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The Ethnographer Unbared: Looking at My Own History Book

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Key words: colonisation; shame; women; alcohol; narrative; ethnography

Abstract: For this article, I have drawn from a project "Looking at Our Own History Book: Exploring Through the Stories of Aboriginal Women the Relationship Between Shame and the Problems with Alcohol", which I undertook in partnership with Aboriginal Australian counsellors, community workers, and women with whom they had worked. I conducted my research in urban and regional areas of Victoria, Australia from 2014-2017. In the article, I describe how listening to the women's first-hand accounts of practices associated with settler-colonisation impacted me, as researcher—both emotionally and in terms of my professional and social identity—and how the telling of their stories, particularly in relation to the concept of "shame", impacted how the women saw themselves. Approaching the research process as a shared act of becoming, the article adds to our understanding of how self-conscious emotions such as shame contribute to the problems researchers working in the area investigate, and provides a different approach to how they might best be addressed.

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1. Introduction: Setting the Scene

In this article, I explore the reciprocal nature of the relationship between the researcher and the researched, specifically focusing on the impact that the stories of the Aboriginal women who participated in this project had on me, as a woman with Maori ancestry whose mother developed a problem with alcohol in mid-life. The impetus for how I have represented those stories can be traced back to November 2017, when I attended a *Performing the Word Writing Retreat* at South Yunderup outside Perth (Australia), which brought together postgraduate researchers from around Australia to experiment with how they present their research findings. To be eligible to attend, we had to write a 400-word story based on an event—or a person, a place, or an image—that was in some way critical for our research. We were told that the story should be *experiential* and *compassionate*—and that it should be *reforming*. It should change the world in some way. I based my story on an interview with Dorrie, to

whom I had been introduced by an Aboriginal community worker who is also a friend. The interview with Dorrie changed my world—crystallising for me why my research was important and giving me the courage to adopt an explicitly reflexive stance in how I wrote my thesis.

> "Lately I have been having nightmares.
>
> Often, I feel haunted.
>
> Haunted by the stories of the women I've interviewed. Each has a story. Some about being stolen from their mothers. Some about their own children being stolen.
>
> The stuff of nightmares.
>
> Ours and theirs.
>
> Dorrie has suffered each of her babies being snatched from her after birth—by the local family who had taken her.
>
> It was all allowed, she said.
>
> As were the beatings and abuse she suffered at the hands of the family. More than allowed, encouraged.
>
> The stuff of nightmares.
>
> From when she was old enough to hold a rag, Dorrie's job was to clean up after the owners' children and put away their toys.
>
> The child slavery that she described had taken place in a western Victorian town in the 1950s. There were many such towns.
>
> When she had outgrown her usefulness, Dorrie was thrown out. Discarded. She was 16. She won't say why. Only that the family there, in that town, were very cruel.
>
> I won't say any more, she said.
>
> The worst, she said, was seeing her own children brought up in that house. When her first baby was stolen, she went to the house to try to get her baby back. She was beaten up, hosed down, thrown out.
>
> The Police, she said, did nothing.
>
> That's when I started drinking, she said. I reckon it was after losing that first baby. Heart breaking it was.
>
> After her last baby was taken, Dorrie moved away from that town, and never went back.
>
> And after many years, some of her children made their way back to her.
>
> Her daughter died of a heroin overdose when she was 30.
>
> Heart breaking it was, she said, and my son denied my existence.
>
> Ashamed, she said.
>
> When I met her, she was living in a sparsely furnished ministry unit in one of Melbourne's most disadvantaged suburbs.
>
> Pretty rough, she said.
>
> There were several photos, and she pointed them out. One was of the daughter who had died, another of her son who would not acknowledge her.
>
> A lady had asked her to make a speech about reconciliation, she said.

> Oh, I can't say no, she said, but I don't want to, though.
>
> But I want you Anni to tell people what happened to me.
>
> Most people don't know about all this going on.
>
> Heart breaking, it was" (HINE MOANA, 2018, p.xv-xvii). [1]

When I submitted my PhD thesis, I included the interview with Dorrie to underline a point that has been well established but not always honoured in the literature—that the relationship between *researcher* and *researched* is, by its very nature, reciprocal. In this article, I will describe some of the reciprocal relationships that were formed between myself and Aboriginal counsellors, community workers and women who had used their services, and how these relationships impacted on the women and on me. I will reflect upon the encounter between the researcher and the researched, my journey from counsellor to participatory action researcher, my professional and deeply personal motivations for selecting my research topic, and the importance of the choice of a narrative methodology. In the way I do this, I am conscious that the article departs from some of the typical conventions of social science writing, particularly those that imply a positivist stance. [2]

Positivist approaches to knowledge run the risk of dehumanising and objectifying people, in particular those who have experienced colonisation and marginalisation (FOUCAULT, 1980 [1975]). Under the gaze of positivist research methods, indigenous populations have often experienced further disempowerment (SMITH, 1999). In this article, I make a conscious attempt at providing a reflexive account that honours the participants and positions the researcher as a person committed to decolonising practices, through positioning of Australian Aboriginal women—*the researched*—as experts on their own experience (WHITE & EPSTON, 1990). Accordingly, I avoid the dominant narratives of deficit which continue to inform discussion on the prevalence of particular *problems* in indigenous populations who have experienced settler-colonisation (LANGTON, 1993) and privilege alternative narratives of wisdom, strength, and resilience as told by those whose lives continue to be impacted by the transgenerational trauma associated with the Australian genocide. Through positioning problems within social, historical, and cultural contexts (DENBOROUGH, 2008; FREEDMAN & COMBS, 1996; WHITE & EPSTON, 1990) I have not only come to understand more about the impact of the self-conscious emotion of shame on Aboriginal women and its relationship to alcohol related harms, but also developed a deeper understanding of myself through reflecting on my own mother's situation. [3]

