

# Stress-coping Among Aboriginal Individuals with Diabetes in an Urban Canadian City: From Woundedness to Resilience

---

Yoshitaka Iwasaki, PhD,

Department of Therapeutic Recreation, College of Health Professions, Temple University and

Judith Bartlett, MD, MSc,

Centre for Aboriginal Health Research, Department of Community Health Science, Faculty of Medicine, University of Manitoba

## Abstract

The purpose of this study was to reveal lay people's views about lived experiences, and meanings of stress and coping with stress among Aboriginal participants with diabetes ( $n = 26$ ) in an urban Canadian city. A framework of resilience was used not only to conceptually ground the study, but also to analytically synthesize its findings. Grounded in a qualitative framework, focus groups were used as the data collection technique, while phenomenology was adopted as an analytical approach. As a key element of woundedness, the study showed that stress is prevalent and plays a significant role in the lives of many participants. Not only are their experiences of stress health-related (specifically, diabetes-related) issues, but their descriptions also suggested that the sources of stress originate from broader structural systems and dynamics at various intertwined levels—socio-economic, cultural, historical, and political. On the other hand, the results indicated that the culturally appropriate use of human strengths and resilience is considered a core meaning of stress-coping among study participants. The key specific factors identified in facilitating this stress-coping process include: using collective strengths, gaining strengths through spirituality, cultivating cultural identity, using personal/individual aspects of strengths, and making positive transformations in culturally meaningful ways. The findings underscore that failing to take into account cultural contexts unique to a particular group will lead to a serious oversight in recognizing both individual and collective aspects, which are essential to a broader and more culturally appropriate conceptualization of the resilience framework.

## Key Words

Stress, coping, resilience, strengths, spirituality, cultural identity, diabetes

---

## INTRODUCTION

Exploring in detail the health issues of urban Aboriginal people is both important and timely. First, the focus on urban Aboriginal Canadians is much needed in Aboriginal health research. This idea is supported by and consistent with a major concern raised by the more than 500 Aboriginal and non-Aboriginal stakeholders who participated in the Social Sciences and Humanities Research Council of Canada's (SSHRC) Dialogue on Research and Aboriginal Peoples.<sup>1</sup> In their report, *Opportunities in Aboriginal Research* (2004), "urban issues" are identified as a key Aboriginal research priority/theme. Among the comments by participants were these: "There has been a huge imbalance in research to date . . . Urban issues have been neglected",<sup>2</sup> "There is very little contemporary scholarship in this area."<sup>3</sup>

Second, people-oriented and community-based proactive research to explore the nature of both

woundedness and resilience among Aboriginal peoples and communities has important implications for practices, particularly policy-making and the provision of services. In this process, however, it is necessary to reveal the "voices" or views of Aboriginal peoples rather than imposing academic or professional assumptions about their woundedness and resilience. Our research dealt with all of these aspects by exploring the nature of stress experienced among Aboriginal individuals with diabetes in an urban Canadian city, as well as the potential resilience of these individuals and communities to cope with stress. Stress, along with the prevalence of diabetes among urban Aboriginal Canadians,<sup>4</sup> is considered one key aspect of their woundedness. Proactively coping with stress, meanwhile, is seen as one central element of resilience among Aboriginal Canadians and their communities.

It has been recognized that stress is a defining element of life for Aboriginal peoples with diabetes.<sup>5</sup>

