

Chapter 2

The Research Approach

Abstract This chapter presents the research approach that underpins the Aboriginal Family Wellbeing model of Empowerment. The study sits within a broader Empowerment Research Program. The constructivist grounded theory methodology used in this study is described.

Keywords Empowerment research • Grounded theory

The Empowerment Research Program

Across professional disciplines and social programs, empowerment is promoted as a strategy for addressing social and health disparities and entrenched disadvantage. Empowerment is recognised as a process, an outcome and an intermediate step to improving long term health and social status (Wallerstein 2006). In most accounts of the concept, empowerment involves some element of change or transformation toward an expansion of choices, self-determination and enhanced health and wellbeing (Feeney 2008; HyungHur 2006; Kabeer 1999; McCashen 2005; Pearson 2007; Wallerstein 1992, 2006; White and Epston 1989).

In more recent years, there has been increasing understanding of the contribution empowerment makes to public health. Research indicates that disempowerment and chronic stress are linked to alcoholism, depression, eating disorders, heart disease, cancer, and other chronic diseases (Wallerstein 2006). Similarly, disempowerment underpins, both as a cause and effect, violence, crime, alcohol and drug abuse and youth suicide, impacting not only on adults but also on the development of children, with devastating, life-long consequences (Tsey et al. 2003).

Despite the extensive usage of the term, empowerment has also been viewed as “problematic” largely because it has been poorly articulated as a theory and inadequately researched (Legge 1999; HyungHur 2006; Augoulat et al. 2007). Further, people have been unsure how empowerment can be applied. It is one thing to say that people should be enabled and empowered, but how do you do this in

practice? Assuming that you can achieve some sense of empowerment, how then do you inspire long-lasting, sustainable growth and change?

Empowerment has also been considered highly relevant for addressing the relative disadvantage experienced by Aboriginal Australians (Fredericks 2009). The term is often used in major policy documents (Human Rights and Equal Opportunity Commission 1997; Swan and Raphael 1995) as an implicit recognition of the large-scale disempowerment and denial of basic rights afforded to Aboriginal Australians. Yet in this context empowerment has often been viewed as difficult to effectively operationalise and evaluate, and so has been overlooked by policy makers and researchers. Research has tended to focus on identifying problems rather than evaluating the effectiveness of solutions. As a result there has been a longstanding failure to recognise and appropriately support Aboriginal people's own initiatives to enable individuals, family groups and communities to achieve health and wellbeing and participate fully in all aspects of society.

The Empowerment Research Program was established in 2000 to address this evidence gap. The aim of the research program was to better understand the concept of empowerment and to demonstrate the contribution of empowerment interventions to health and wellbeing (Tsey et al. 2007). The research took a 'phased' approach, whereby exploratory, mainly qualitative descriptive and theoretical studies would lead towards more measurement and impact evaluative research (Haswell-Elkins et al. 2010). Partnerships between university researchers and Aboriginal community organisations enabled the research to be grounded in Aboriginal people's own efforts for change, and Family Wellbeing became an important tool for this process.

Through the Empowerment Research Program, Family Wellbeing has been delivered to over 2000 participants in over 30 sites. In most instances, Family Wellbeing has been integrated into existing services and programs; for example within: the school curriculum, parenting programs, men's health groups, women's groups, family violence and suicide prevention strategies, mental health services, alcohol rehabilitation programs, prison and post release programs, chronic disease interventions, job preparedness programs, and workforce team building and organisational change strategies (Tsey et al. 2007). Although these are diverse areas of interest, they all have in common the need for people to gain control over their lives and enhance health and wellbeing (Tsey et al. 2007).

Micro community-specific evaluations of Family Wellbeing deliveries in different sites revealed that participation in the program enhanced people's capacity to take control of their lives. At an individual level, empowerment manifested through attributes such as hope, goal setting, communication skills, empathy, a strong desire to help others, perseverance, and a belief that the social environment can change. Family Wellbeing participants reported improved personal care and diet, reduced alcohol intake, motivation to give up smoking, and increased physical exercise. Non-drinkers, especially women, were often the first to be attracted to the program. Through self-awareness and social support, they developed their capacity to protect themselves and their children from drinkers' abusive behaviour. Importantly, over the longer term, these pioneering participants became

motivated to take the program to the more difficult to reach sections of the communities, including people in prison and in alcohol rehabilitation (Tsey and Every 2000; Tsey et al. 2002, 2003, 2005, 2009; Rees et al. 2004; Whiteside et al. 2006; Mayo and Tsey 2009; McEwan et al. 2010; Brown 2010; Bainbridge et al. 2011).

Methodology for a Theoretical Study

The study presented in this book is based on lead author Mary Whiteside's doctoral study, which sought to build theoretical understanding of empowerment through a systematic analysis of the stories of Family Wellbeing participants. The data sample of 47 participants (16 men and 31 women) was chosen from contrasting remote, rural and urban settings, with a different mix of participants in regard to gender, employment and level of education. These participants had documented their responses to the program in reflective diaries or through interviews, 6 to 12 months after completing the program. In each site the program was delivered as a component of a broader and multi level social or health strategy, including a youth suicide program, a community social and emotional health program, a state government Aboriginal workforce capacity building strategy and a regional health reform strategy (Tsey et al. 2007, 2010). Not all participants had completed all of the four Family Wellbeing stages; many had been exposed to just Stage 1. But all of their stories contained very similar themes about the factors that enabled them to take greater control of their lives, and the changes they were able to make.