2. The Researcher-Researched Encounter

Each individual who participates in a research project, particularly a project aimed at looking at people's lived experience, will be transformed in some way by that encounter (AL-NATOUR, 2011; CHAUDRY, 2000). For the researcher, this can be difficult, particularly when excavating sites of human suffering such as expressed in the stories of indigenous peoples who have experienced settler-colonisation. In Australia, practices aimed at replacing the Aboriginal populations with white settlers included mass murders, the breaking up of communities, the forced removal of children from the families, and the creation of programs aimed at breeding out the colour through forced unions between lighter skinned Aboriginal women and white men (McGREGOR, 2002; STEPHENS, 2003). [4]

When Dorrie told me her story she spoke about her experience of being asked to give a talk on the topic of "reconciliation" by a white woman at a local Community Health Centre. Despite feeling that she did not want to "give a speech on reconciliation", Dorrie felt that she could not say "no" to a white woman. Her feeling that she could not say "no" to a white woman exemplifies some of the lasting effects of the oppression and trauma that she had experienced throughout her life as an Australian Aboriginal woman. Eventually, she turned off her phone rather than having to refuse the invitation from a woman who wanted "to wheel out a member of the stolen generation" at a public event, as she put it. Describing her reaction, she looked at me very directly and said—perhaps because of my facial expression or perhaps because she was aware of my Maori ancestry—that she thought that I would know all about how "white people" used Aboriginal people to make it look like "they cared". I had never met the white woman in question, but I understood where Dorrie was coming from. Many Aboriginal people who have spoken to me have shared their frustration at feeling used in this way. [5]

It has been found that in order for colonial powers succeed with settler-colonisation (WOLFE, 2006) which is aimed at the elimination of indigenous peoples (TATZ, 1999) the construction of racial discourse was necessary. Although it has taken many forms there has been a determination to secure the land, control the natural resources, and gain wealth. Thus, it has been necessary for colonisers not only to rid the land of the indigenous people but also to ensure that their continued existence is tenuous at best. As FREIRE (1970 [1968]) argued, it has been critical to the cultural interests of the invaders that those invaded be convinced of their own intrinsic inferiority, and of the cultural superiority of the invaders. The racial discourse of white superiority and associated practices and policies have been described by MIZOCK, HARKINS, RAY and MORANT (2011) as creating conditions of severe stress similar to symptoms associated with post-traumatic stress disorder (AMERICAN PSYCHIATRIC ASSOCIATION, 2013; CARTER, 2007). Due to the historical and social conditions created by invasion, the invaded may internalise the violence and express their sorrow through drinking (MATE, 2008). This is what happened to Dorrie. [6]

I had been introduced to Dorrie through an Aboriginal community worker who is also a friend. Dorrie asked me to tell others about "what had happened" to her. That is all she asked of me. As a researcher using narrative inquiry committed to a relationship based on reciprocity, this became a grave responsibility, which I have tried to honour. How the encounter changed Dorrie, I will never truly know—but I do know that following our interviews she thought of getting together with some other Aboriginal women who are members of the stolen generation and doing some writing. [7]

As a woman who had worked in community services, I found it difficult not to jump in and help to organise the appropriate services, and I did arrange for the Aboriginal community worker who had introduced me to Dorrie to link her to some local Aboriginal services, including one that worked specifically with the stolen generations. This went beyond what was strictly my role as a researcher committed to participatory action research (PAR), which was limited to listening to her story and then acting upon it by keeping my word and telling Dorrie's story to others. But sitting opposite a woman the same age as myself detailing the brutal abuse that she suffered as a child slave, and realising, to use her words, "the extent to which this shit went on", blurred the demarcation between researcher and a fellow human being responding to another's suffering. [8]

3. From Counsellor to Researcher

Before commencing my research, having been a counsellor for many years, I thought that I was well acquainted with stories of human suffering and injustice (WALDEGRAVE, 2005, 2012). Having worked in community mental health (MH) and alcohol and other drug (AOD) services, I believed that I had a pretty *thick skin*, but nothing in my training or in my counselling experience could have prepared me for some of the narratives that I heard from the Aboriginal counsellors, community workers and service users who participated in the study. As a *researcher*, I was there to listen and record what I heard—rather than applying what I had been trained to do. I also knew that each woman was seeing a good Aboriginal counsellor, with whom I felt I was implicitly working in partnership. [9]

Many Aboriginal services use narrative approaches to counselling and community work, which mirrored not only my approach as a counsellor who uses narrative and trauma-informed practices, but also my approach as a PAR researcher. Narrative approaches to therapy (developed in Australia through a collaboration between Aboriginal and non-Aboriginal practitioners) are distinguished from other approaches to therapy through the way that personal problems are positioned within an historical, social, and cultural context (BACON, 2007, 2013) and through the way they adopt an explicitly reflexive position. I maintained this position as a researcher, instituting as part of my reflexive practice the keeping of a journal detailing the impact of the research on me as an active participant, rather than a neutral observer, in the research process. The following journal entry relates my initial meeting with Dorrie.