Besides health problems related directly or indirectly to diabetes itself, many appear to have stressful lives, linked not only to day-to-day circumstances (i.e., marginal economic and living conditions),<sup>6</sup> but also to historical, cultural and political contexts.<sup>7</sup> For example, based on their findings about the prevalence of diabetes in an urban Canadian city (i.e., Winnipeg), Green, Hoppa, Young, and Blanchard (2003) indicated that its prevalence is “tightly embedded within a context of poverty and disempowerment.”<sup>8</sup> Also, they reported that the history of colonization and Westernization has had a significant impact on the incidence of diabetes, as well as on subsequent stress experienced by Aboriginal individuals with diabetes. In their participatory action research, Boston and colleagues (1997) showed that Cree people in James Bay of northern Quebec attributed the cause of diabetes to the “white man,” and noted that the spread of diabetes is related to “the decline of bush life.”<sup>9</sup> According to their ethnographic examination of Aboriginal individuals with diabetes in Melbourne, Australia, Thompson and Gifford (2000) suggested that the lived experiences and meanings of diabetes are tightly contextualized within the broader systems of family, community and society.<sup>10</sup> Furthermore, First Nations participants in Opaskwayak Cree Nation near the town of The Pas, Manitoba, in Bruyère and Garro’s study (2000) viewed diabetes as “rooted in collective experience and in historical processes that have impinged on aboriginal people and are beyond their control.”<sup>11</sup> Similarly, Aboriginal participants in two Anishnaabe communities on Manitoulin Island, Ontario, (one rural and one on-reserve setting) in Sunday, Eyles and Upshur’s interview study (2001), considered the cause of diabetes as a collective occurrence closely tied to larger notions of powerlessness.<sup>12</sup>

Within the context of often stressful lives among many Aboriginal peoples with diabetes, it is important to explore ways to proactively cope with stress, rather than considering only the negative consequences of stressful lives from deficit perspectives (i.e., problem-focused, negative perspectives, which tend to blame the victims). There has been some evidence to suggest that many Aboriginal peoples with diabetes have strengths to survive and even thrive, by showing a sense of resilience. For example, one key conclusion drawn from Sunday et al.’s study (2001) was that the incidence of diabetes has brought “the community together,” renewed recognition about the importance of “spirituality, culture, values, traditions,” and, consequently, generated “hope for healing” through “cultural belonging.”<sup>13</sup>

Hence, proactive and effective stress-coping

among Aboriginal peoples with diabetes seems to be an illustration of resilience. Though not specifically mentioned with respect to Indigenous peoples, some researchers have argued the possibility that a framework of resilience is relevant to and useful for conceptualizations of stress-coping.<sup>14</sup> For example, Diener (2003) suggested that “coping is a strength, and good coping represents resilience!”<sup>15</sup>

### **A framework of resilience**

Generally, resilience is defined as “the manifestation of positive adaptation despite significant life adversity.”<sup>16</sup> It represents “the ability to survive, and even to thrive, in the face of adversity.”<sup>17</sup> According to Masten and Reed (2002), resilience is an inference about a person’s life that requires two fundamental judgments: that a person is “doing OK or better than OK with respect to a set of expectations for behaviour”; and that “there have been extenuating circumstances that posed a threat to good outcomes,” that is, “the past or current presence of conditions that pose a threat to good adaptation.”<sup>18</sup> It is, however, important to point out that resilience also involves “constructive and growth-enhancing consequences of challenges or adversity.”<sup>19</sup>

As emphasized by Glantz and Slobada (1999), “there certainly are people who seem to have resisted or overcome presumably overwhelming problems, obstacles, or stresses, and most individuals report having had this experience at least to some degree.”<sup>20</sup> Glantz and Slobada (1999) further explained that “it may be an inextricable part of the ways in which we define and explain not only human behavior but virtually all phenomena with variable outcomes.”<sup>21</sup> Consequently, one key theme drawn from the emergent body of literature on resilience and human adaptations, highlighted by Masten,<sup>22</sup> is that resilience arises from “ordinary magic.” It refers to the idea that:

human individuals are capable of astonishing resistance, coping, recovery, and success in the face of adversity, equipped only with the usual human adaptational capabilities and resources, functioning normally... The literature on resilience suggests that there are some fundamental systems characteristic of human functioning that have great adaptational significance across diverse stressors and threatening situations. These systems are versatile and responsive to a wide variety of challenges, both normative and non-normative.<sup>23</sup>

Commenting on the notion of “ordinary magic,” Masten and Reed (2002) summarized, “Resilience does not come from rare and special qualities but from the operations of ordinary human systems, arising from brains, minds, and bodies of children, from their relationships in the family and community, and from schools, religions, and other cultural traditions.”<sup>24</sup> It is, however, unknown whether the idea of “ordinary magic” is relevant to people across different cultures or sub-cultures, or whether it is primarily a Eurocentric concept.

