilience. Political activities that allow the community to organize around common goals, for example, efforts to regulate regional development, can have a strong effect on the sense of cohesion and collective efficacy.



New media and forms of communication exert a strong influence on individual and community identity. The Internet allows individuals or groups to find others with whom they can form “virtual communities.” For people living in both urban and remote communities, this sense of belonging may buffer the effects of being marginalized in their local communities. Internet forums and websites can help bring people together and be used to efficiently advertise and announce relevant events and activities. As such, the internet can allow people to connect within their own community and also to people outside their community. It may enhance resilience through protective social networks. The internet also provides unique access to knowledge and learning opportunities. As such, increasing access and familiarity with the Internet for both individuals and community groups may close the “information gap” and ensure communities are well-equipped to take advantage of the social and educational opportunities offered by the internet.

6.5 Summary

A wide variety of interventions can enhance community resilience. Table 2 (next page) summarizes some key areas for intervention and examples of effective programs. Although divided by broad categories, most of these interventions overlap. For example, activities on the land involve affirming cultural identity, transmitting cultural knowledge, strengthening social networks and supports, and deepening spirituality. The implication is that there will be broad impact from any of these interventions and powerful synergies when more than one intervention occurs. Measurement of outcomes must therefore also be broad, since some of the positive effects of an intervention may occur in areas that were not its original focus.

While interventions sometimes have impressive short and medium term affects, recent research suggests that some interventions have a delayed impact, which can only be seen in terms of years. These include interventions to enhance parenting skills in order to prevent later suicidal and self-harm episodes among participants’ children. The study by Schiff and Moore (2006) of the effect of the sweatlodge ceremony measures differences in resilience pre- and post-ritual. Though they found a significant impact of ritual, they urge future studies to track effects over a longer period, and over multiple sites. It may also be beneficial to track effects over a sequence of sweatlodge ceremonies to see whether the benefits of resilience accumulate in an additive or synergistic manner. Indeed, it is often challenging to isolate complex, interacting variables over temporal frames. Certain processes of resilience may only apply at specific developmental stages.

7. DISCUSSION AND CONCLUSION

The concept of resilience holds special interest for Aboriginal communities because it focuses on strengths rather than weaknesses or stigmatizing descriptions. Resilience is a way to address the fact that despite historical and ongoing conditions of hardship, many Aboriginal cultures and communities have survived and even flourished. Conditions of adversity and risk have driven both individual and collective responses of healing, recovery and growth. As a result, many Aboriginal communities, families and individuals enjoy high levels of well-being and success in both local and mainstream settings. The resilience framework focuses attention on these positive outcomes, their underlying causes and implications for health promotion.

7.1 Resilience as a Goal

The concept of resilience includes an element of promise tied to larger frameworks of meaning and existence. The various factors that contribute to resilience are both means to achieve well-being and valuable goals in themselves. Sen (1993) has written about this from the perspective of promoting human potential or “capability.” Human capabilities are not just instrumental means to an end, but have a moral claim to be developed for their own sake. Movements for indigenous self-determination aim to create the sustainable conditions of autonomy, empowerment and the realization of capabilities for individuals and communities.

Resilience is important for its role as an “indicator” of mental health that assesses critical levels of health, well-being and productive activity in Aboriginal communities. Indicators make it easier to measure outcomes, allocate public resources and influence policy development (Crossman, 2008). The model of resilience and the corresponding choice of indicators directs attention to specific social processes with implications for policy and practice. As Luthar and Cicchetti (2000) have said: “the resilience framework serves to direct interventionists to empirical knowledge regarding the salience of particular vulnerability and protective processes within the context of specific adversities” (p. 860). In terms of group and community dynamics, resilience highlights the specific types of adversities, and specific types of strengths of various groups and communities.

Community resilience also has important implications for efforts to promote mental health in Aboriginal communities. Interventions to promote community resilience include: strengthening social capital, networks



and support; revitalizing language, culture and spirituality; supporting families and parents to insure healthy child development; enhancing local control and collective efficacy; building infrastructure (material, human and informational); increasing economic opportunity and diversification; and respecting individual and cultural diversity within the community.

Resilience is a broad and flexible concept, encompassing processes of risk and vulnerability, growth and transformation, culture and community, social structure and personality, and power and agency. Resilience brings together a wide array of interacting factors that are best understood in relation to each other. This integrative view is consistent with Aboriginal philosophies that recognize the physical, emotional, intellectual, and spiritual dimensions of experience as essential to a balanced life. The social or communal dimensions of this balance include: knowledge of language, history and tradition; cultural and collective identity; development of traditional skills or know-how; the maintenance of kinship and connection; and spirituality, expressed in part through respect for the environment and the natural world. Most of the models of resilience discussed in this review acknowledge these cultural and spiritual elements. At the same time, thinking about resilience requires that we remain attentive to the specific forms of adversity and suffering that have shaped contemporary life in Aboriginal communities.