> "The woman that I met today, Dorrie, shared with me a harrowing story that I am finding very difficult to process. I have never before sat with someone whilst they provided a first-person account of their life as a child slave.
>
> Dorrie was stolen, denied schooling, and made to work hard for a brutal family who frequently bashed her and later took her own babies away. Dorrie is not well physically. She suffers from diabetes and other health issues. She seems to be struggling with household tasks and said that she would like some more help. I was glad that Cecily was there with me, as she said that she will look into services that may be available through the Aboriginal health worker at the community health centre. There is a local food share co-op, and Cecily has asked me if I would help her to pick up some fresh fruit and vegetables for Dorrie on Friday, as she thinks that Dorrie and her sister are not eating well" (Journal Entry, March 17, 2016). [10]

The role of researcher, I began to discover, was very different to that of counsellor, although each may be involved in excavating sites of human suffering. People usually see a counsellor when they have a *presenting* problem, which they—or the *professionals* to whom they are referred—seek to address. Most want to tell their story and feel heard, and the role of *witness* can play an important therapeutic function (DENBOROUGH, 2008). Sometimes people see a counsellor because they want to change something in order to live in a preferred way. This occurs a lot in AOD work. People speak of many things in counselling sessions and many stories are told. [11]

After working for some years in community settings, I had developed the understanding that therapeutic work and social research must critically engage with the historical, political, cultural, and social contexts in which some problems flourish (BRAVE HEART & DeBRUYN, 1998; CARTER, 2007; DRAHM-BUTLER, 2015; FREIRE, 1970 [1968]; WHITE & EPSTON, 1990), but it was not until I began to work with the Aboriginal women who participated in my research that I fully appreciated why these contexts are so critically important. [12]

I found that being accepted as a researcher who critically engaged with their historical, political, cultural, and social contexts meant that in a few hours the research participants would share details that in a counselling context may take weeks to surface. They were not presenting *problems* to me, but were sharing their lived experiences, their insights, and their wisdom. They trusted me. I had been vouched for (VICARY & WESTERMAN, 2004), in each case by an Aboriginal counsellor or community worker, and as I sat beside them and listened, I did not ask many questions but waited for them to speak. I told them that I felt honoured to meet them and to be entrusted with their stories. I always began by acknowledging their status as First Nation people and survivors of the Australian genocide (TATZ, 1999). All of the participants were eager for their story to be told and it was clear that this interaction with me as researcher provided an opportunity for their story to go beyond the confines of a therapeutic relationship. The stories, whether told by the women or by their Aboriginal counsellors and community workers, related at great personal depth the experience of the ongoing suffering associated with being an Aboriginal person

living in Australia. The conversations were far ranging and often devastating to hear. The stories of being taken from their mothers, kept by white families as child slaves, abused and beaten, resonated with my memories of my own mother's fears and passionate declarations about how wrong it was to remove children from their families. It was only years after her death that I was to discover that as an infant my mother had been removed from her own mother's care and had spent a year in an orphanage until she was released into the care of her grandmother. It was only then that I understood why my mother fretted about social status and why she had sent me to an Anglican girl's grammar school, much like the one that she had been sent to by her grandmother, to be taught to speak well and to have the manners *of a lady* to hide an abiding sense of shame. [13]

Many of the women participating in the study spoke casually about their awareness of their low social status in terms of how white people in Australia viewed them. As one commented: "They see us all as drunks anyway". Dorrie had said: "Oh, there is a lot of pain and a lot of shame about not being white, and a lot of [Aboriginal] women feel really bad about themselves"—just as my mother had felt *really bad* about herself. Hearing their stories brought me closer to an understanding of my mother and myself, and, I believe, equipped me as a researcher to more fully comprehend, at a deeper experiential level, the pain and the suffering the women expressed. [14]

Pearl, another participant who had come from a family traumatised by generations of forced child-removal policies, said that she had always felt excluded from mainstream society. Throughout the interview, Pearl spoke of her feelings of "worthlessness and shame", which she identified as "common problems for Aboriginal women". She related her experience of shame to experiences of racism and social stigma associated with her identity as an Aboriginal woman. She said that she "felt very self-conscious about being looked at by white people" when she went out—and felt that white people looked down on her and judged her. "A lot of people don't really like us", she said. I asked Pearl if she could tell me what type of people she meant. She tossed her head, laughed and said: "Yeah, as if you don't know ... whitefellas". [15]

Pearl's referring to her experience of the general attitude of *whitefellas* towards Aboriginal women with such openness confirmed for me the efficacy of my research methodology. Had I presented myself as a positivist researcher I doubt that the women would have shared their stories. This type of information would not have been elicited had I chosen standard social science methods such as structured interviews or questionnaires, and the result would have been a research report that missed the stories that deserve and need to be told. Pearl responded to me as a woman who could be trusted not to objectify her, but sit beside her and, in honouring her story, honour her. [16]

In Australian Aboriginal cultures, as in many First Nation cultures throughout the world, storytelling is central (BACON, 2007, 2013; MORSEU-DIOP, 2013; WINGARD & LESTER, 2005). Through storytelling, both researcher and researched share something of themselves and together attach meaning to

experience. Australian Aboriginal people call this *yarning*, and many times when I was contacting a participant to find out when they would have time to talk to me, I was being invited to come by for a *yarn*. [17]

Ruby, another Aboriginal woman who invited me over for a yarn, spoke very openly about the feelings of shame that she had experienced due to the stigma associated with her social status as an Aboriginal woman (JOHNSON, 2015; PHELAN, LUCAS, RIDGEWAY & TAYLOR, 2014). She described her experiences of emotional pain, shame, and loss as overwhelming and related how, for a long time, alcohol had been useful in numbing that pain. It was when she decided that it was time to stop drinking that she sought help from the local Aboriginal AOD service. [18]