Another key attractive and important notion central to resilience research is that it involves “explicit attention to positive outcomes and influences (in addition to negative ones). This can enhance scientific attention to the strengths of groups usually perceived in terms of failures and, concomitantly, can enhance receptiveness to interventions.”<sup>25</sup> This notion has practical implications from policy-making and service-provision perspectives. However, one major gap in the emergent body of this research is that only limited attention has been given to the diverse nature of our society, particularly with respect to “cultural contexts.”<sup>26</sup> Within Indigenous health research, to date, very limited research effort has been made to directly explore the potential usefulness of a resilience framework from the perspectives of Aboriginal peoples. The exception is a few researchers who have begun to acknowledge the importance of resilience as a conceptual basis of stress-coping among Aboriginal peoples. In particular is Walters and Simoni’s “indigenist” stress-coping model of Native women (2002).<sup>27</sup> Here, culturally relevant coping strategies including enculturation, spiritual coping and traditional healing practices are identified as “cultural resilience,” which is proposed to buffer or moderate the vulnerability of Native women who face historical and contemporary traumas (i.e., colonization, discrimination, abuses). Walters and Simoni suggested that it is important to interpret “the vulnerabilities of Native women within the context of their historical and contemporary oppression, while capitalizing their strengths.”<sup>28</sup>

### **Purpose of study**

The purpose of our study was to reveal lay people’s views/perspectives about lived experiences, and meanings of stress and coping with stress among Aboriginal individuals with diabetes in an urban Canadian city. A framework of resilience was used not only to conceptually ground the study, but also to analytically synthesize its findings. The focus of our

analyses was on exploring the ways in which urban Aboriginal individuals with diabetes proactively cope with stress, by emphasizing their strengths and resilience. Our study went beyond simply analyzing the nature of stress as an element of woundedness in their lives.

## **METHODS**

Focus groups, grounded in a qualitative framework, were used as the data collection technique, while phenomenology was adopted as an analytical approach. Focus groups are recognized as an effective method for obtaining in-depth information about a concept or issue, and learning about people’s experiences.<sup>29</sup> Rather than being directed by pre-determined hypotheses or controlled by existing measures (which may not be culturally sensitive), focus groups enable participants to express perspectives, in their own words, in an open and flexible process.<sup>30</sup> Furthermore, since focus group sessions bring forward people’s experiences and offer a social context for meaning-making, they more readily allow for an analysis of culture.<sup>31</sup> Phenomenology, as an analytical framework, aims to explore “what people experience and how they interpret the world.”<sup>32</sup> Also, phenomenology focuses on the ways in which members of society experience everyday lives<sup>33</sup> and “how the social world is made meaningful.”<sup>34</sup> Generally, the purpose of a phenomenological analysis is to gain insights into the “essence” of a phenomenon under investigation.<sup>35</sup>

### **Focus group participants**

Posters outlining the research, eligibility criteria and who to contact were displayed at an urban Aboriginal health centre in a western Canadian city. Individuals responding to the posters voluntarily contacted the research assistant, who provided them with additional details on the study. Ethical issues were explained to potential participants. Individuals had to meet some criteria in order to be accepted as participants. They had to identify themselves as First Nations or Métis, and had to have been diagnosed with diabetes. The 26 individuals who met that criteria and agreed to participate were involved in these focus groups: (a) First Nations women with diabetes (n = 8); (b) First Nations men with diabetes (n = 9); and, (c) Métis women with diabetes (n = 9).<sup>36</sup> It must be noted that distinguishing Métis individuals from First Nations individuals in addition to the use of female-only and male-only focus groups was based on one key aim of our larger initiative; that is, to recognize the

diversity of Aboriginal peoples. However, the analysis according to these cultural and gender designations is beyond the scope of this paper. Some findings from this element of the analysis are reported elsewhere.<sup>37</sup>