The study was based on deep understanding and analysis of people's stories of achieving empowerment following participation in Family Wellbeing and required a qualitative methodology that could embrace complexity at historical, political, cultural and personal levels. It involved a process of knowledge development with Aboriginal Australian partners where reconnecting with traditional knowledge systems was an essential component, and part of a continued assertion by Aboriginal peoples to take control of their lives (Aboriginal Education Development Branch 2002; Martin 2003). It was imperative that the research be culturally safe and culturally respectful (Irabinna Rigney 1999).

With these requirements in mind, a constructivist grounded theory methodology was selected. This approach allowed for the centrality of people's experiences, and was congruent with the Aboriginal concept of Dadirri which promotes deep listening to stories and quiet still awareness, a traditional means for passing on knowledge of culture and lore (Ungenmerr-Baumann 2002). It allowed for the construction of meaning in the analytic process, accounting for researcher influence and reflexivity and social and political context. It integrated ethics of care and responsibility with systematic guidelines that maintain the intellectual and theoretical rigor expected of academic research (Bainbridge et al. 2013).

The fact that the lead researcher was a non-Aboriginal woman required particular care. Aboriginal health research is widely recognised as linked to colonising practices and critiqued for denigrating and distorting the cultures of the oppressed (Dudgeon 2008; Thomas 2001). Co-author Yvonne Cadet-James played a vital role as cultural mentor, reflecting upon and discussing the nature of the data, the process of analysis and the emergent findings.

Applying the constructivist grounded theory methodology involved a complex and organic interplay between research questions, data, epistemology, theoretical perspective, literature and method. Guided by analytic questions, each interview was read line by line. Codes were then created using words or phrases that captured the complexity in the information and ideas expressed (Charmaz 2006; Whiteside et al. 2011, 2013). Codes were then grouped into analytic concepts or categories (Charmaz 2006; Whiteside et al. 2011, 2013). This stage of the research required careful consideration and proved to be conceptually complex. Ideas were interconnected and people's statements, frequently, had multiple meanings that could be categorised in a range of ways.

There were, however, key elements in people's stories that could be clustered into broad categories of social context, beliefs, skills, agency and outcomes. Dictionary definitions helped to confirm that category titles were meaningful: "Beliefs" incorporated confidence, trust and faith including religious principles; "Skills" involved the ability that comes from knowledge, practice, aptitude to do something well; "Outcomes" included the results or consequences of something (Macquarie Concise Dictionary 1996). Theoretical literature influenced the choice of "Agency" as a category. Agency is viewed as a feature of empowerment, involving personal responsibility and participation (Feeney 2008; Kildae and Yow Yeh 2000; Narayan 2005). Layder (1994) argues that agency involves "the degree to which individuals are capable of changing the circumstances in which they find themselves and of responding creatively to social constraints" (p. 210). Each of these 4 categories has a series of sub-dimensions, and the data was organised accordingly.

Access to data from multiple sites, which varied in relation to location, size and gender make-up, provided further opportunities for theoretical sampling (a feature of grounded theory methods). Categories and their properties could be compared across different contexts and under different conditions, and it was found that the emerging theory held true. Data saturation, the point at which no new theoretical leads were evident (Charmaz 2006), occurred after 13 interviews, although the analysis continued beyond this number and 33 interviews were ultimately analysed (Whiteside et al. 2011, 2013).

The next step in the grounded theory process was to develop theory from the categories and sub-categories. Building theory involves dividing something that is apparently complex into relatively simple elements; looking for patterns and clusters of ideas and integrating these into a systematic scheme (Charmaz 2006). Smith (1998) notes the degree of difficulty of this task, which proved to be the case for this study. The data contained many elements and dimensions and uncountable potential stories. Strategies that assisted the theory building enterprise included

maintaining the research question as the focus of analysis, articulating the emerging narrative, using visual models, and using NVivo software for qualitative research. Ultimately the early analytic categories held true and formed the basis of the theory.

The resulting theoretical model of empowerment, the focus of this book, confirmed international literature (Wallerstein 2006) and our own micro level community evidence regarding empowerment as a social action process that promotes participation of people and communities towards goals of increased individual and community control, expanded choices and opportunities, improved quality of life and social justice (Tsey et al. 2009; Bainbridge 2009; Whiteside 2011). The study findings also closely resonated with psychological research that demonstrates that people who are flourishing and experience wellbeing have better health. Whole communities and societies flourish where happiness, autonomy, positivity emotional control, empathy, wisdom and creativity are present (Seligman 2012). However, in this study, as with other studies examining empowerment for Aboriginal Australians, there was greater focus on spiritual beliefs, healing, strong personal values and having the skills and desires to help others. These themes reflect Aboriginal Australian concepts of spirituality and holism in health (Bainbridge 2009; Fredericks 2010; Tsey et al. 2009; Whiteside et al. 2011, 2013).

Promoting Aboriginal Health

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