As with Pearl, Ruby found that being able to tell her story and feel heard made a difference, and her counsellor's way of responding to her story had really helped. Ruby's counsellor, an Aboriginal woman who was open about being a member of the Stolen Generations, had supported the emergence of new stories—stories that positioned Ruby's life experiences, including the drinking, shame and despair, in a social, historical and political context. Ruby told me that she now realised that her use of alcohol had been part of a "bigger picture", in which injustice played a significant part, and she summed up the way that Aboriginal women were treated as "simply not fair". She said that through her work with the Aboriginal counsellor, Aunty Suzanne NELSON, she had come to accept herself. She spoke about the importance of forgiving herself, and how coming to an understanding of what she described as *her own history book* had been helpful. [19]

Essential to this understanding and acceptance was the realisation, gained in conversations with her counsellor, that many Aboriginal women become mothers without having experienced what it was to be mothered or parented properly themselves. Ruby comes from a line of women who were all removed from their mothers, and she said that through the counselling she had come to *really understand* the effects of *historical and transgenerational trauma* on the current generations (CHAMBERLAIN et al., 2019; GEE, DUDGEON, SCHULTZ, HART & KELLY, 2014; HUMAN RIGHTS AND EQUAL OPPORTUNITY COMMISSION [HREOC], 1997, 2007). [20]

It was very moving to hear Ruby's account of how through meeting her counsellor, and *looking at her own history book,* she had come to realise that her harmful use of alcohol was related to her experiences of trauma (MATE, 2008).

> "I was humbled by Ruby's personal insight and the way she positioned her experiences in a broader social and historical context. Aunty Suzanne's use of the history book metaphor seemed to have helped Ruby to recognise that there had been a great deal of loss, trauma and injustice in her life, and that she learnt to drink for pain relief as a child, living on the streets. This realisation, she said, helped her to feel less shame and stop being so down on herself. All of this brought to mind the situation of my own mother, and I wondered if Ruby had a sense that what she was

> telling me was about me and my mother as well as her" (Journal Entry, February 2, 2016). [21]

Ruby had looked at her own personal history with more understanding of the context in which her alcohol problem developed, which had led to more self-compassion. Listening to stories like Ruby's, I learned through direct testimony how gendered racism was experienced and how the shame that many felt was because of the stories that they had been told about themselves by others (CONOR, 2016; HUGGINS, 1998; TOWNEY, 2005). This, combined with my heightened awareness of how the burden of shame weighed down my own mother, equipped me, I believe, as a researcher to identify with my *subjects* and give voice to *their* construction of reality.

> "After listening to Ruby's story today, I wished that my own mother, although not an Australian Aboriginal woman and not having been subjected to anywhere near the same levels of trauma, had been able to look at her own alcohol related problems and her shame about her origins in a social, political and historical context" (Journal Entry, March 16, 2016). [22]

Shame is a relational emotion, and how such *relational* emotions are psychosocial constructs embedded in culture, environment, and family narratives has been shown in the literature (TRACEY, ROBINS & TANGNEY, 2007). Shame has been described as a complex emotion that has a great effect on an individual's social identity and always occurs within culturally specific contexts. Unlike a basic emotion such as fear, shame does not serve any biological or evolutionary purpose, but arises when an individual feels a sense of personal inadequacy or deficit, which in turn is related to the individual's perception of how others may view them (DEARING, STUEWIG & TANGNEY, 2005; GOFFMAN, 1963; POTTER-EFRON, 2002). [23]

A useful framework for understanding the relational nature of self-conscious emotions such as shame is BERGER and LUCKMANN's (1966) work on the social construction of reality. According to this perspective, society is not independent of a person's construction of that society. Rather, society is understood as humanly produced, with no ontological status apart from the human activity that produces it. Just as society is a human product, so too a person is a social product, with the two elements inseparably and dialectically related. This sociological description summed up for me what I was now experiencing with the women. [24]

In western psychology, the standards against which an individual's healthy development or mental state are measured tend to be those of the white middle class (FOX & PRILLELTENSKY, 1997). Until recently, little consideration has been given to how Aboriginal people see the world or what constitutes their experience of life, and how this differs from the worldview and experiences of the white middle class (CARVAJAL & YOUNG, 2008; JOHNSON, 2015). Critical psychology, on the other hand, asserts that psychology and its practices should be concerned with issues of social justice and explicitly opposes the use of

counselling and other psychological practices that engage in or perpetuate social and political injustice and oppression (PRILLELTENSKY & NELSON, 2002). Further, it argues that a client's personal experiences of problems are best conceptualised within a specific social, historical, and political environment and not as the result of intrapsychic deficits—whether this be articulated as faulty thinking, poor social skills, a lack of resilience, or poor life choices. According to critical psychology, such factors have particular resonance when working with people whose lives have been affected by racism and oppression. According to PRILLELTENSKY (2008), counselling practices that do not recognise social and political injustice risk blaming victims of racism and injustice for the problems that accompany experiences of oppression (BRAVE HEART, 1999, 2004; BRAVE HEART & DeBRUYN, 1998; FOX & PRILLELTENSKY, 1997; PRILLELTENSKY, 2008). [25]