The participants ranged in age from 26 to 69 (mean = 43.9). Only one participant had completed a university degree, while six individuals had completed Grade 12—the others' levels of education were either less than Grade 12 (sixteen) or were not reported (four). Eighteen (69 per cent) of the 26 participants were unemployed. Three individuals were employed full-time (more than 35 hours/week), two were employed part-time (less than 35 and more than 10 hours/week), and one person was casually employed (less than 10 hours/week). The majority (eighteen, 69 per cent) of the participants reported a yearly household income of less than \$20,000, while the other income categories consisted of five (\$20,001-\$30,000), one (\$30,001-\$40,000), and one (\$40,001-\$60,000) individual(s), respectively. The participants' relationship/marital status varied widely (i.e., ten common-law, six single, four divorced or separated, three married, and three widowed). The average severity of diabetes reported by the participants (on a scale of 1 to 5, ranging from mild to extremely severe) was 3.3. The participants represented a wide range of time periods during which they have lived with diabetes (from 1.5 to 36 years; mean = 12.8).

### **Focus group procedures**

Each session took place at a focus group facility of a local research firm. An experienced and neutral professional moderator, oriented in detailed nuances of communicating with Aboriginal individuals, facilitated all groups. She carefully followed a focus group questioning route,<sup>38</sup> developed by the research team and guided by the research objectives. The questioning route outlined opening comments about the topic of stress, introductory questions to engage the participants in the topic, transition questions related to evaluations of stress, key questions on the causes of stress and coping strategies, and closing questions to summarize the discussions and confirm main points. (Please refer to Table 1 for the specific questions asked and the probes used for inquiring about the nature of stress and coping.) The moderator reminded the participants at the beginning of each focus group session that the purpose of a focus group is not to reach consensus, but to openly share one's viewpoints. At each stage of questioning, the moderator created a comfortable context and gave sufficient time for all participants to express their views.

At the conclusion of each focus group, the participants completed an exit questionnaire to provide socio-demographic background information. They were thanked for their time and contribution to the focus group and each was given a \$50 honorarium. Each focus group lasted about 90 minutes as planned. The research assistant transcribed verbatim the conversations of the focus groups.

### **Data analysis procedures**

Phenomenological data analysis was conducted. First, the principal researcher (Yoshitaka Iwasaki, co-author of this paper) identified statements separately for each group about how the participants were describing the phenomena (i.e., stress and coping), and listed every significant statement relevant to the phenomenon (i.e., "horizontalization" of the data; Moustakas, 1994).<sup>39</sup> Next, these statements were clustered into themes or meaning units, separately for each group, by removing repetitive and overlapping statements.<sup>40</sup> These meaning units were formulated by reflectively reading and re-reading the full transcripts to ensure that the significant statements were consistent with the original context. Through this process, the researcher assessed whether anything was not accounted for in the clusters of common themes, and ensured that the proposed clusters did not include interpretations that exceeded the original context of the data.<sup>41</sup> This process resulted in a refinement of the theme clusters, which were then referred back to the original descriptions for further validation.

Based on the previous steps, the principal researcher developed summary statements separately for each group, along with selected original quotations from the transcripts to illustrate the relevance of the summary statements. The other researcher (Judith Bartlett, the other author of this paper) critically reviewed the analysis process and results. She has Métis heritage and is an expert in Aboriginal qualitative health research with very extensive practical and research knowledge and experiences in Aboriginal health issues. She provided comments, which were incorporated to revise the categorizations and descriptions of key themes. Besides data analyses, Bartlett has played a key role in every step of our research to make sure that the research process is culturally appropriate by acknowledging Aboriginal viewpoints and worldviews. Major comments raised by the researcher necessitated re-analyzing part of the data and more critically interpreting some of the findings. Finally, both researchers confirmed that the analysis was appropriately carried out and that the results were