7.2 Models and Measures of Community Resilience

The sources of community resilience distinctive to Aboriginal communities include: connections to family and community, which are structured according to indigenous concepts of interdependence and caregiving across the life cycle; oral tradition and storytelling which provide vehicles for the transmission of cultural knowledge and values, as well as adaptive strategies of humour, context-sensitive thinking and creative problem solving; connection to the land and the environment which are central to indigenous notions of personhood; healing traditions which provide paths for personal transformation and interpersonal conflict resolution; ceremony and spirituality which provide access to collective wisdom, awareness of the modest place of human beings in the world, and a sense of the connectedness of all beings; cultural knowledge and identity which connect the individual to a valorized history as First Peoples; cultural continuity which maintains a sense of the meaningful trajectories of each person from past through present to a future with hope and possibility; and collective agency and political activism which give individuals and groups

the tools to challenge the forces of oppression and to work actively to make their own future.

The concept of community resilience has important implications for efforts to promote mental health in Aboriginal communities. However, there are many approaches to community resilience and not all fit equally well with Aboriginal values or realities. A model that works well for some types of Aboriginal community may not capture essential aspects of another Aboriginal context. Aboriginal communities vary widely in size, demography, geographic location, history and culture, with consequences for both their internal dynamics and their interactions with the rest of society and with global systems. Many Aboriginal communities have undergone profound changes as a result of colonization, bureaucratic control and interactions with neighbouring communities and populations. Each model of resilience must be evaluated in terms of its relevance to a particular community's history, current situation and future development.

Social capital is a potentially useful concept for understanding resilience in Aboriginal communities. The literature on social capital offers potential models of the internal and external relationships of communities. It captures social elements such as sharing and reciprocity that are fundamental to Aboriginal perspectives (Mignone & O'Neil, 2005). However, social capital requires systematic rethinking to be applicable across different geographic settings and cultural contexts.

7.3 Holism and Systems Thinking

Resilience depends on complex interactions within systems, including physiological and psychological processes within an individual and social, economic and political interactions between individuals and their environment, or between a community and the surrounding ecosystem and the larger society. As a result, resilience can only be understood by considering systems in their ecological and social context. In the case of communities, resilience is determined both by dynamics and by structural issues influencing access to resources, political organization and collective efficacy.

Some of the structural problems faced by communities result from government policies and administrative practices, notably the segmentation of policies, programs and services that aim to address issues of mental health, substance abuse, social services, corrections, and other social problems that are all aspects of the same underlying social problems. This artificial separation of practices, professions, aggravated by conflicts over jurisdictions (Macdonald, 2008) has imposed wrecked havoc with Aboriginal communities. Government can play a useful role in facilitating community



APPENDIX B. QUESTIONS FOR DISCUSSION

What are the dimensions of resilience at the level of the community? How do these differ from individual resilience factors?

What aspects of resilience identified in other communities apply to Aboriginal communities?

What are the unique or distinctive facets of resilience in Aboriginal communities?

What are the advantages and disadvantages of using social capital as a framework for understanding and measuring community resilience in Aboriginal communities?

Is social capital mainly a Eurocentric concept, or does it resonate with Aboriginal values and worldviews?

What does the concept of social capital omit that may be important in community resilience for Aboriginals?

Do different sizes, locations and organizations of communities require different models and measures of resilience?

What are the key dimensions of Aboriginal community resilience?

In practical terms, which factors are easiest to recognize, monitor or measure over time and across communities?

Which existing measures should be tailored to the Aboriginal perspectives? What form should this process of tailoring take?

What are the most feasible and effective methods to promote Aboriginal community resilience?

APPENDIX C. RESOURCES ON COMMUNITY RESILIENCE

Community Capacity Building – A Practical Guide
Prepared by Dr Rowland Atkinson and Paul Willis of the Housing and Community Research Unit, School of Sociology, University of Tasmania (2006) <http://www.utas.edu.au/sociology/HACRU/6%20Community%20Capacity%20building.pdf>

Building Resilience in Rural Communities Toolkit

The University of Queensland and University of Southern Queensland:

http://learningforsustainability.net/pubs/Building_Resilience_in_Rural_Communities_Toolkit.pdf

The National Disaster Recovery Principles

South Australian Government (2008)

<http://www.dfc.sa.gov.au/pub/default.aspx?tabid=196>

Community Builders NSW

an interactive electronic clearing house

<http://www.communitybuilders.nsw.gov.au/>

Assessing a community's capacity to manage change: A resilience approach to social assessment

Brigit Maguire and Sophie Cartwright, Bureau of Rural Sciences, May 2008

http://www.affashop.gov.au/PdfFiles/dewha_resilience_sa_report_final_4.pdf

The Community Resilience Manual: A resource for rural recovery & renewal

Canadian Centre for Community Renewal

<http://www.cedworks.com/communityresilience01.html>

Mental Health Foundation of Australia, Resiliency Resource

http://www.embracethefuture.org.au/resiliency/resiliency_model.htm

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