Indeed, it has been found that many of the narratives constructed around the trauma and ongoing suffering of indigenous peoples that attribute deficit to individuals and communities not only contribute to further despair but may also create conditions under which alcohol problems emerge and are maintained (RAMIREZ & HAMMACK, 2014). Accordingly, any therapeutic approach that focuses primarily on changing behaviour may ignore the deeper layers of narrative that run under, over and beside that problem story (MANUEL & POSLUNS, 1974). The individualism that underpins much of Western psychological discourse and practice has been found to be in conflict with Aboriginal worldviews and cultural frames of reference, and, as DRAHM-BUTLER (2015) has argued, in order to deliver appropriate services to Aboriginal Australians, there is a need to strengthen a rights-based holistic approach to health and wellbeing. What I found in my work with the women is that there is also a need to *listen to* and *privilege* what we are told by the people with whom we work. [26]

Narrative practices are used by Aboriginal counsellors and community workers to decolonise identity stories (DRAHM-BUTLER, 2015). As a counsellor using narrative approaches to therapy, I had learned to listen, not only to the *problem* story (usually the dominant narrative) but for the *alternative* story. This is of particular significance when a person's social identity has been impacted by racial discourse and systemic injustice. Listening for alternative stories may help to externalise problems as they position the person as separate to the problem (WHITE & EPSTON, 1990). Through looking at problems through a narrative lens new possibilities emerge, some of which may support the emergence of a more positive self-account (FREEDMAN & COMBS, 1996). [27]

Throughout this research journey I found my own social identity shifting in a more positive direction as I learned more about the power of resisting dominant narratives from the Australian Aboriginal women who participated in this project. At the same time, the women who shared their stories with me about the relationship of shame to harmful alcohol use often commented on how, through sharing their stories and understanding their drinking as a response to trauma, they were able to practise more self-compassion. For the first time ever, I was in

an environment in which I was free to speak about my family background without fear of judgement or of being labelled. For me this was quite a revelation and a relief. [28]

Yorta Yorta elder and counsellor Uncle Lance James spoke at length (*yarned*) with me about the effects associated with shame that occur as a result of racial discourse. During our first encounter, Uncle Lance described Aboriginal women as occupying the *lowest rung of the social ladder in Australia*. Great nephew of the famous Yorta Yorta activist William COOPER, Uncle Lance was telling it to me the way he saw it, and was entrusting me with the responsibility of sharing his words with others who may care to listen. In doing so, he contributed to my becoming a different type of researcher, aware that in order to gain any insight into the experience of Aboriginal women who had experienced a problem with alcohol, I could not separate the personal from the political.

> "The way Uncle Lance James spoke very openly today about the low social status of Aboriginal women, emphasising that the manner in which Aboriginal people continue to be stigmatised and oppressed continues to be a major human-rights issue, made me feel uncomfortable. Such matters (of social status), although they frequently invoke feelings of anxiety, are rarely spoken about and although I felt uncomfortable, I was pleased that he felt free to name it.
>
> It was clear from what Uncle Lance told me that in order to support Aboriginal women seeking help for an alcohol problem, they need to be able to tell their stories and to feel heard. I was heartened and humbled by his comment that he really liked to listen to their stories properly to ensure that they felt heard.
>
> I found myself wishing that non-Aboriginal AOD counsellors, social workers and policy makers in Australia could listen to this elder and hear what he is saying about how we should be working with Aboriginal clients.
>
> I felt encouraged by Uncle Lance's statements about the value of narrative approaches and his comment that a lot of white AOD counsellors do not focus enough on the pain, shame and transgenerational trauma that have been experienced by Aboriginal clients. He said that a lot of them talk too much and do not seem to listen. This erased some of my self-doubts and confirmed for me the importance of my research" (Journal Entry, November 17, 2015). [29]

4. My Motivation for Selecting This Area of Research

My decision to undertake this topic of investigation arose from my professional experience of having worked as a counsellor and counselling supervisor in a range of mental health and alcohol and other drug services in Melbourne. As a clinical supervisor, I had worked with counsellors from Aboriginal Community-Controlled Organisations (ACCHO) as well as with counsellors who worked in multicultural and mainstream counselling services, where I listened to many narratives, not only of traumatic events but also of strength in the face of unimaginable pain. [30]

Every Aboriginal woman I saw—initially as a counsellor and then as a researcher—shared stories of loss and trauma. Some spoke about being taken from their mothers, as were their mothers and grandmothers, and others spoke of having their own children taken away (ATKINSON, 2002; BENNETT, 2013; DRAHM-BUTLER, 2015). Others described the grief they suffered at the early death of a parent or sibling, with the impacts of the widely reported gap in life expectancy between Aboriginal and non-Aboriginal Australians an ever-present reality in my work. Amongst my Aboriginal women friends, some who came to be key cultural advisors in this research journey, experiences of bereavement were frequent. [31]

But there was something else. As WALDEGRAVE observed:

> "Therapists, as a professional group, are the most informed 'experts' of the collective grounded levels of hurt, sadness, and pain in modern countries. Those who live in deep pain are of course the primary experts in the sadness and hurt they and their communities experience, but therapists are the professional helpers who continually witness that pain with many individuals and families and across a variety of communities week after week. As such, they carry a substantial responsibility to identify, quantify, and describe the severity and causes of it. This is ethically essential if they are committed to honouring their client group" (2005, p.271). [32]

WALDEGRAVE's observation raises a fundamental question about the factors or conditions that enable a researcher to identify and describe the severity and underlying causes of the pain and hurt in the people they *research*. A key part of the answer to that question, for me, centred on my realisation of the centrality of *shame*. What struck me in the course of the research was how the self-conscious emotion of shame seemed to turn up in most of the narratives that the Aboriginal women shared with me. What also struck me was how the emotion came about, not because of anything that any of the women had done, but as a result of the stories that they had been told about themselves (GOFFMAN, 1963; TOWNEY, 2005). [33]

According to what I had heard, many Aboriginal women had been subjected to a potent range of toxic manifestations of gendered racism which had encouraged them to feel bad about themselves. Increasingly, it became clear that the self-conscious emotion of shame had come about because they felt that their identity was in deficit—which has been found to be common in women who have experienced alcohol problems (CONOR, 2016; HREOC, 1997; TRACEY et al., 2007).