**Table 1. Focus group questioning route used**

---

|                        |   |
|------------------------|---|
| Opening Comments:      | <ul style="list-style-type: none"><li>• Welcome and statements regarding the purpose of the study, focus group procedures, and ethical issues.</li></ul>  |
| Opening Question:      | <ul style="list-style-type: none"><li>• Please tell us a little bit about yourself.</li></ul>   |
| Introductory Question: | <ul style="list-style-type: none"><li>• Stress is prevalent in our everyday lives because many people feel stressed. In thinking about your daily life, what does stress mean to you?</li></ul>   |
| Transition Questions:  | <ul style="list-style-type: none"><li>• Is stress a negative factor in your life? If so, explain how it is negative.</li><li>• Is stress a positive factor in your life? If so, in what ways it is positive?</li></ul> Probe: What is it about stress that makes it good or bad?  |
| Key Questions:         | <ul style="list-style-type: none"><li>• What are the things that contribute to stress in your life?</li></ul> <i>Probes:</i> (a) How does this work, does one thing contribute to stress more than others or does the combinations of many things contribute to stress? (b) Do you have any particular health concerns that contribute to your feelings of stress? Can you tell us more about this? (c) Besides possible health concerns, is there anything else that adds to your feelings of stress? (d) Does being an Aboriginal person contribute to your feelings of stress? If so, please describe how. <ul style="list-style-type: none"><li>• What are the ways or strategies that you use to help you deal with stress in your daily life?</li></ul> <i>Probes:</i> (a) How would you describe your typical way of coping with stress in your life? (b) Do you use any spiritual and/or physical means to deal with stress such as the use of elders, churches, exercise, or playing with grandchildren? If so, please describe how. |
| Ending Questions:      | <ul style="list-style-type: none"><li>• All things considered, what would you say is the major cause of stress in your life?</li><li>• Of all the ways of dealing with stress that we've talked about tonight, which have you found to be most useful in your life?</li><li>• Is there anything about stress and coping that we haven't talked about that you would like to raise before we leave tonight?</li></ul>  |

---

consistent with the data. The revised summary descriptions were sent to the participants as a member-checking approach. Those participants who returned their evaluation forms (16 of the 26 individuals, or 62 per cent) unanimously verified that the descriptions were consistent with the views they originally expressed in focus groups.

## **RESULTS**

### **Stress: an element of woundedness**

Our analyses of data about the lived experiences and meanings of stress described by our participants highlighted that stress is prevalent in their lives ("Stress is something that we live with every day," said one

participant). In particular, many individuals indicated that living with diabetes has a substantial impact on their lives at various levels. First, at a physical level, the stress of managing diabetes involved limiting one's diet and daily activities, and dealing with symptoms (i.e., chronic "pain") and medications. For example, one woman said, "Having to watch what you eat, watching your sugars. That's real stress. I had to give up a lot of stuff I like to eat. Also I'm not able to do the things I used to be able to do," while another woman admitted, "My health is deteriorating already. I take lots of pills and it's hard, it's stressful for me."

At a psychological level, however, the stress of living with diabetes included denial, worries, helplessness, and/or stigma about the illness. For example, one

female mentioned, “My family worries about me. I guess there is a lot of denial for me. You don’t want to believe that you have it [diabetes],” whereas describing a feeling of helplessness, one woman said, “It’s hard for me to control my sugar and I feel sorry for myself. I don’t know who to turn to.” Also, diabetes is a major concern at a family level (rather than simply at an individual level), as emphasized by one male. “In my house, diabetes passed on through my family, so there is that stress.” In addition, many participants described the stress resulting from complications related to or caused by diabetes, including loss of a leg, loss of sight, kidney removal, or an enlarged liver. Several individuals talked about unemployment as a stress factor due to disability caused by their illness. As one male noted, “That’s how come I lost my job.”