> "Aunty Suzanne phoned this afternoon. I'd been wanting to catch up with her to ask her permission to use her metaphor of the 'history book' for the title of this thesis. She said that she was quite happy that I use it. She asked me what I was up to. I told her that I had been thinking about the amount of internalised racism that I had heard about in the interviews.
>
> 'That's no wonder', she said, 'given the constant racism that Aboriginal people grow up with and put up with throughout their lives'. She recalled how at primary school a

> teacher had said that Australian Aboriginal people were the ugliest people in the world. 'For me, as a kid, this was devastating. My foster mother said terribly racist things about me all the time. Told me I'd end up with rollers in my hair and a smoke hanging out of my mouth—just like all those other blackfellas (not that I've actually ever seen an Aboriginal woman with rollers in her hair) ... they'd tell us anything to make us feel bad about ourselves'" (Journal Entry, April 7, 2018). [34]

The stories that we are told about ourselves—and which, in turn, we tell ourselves—have a way of getting inside of us, and the prevailing discourses of indigenous deficit are prevalent in Australia (BENNETT, 2013; DRAHM-BUTLER, 2015; TOWNEY, 2005). It was the realisation of the power of the stories we are told, and tell ourselves, that determined the form of my PhD thesis as a narrative inquiry, rather than an analytical sociological study. The sociology is there, but refracted through the stories of the women, who, in the final analysis, own the knowledge of who they are and who they long to be. In the words of a key cultural mentor and senior counsellor Aunty Suzanne NELSON, each woman has what she describes as her own "history book" (HINE MOANA, 2018, 2020).

> "Aunty Suzanne's use of the metaphor of looking at your own history book seems to have been very helpful in both reducing harmful alcohol use and in reducing shame for some of the women I have spoken to up here in Shepparton. When I spoke with her when I was here last November, I thought it sounded great, but it was after talking with Pearl and Ruby this week that I realised how powerful it was. Each of these women referred to the practice of 'looking at your own history book' as helping them to understand what had happened not only in their lives, but also to their families over many generations, and to feel better about themselves despite the ongoing experiences of racism and social stigma associated with their Aboriginality. The expression, coined by Aunty Suzanne, seems to have travelled.
>
> Aunty Suzanne said that to look at the white history books, you wouldn't even know that Aboriginal people had been here/were here. One powerful message imparted to me by a number of Aboriginal women was how being Aboriginal can make you feel either invisible or all too visible and vulnerable to attack like AFL great and Australian of the Year 2014 Adam Goodes. Listening to Aunty Suzanne speak takes me back to when I first discovered that the personal is political" (Journal Entry, February 4, 2016). [35]

Reflecting on my own personal reasons for choosing the topic and exploring it in the way I had, I realised that my motivation came from the pages of my own "history book". My experience of alcohol and its associated harms has largely been through seeing its effects on others. I've never been able to drink as I have little tolerance, due to the lack of an enzyme that breaks down alcohol. One drink and I would laugh. A little more and I would become ill. [36]

My father when sober was a kind man with a strong desire to help others but he drank very heavily. It seemed as if he could never drink socially or in what AOD counsellors would describe as a "controlled manner". Alcohol had a profound

effect upon him. He would become unpleasant to be around and when he drank would not stop until he lost consciousness. [37]

My mother, Marjorie, who had always been a very moderate social drinker, developed a serious problem with alcohol in her mid-forties. Following her death, I discovered that her heavy drinking was a response to a discovery that she had made about the circumstances surrounding her birth. It was a complicated story, which had a profound effect on her identity and triggered intense feelings of shame. Years after her death, reading letters that she had written to my father during her stays in psychiatric hospitals, I discovered some of her secrets and how she felt about them. One letter revealed how in conversation with a psychiatrist my mother had connected her problems with depression and alcohol with feelings of shame. Specifically, the letter told of the shame that she had experienced after her discovery that her birth mother, Alma, had been committed to a psychiatric asylum while pregnant, having been diagnosed with a type of melancholia/mania that was at that time described as insanity. Her mother's diagnosis had been made at a time during which the prevailing medical discourse represented women as essentially mentally unstable and prone to both depression and mania, particularly in the pre-natal and post-partum period (HOGAN, 2006; USSHER, 1991). Accessing my grandmother Alma's medical records and clinical notes, I was both interested and saddened to read the descriptions of her attitude and behaviour, which I found to be consistent with what would be commonly described today as depression. [38]

In her mother's absence, Marjorie was brought up by her grandmother whom she believed to be her mother. It was in her forties that she discovered that her birth mother was not only alive but living in a psychiatric hospital. Prior to this harrowing discovery, throughout her life my mother had experienced complex challenges to her sense of personal, social, and cultural identity. During my early years she would tell me that I must always act like a *lady* because behaving otherwise could bring ruin. Believing us to be somehow different from and not as good as others, she suggested that because we were of Maori descent on her mother's side of the family, I could not afford to be anything other than a proper lady. Her relationship to our Maori ancestry appeared to be ambivalent. It was okay, as long as it remained hidden from the public gaze. [39]