Besides living with diabetes, the stress experienced by the participants is embedded in broader structural life contexts—socio-economically, culturally, historically, and politically. For example, socio-economic factors raised include poverty (i.e., “money problems”) and poor living or housing situations. As described by one pregnant woman, “Stress for me is where I live. I live with 25 other pregnant women in a small place.” Illustrating cultural, historical and political influences, the specific stress factors identified deal with cumulative aspects of their lives being linked to the history of colonization and Westernization, and the discrimination toward Aboriginal individuals. Participants vividly described evidence of “deep-rooted racism” in historical and contemporary contexts, from school settings and communities (i.e., negative “preconceived notions” about Aboriginal peoples) to government programs (i.e., aggressive law enforcements to convict Aboriginal offenders) and employment practices (i.e., “go for some job you won’t be able to get because you’re Native”). The following quote from one Aboriginal man reflects this:

I have to run to the school every time they’re trying to put my child into a program, a “learn how to speak English” program, because they have an accent. You face these kinds of racism, deep-rooted racism, that even the teachers don’t even understand... The North End is considered the core area, but we have a lot of different people, immigrants that came into [Winnipeg] in the early 1900s, and Native people are just a minority there, in the North End. But when they refer to the North End, the majority is “drunken Indians” or something like that. That small percentage of the gangs is a good example....

They sure can go after the Native gangs, like the Manitoba Warriors. They put into a \$4 million prison, just so that they can convict them—that was a waste of money. They should have done something better with that money. You see these kinds of things all the time.

Further commenting on a broader structural life context, another man raised the difficulty of living in “two worlds”—the Aboriginal communities versus an entity consisting of the dominant groups of Canadians. This point implies that the issue here is not just “identity” per se at a micro or individual level, but societal or systemic influences at a macro level. For instance, some Aboriginal individuals with diabetes described cumulative stress due to their traumatic experiences in residential schools, which in some cases, resulted in lengthy lawsuits. In fact, one man considered his “residential school lawsuit against the federal government for seven years” as “long-term stress.” In another example, “recalling” her forced attendance at a residential school and the abuse that occurred there, one Aboriginal woman stated, “I don’t want them [my children] to suffer the way I’m suffering.” Clearly, these examples illustrate that the stress experienced by Aboriginal peoples is not only concerned with personal issues, but also is closely and extensively tied to structural aspects at historical, cultural and political levels.

In addition, another woman disclosed that some parents were unwilling to reveal their children’s Métis identity, perhaps because they grew up in an era when Métis were stigmatized. This has had a significant impact at cultural and political levels in a broad macro sense, as well as at a personal level in a micro sense.

I’m a Métis woman being caught up in the child welfare system and all that history being taken away, taken away from families. When I went for the search of my Aboriginal heritage, it was stressful to find out the information and to figure out who you are. Even my parents didn’t want to say that they were. So I go do that search, because that’s my generation. Anyways I know what I am. And that can be stressful when it becomes political and somebody is looking for identity. I did get my genealogy right down to the 1800s.

### **Coping with stress: human strengths and resilience**

Despite the stressful and sometimes traumatic experiences of most participants, they widely and often

enthusiastically spoke of their strengths in dealing proactively with stress, which demonstrated a “survival spirit” and sense of resilience. Notably, the use of collective strengths was raised frequently among participants. To illustrate this aspect, one woman emphasized the importance of gaining culturally appropriate support from a group of Aboriginal people who shared similar life challenges, including living with diabetes:

Belonging to groups, just for get-togethers. They’re all my culture, they’re all Native. Even just going sitting there, listening to them talk. I always come home with such a light feeling because they share so many wonderful stories with me, and it makes me feel good and happy. And it’s nice to be with them.

By realizing that they are not alone and that everyone supports each other in a culturally meaningful way, these individuals appeared to become more knowledgeable about issues central to their lives (including dealing with diabetes), to be able to identify and then use their personal and collective strengths to deal with stress, and to become more hopeful about their lives. Clearly, this is an example of a potential linkage between stressors (i.e., diabetes-related) experienced by Aboriginal peoples and an attribute of resilience, illustrating how strong and resilient they are in coping with the stressors.