My motivations for choosing this particular topic were, therefore, professional and personal, and I wondered more than once, especially after talking to a lot of Australian Aboriginal community workers, why I had not recognised earlier the importance of the area of research to me. One Aboriginal family worker with whom I spent a lot of time said to me: "You're understanding your mother, why she drank, and you've seen it yourself as counsellor. Shame is why our women drink and it sounds like shame was a problem for your mum too." [40]

5. My Choice of a Narrative Methodology

As outlined previously, my work as a counsellor and as a counselling educator was shaped by constructionist ideas, and this, together with an interest in how meaning is constituted through language (GERGEN, 1990), had led me towards critical psychology (PRILLELTENSKY & NELSON, 2002) and narrative approaches to therapy (WHITE & EPSTON, 1990; WINGARD & LESTER, 2001; WINGARD & MAJOR, 2015). Such approaches did not sit easily within the positivist culture of the School of Psychology at my university, and my supervisor asked me to choose another topic. I was not prepared to do this. Having worked for many years in community settings, I had developed the sense that therapeutic work must critically engage with the historical, political, cultural, and social contexts in which some problems flourish (WALDEGRAVE, 2012), particularly in relation to indigenous populations who have experienced settler-colonisation (BENNETT, 2013; CARVAJAL & YOUNG, 2008; DRAHM-BUTLER, 2015; DUDGEON, WRIGHT, PARADIES, GARVEY & WALKER, 2014; LAWSON TE-AHO, 2013; WOLFE, 2006). This understanding informed the approach of La Trobe University's Bouverie Centre, which had brought together highly regarded Aboriginal family therapists and researchers in its Indigenous training unit, and I approached the Centre and was accepted as a PhD candidate to research alcohol problems as experienced by Aboriginal women. [41]

At my first formal supervision meeting I shared some of my reservations about a non-Aboriginal Australian undertaking this type of research. On my way home from that first meeting, I ran into my friend Cecily, an Aboriginal community worker I had not seen for months. I was happy to see her, and I told her what I was up to, and where I had been that morning: "Well, darlin", she said, "we'd better have a coffee then ... let's find a place where we can have a yarn." [42]

Over coffee, I told her about my proposed research study. I said to her that what worried me most about going ahead was that I was aware that much of the research to date on Australian Aboriginal people had been undertaken by non-Aboriginal researchers, and provided little benefit to the participants (RIGNEY, 1999; SMITH, 1999). Cecily was reassuring:

> "Well, I guess it also depends on how you do it and how you work with your Aboriginal participants. If you do this in such a way that mainstream AOD services can hear what Aboriginal counsellors who work with community, and their clients or former clients are saying, then that would be useful. It's needed. A lot of our women need help. As for the cultural stuff, I could certainly help to keep you on track, and I could help you find women who'd talk to you" (HINE MOANA, 2018, p.101). [43]

Aware that many Aboriginal women used mainstream AOD services, and that such choices were made for a range of reasons, Cecily said that she thought there was a lack of culturally safe counselling and support, with mainstream AOD services typically focusing on the substance use. In her view, that approach did not provide sufficient opportunities for women to tell their stories and feel heard, with too little acknowledgement of the huge generational trauma experienced by

Aboriginal women and the role that shame plays in the development of alcohol (or other drug) problems. [44]

"What happens", she said, "is that often women do not even get to tell their stories", which, in her view, was central to "getting on top of an alcohol problem". Cecily spoke of the prevalence of alcohol problems experienced by Aboriginal women in the community:

> "It's hardly surprising though, given what they have been through—not enough is being done. The [mainstream AOD] services need to look at what Aboriginal women need. If the counsellors aren't taking into consideration the transgenerational trauma and all the racism that these women have experienced, then counselling for the alcohol issue probably isn't going to be much use. Aboriginal women have so much trauma and shame" (p.102). [45]

I asked her how she thought these experiences of shame might affect Aboriginal women's sense of identity:

> "Well, it affects them a lot ... a lot of our girls and women, even when you start to realise what's happened in this country and stand up to racism and see Aboriginal identity as something to be proud of, it's [still] hard because the mainstream media ignore us Aboriginal women or they show us in a bad light. This kind of thing really affects a lot of the women. So, when you do this research, I reckon you'll find that pain and shame are big issues. I'd be happy to support you, Anni" (ibid.). [46]

To undertake the research, I needed to be *vouched for* (VICARY & WESTERMAN, 2004), and Cecily reminded me that our mutual friend, Deb, who had recently moved up to Shepparton to work in a senior role at Rumbalara Aboriginal Co-operative, would probably get behind the study, and speak to people in the community on my behalf. "Rumbalara could be a good place to start", she declared. [47]

6. Rumbalara

Some of the strongest relationships that I formed over the course of the research were with staff at the Rumbalara Aboriginal Co-operative, like Deb who had been involved in many health and wellbeing initiatives for Aboriginal women both in Melbourne and in Shepparton. When I first met her, she had been living in Melbourne. As Deb and I got to know each other, we would often talk about the prevalence of depression, anxiety and alcohol problems among Aboriginal women. I asked her once about the connection between shame as a self-conscious emotion and racism. Deb said that when I visualised an Aboriginal woman, I should try to see her as holding in each hand a suitcase, which carried the baggage of history. The items in these suitcases included the legacies of colonisation, transgenerational trauma, ongoing racism, abuse, and discrimination. She said that many Aboriginal women cannot put those suitcases down; they were always there and could be very heavy. "If you are responding to

problems experienced by Aboriginal women", Deb said, "you must keep in mind those suitcases" (HINE MOANA, 2018, p.104). [48]

The image stayed with me. Keeping the metaphor of the suitcases in mind helped in the counselling work that I was doing with the Aboriginal women in Melbourne, all of whom had experienced trauma, and some who had been stolen. When I telephoned her to tell her about my research proposal, Deb said that, based on her understanding of how I worked, she thought that I should go ahead. "It's got quite a lot to do with social identity", she said, "*a*ll the shit that we've been told about ourselves" (ibid.). Like Cecily, Deb thought that the study could be useful, and I was invited up to Shepparton to visit her workplace, Rumbalara. [49]

The Rumbalara Aboriginal Co-operative is an Aboriginal community-controlled organisation that delivers a range of services to Aboriginal and Torres Islander Australians living in the Murray-Goulburn Valley. Built on a site with a rich Aboriginal history that goes back thousands of years, the low, long buildings of Rumbalara hug the landscape, and even from a short distance, they almost disappear among the trees. It is a peaceful place. [50]

In the early days, some of the Aboriginal cultural informants I met with were encouraging; others told me that I would be incredibly lucky to get any Aboriginal women to talk about an *alcohol* problem. The key word here seemed to be alcohol. One Aboriginal community worker told me that it would be easier to get Aboriginal women to talk about the use of any other drug. The trope of the *drunk Aboriginal* was so deeply ingrained in the Australian settler-colonial psyche, they said, that it would be almost impossible to get women to talk about their alcohol use as there would be too much shame. [51]

In counselling, one hears bits and pieces of a story which starts with the *presenting problem*, the thing that the person attending a session most wants to talk about. I listen, we talk, we investigate the problem together, and so on. In undertaking the research, I was told story after story of women being taken away from the mothers or losing parents to early death, and shame associated with the experience of a flawed social identity (GOFFMAN, 1963). I was told about alcohol, how heavy drinking provided some relief from the emotional pain, and also the pain that it ultimately caused as it impacted on relationships, health and self-esteem. Telling their stories provided moments of catharsis for the women. Listening to them provided catharsis for me. Dorrie's story at the start of this article, unique as it is, was typical of many of the stories I was told. Sharing the stories forged a bond between me, the researcher, and the women, who weren't so much the "researched" as "co-researchers" engaged in a reciprocal and mutually affirming relationship of discovery. [52]

Before I left my interview with Dorrie that opens this article, she pressed me, again, to share her story with others. "People should know more about all this shit that went on and that's still going on" (HINE MOANA, 2018, p.144). I assured her that I would share her story and I thanked her. I felt haunted by Dorrie's story, but also privileged that she had shared it with me and had charged me with the

responsibility of ensuring that others would hear it. It confirmed for me that my role as researcher in this project was not merely to record, but also to witness and to support the decolonisation of Aboriginal women (SMITH, 1999). [53]

I telephoned Dorrie some months later to see how she was doing. As soon as she realised who I was she asked me: "So, did you tell them? Did you tell them about what happened to me?" "Yes", I said, "I did. I did my best anyway, and I have shared your story". "Good", she said, "That's good". "We should have a women's group where we could all talk about what happened to us. We should write a book" (HINE MOANA, 2018, p.239). [54]

7. Conclusion

The book that Dorrie had spoken about wanting to write with other Aboriginal women would have been their own history book, and I would like to conclude by acknowledging Aboriginal counsellor and educator Aunty Suzanne NELSON's formulation and dissemination of the concept, which played a seminal role in how I approached the research. The emphasis that she placed on the importance of understanding one's own personal stories, which she described as "looking at your own history book", has had a profound effect on both the Aboriginal women and the Aboriginal counsellors and community workers who feature in this study. Her words have also had a profound effect on me, as has her personal support every step of the way. [55]

Some months after my thesis was passed, I called Aunty Suzanne to thank her and to tell her that without her support there would have been no thesis. She asked me if I thought that I had a better understanding of my own mother now. I said that I did, even though my mother was not an Australian Aboriginal and had not suffered anywhere near to the same extent that the women who had shared their stories had suffered. "But she had a bad time, Anni, and you always wondered why she started drinking. Now you know. Apart from the work you've done with Aboriginal women, she is one of the reasons you were so interested in this." "We can only heal ourselves, my sista", she insisted, "by looking at our own history books". [56]

Since undertaking this project I have looked further into my own history book and uncovered more family stories, and I have sought more understanding of the nature of transgenerational trauma and its legacies, which often include harmful alcohol and other drug use (HREOC, 1997; MATE, 2008). My own social identity remains complex, but I feel more comfortable with that complexity. I am a Melbourne woman with Italian, Maori and other mixed ancestry. I work alongside a lot of Aboriginal women, some of who, like Aunty Suzanne NELSON, call me "sista". In the past I have not claimed indigeneity, yet whenever I have visited Aotearoa/New Zealand I have always felt at home. [57]

Most importantly I have learned that shame, a toxic emotion associated with our fears about how others may see us, can be dissipated when we position our experiences in the appropriate social, historical, and political contexts. Through

finding a voice as a researcher committed to privileging the voices of Australian Aboriginal women whose voices have been historically silenced, I am no longer concerned that people may find out about the *problems* in my family of origin that I previously experienced as a stain on my identity. The Aboriginal counsellors and the women who use their services have helped me to heal my own past, which as Aunty Suzanne says, is an ongoing project. [58]

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