Gaining strengths through spirituality is another key factor raised by many participants because spirituality is “sacred” and “fundamental” to Aboriginal peoples, as exemplified by the following quote from one man:

Being Aboriginal or Native or Anishnaabe or Indian or whatever you want to call us, it’s hard living in two worlds. The spirituality part, it’s sacred to us and we have to learn it. I think that’s what’s keeping me going now.

This description suggests that spirituality plays an important role in dealing with living in the “two worlds” (the Aboriginal world versus the dominant Western world) emphasized previously, a major source of stress at a broader structural level. This is another example of how a resilient attribute (in this case, spirituality) can help Aboriginal peoples deal with stress in life.

One woman also mentioned that a church-based recovery and support group plays a significant role in her life and acknowledged church as a “safe place” and a “place of refuge.” This group provides Aboriginal individuals with an opportunity to openly talk about their lived experiences (including diabetes-related issues):

Just to talk and deal with what’s going on in our lives and why we have our problems, where they stem from. And to deal with those from wherever it may be, from childhood or as an adult, abuse or whatever. To get right down to where the root of the problem is.

A spirituality-guided strength in a group setting seems very effective in educating themselves—about challenges in life and how to deal with these—in a culturally appropriate way, to gain support from others, and to have confidence and hope for their lives. Again, this exemplifies the role of a resilience- and strength-related attribute that Aboriginal peoples use in coping with stress.

Another source of resilience and strength indicated by the participants involves cultivating cultural identities. In speaking of “sweat lodges” and “powwows,” one participant said, “This is part of our heritage. I feel good about seeing what I see.” Other examples illustrating this notion included: (a) being involved in “projects” (i.e., “recreat[ing] the oxcart trail,” “building the carts like in the old days,” “sav[ing] the Métis cemetery”), which gives encouragement when one is “feeling down” and provides a sense of purpose; (b) educating one’s children about Aboriginal history and showing them traditions such as Aboriginal tea and dances as a way of coping/healing (i.e., “we dance together, that was a lot of fun.”); (c) doing “a lot of Native arts,” which gives a sense of “satisfaction” and accomplishment; and (d) “genealogy” done for oneself and one’s children (“it’s interesting because I really get into it. I have to go to the Archives and all that. That’s my generation. Now I know what I am.”) Assuring cultural identities of Aboriginal peoples as another strengths-based attribute seems to have a positive impact on dealing with stress in their lives.

Along with the importance of collective and cultural strengths, participants talked about personal or individual strengths in coping with stress. For example, one woman noted that she looks after herself through proper techniques such as diets and “physio”-therapy because she “wants to live,” while one man indicated that

he has “learned to control” diabetes and “learned to be able to live with it.” Another woman concurred: “You learn how to cope with what happens. I think it’s about how to cope with the different things that come up. You learn.”

Demonstrating another aspect of human strengths/resilience was the constructive use of humour or laughter which was also identified as a stress-coping strategy. For example, two men mentioned laughter as an important healer, which was taught by their elders:

I think one of the positive things that you can look at is what the elders say, there’s one good healer and that is laughter. Having fun. I think that is a positive one.

Well, laughter is a big healer when you’re down and out. My grandparents, they’re gone now, and one of the things that they taught me is, when you have a problem you have to talk about it and also put a little bit of laughter in it. And it heals. Laughter is a big thing.

The use of humour or laughter here appears to have a more culturally meaningful connotation compared to the Western notion of humour.

Additional ways of coping with stress that participants identified included culturally appropriate forms of physical activity such as Aboriginal dancing (“I think dance is really important to relieve stress. You try to jig for a couple of hours. It takes away stress”), as well as escaping from the city and urbanization:

Too many people have problems, getting mad and screaming at each other. So I need my time-out. It’s nice to get away to forget about everything in the city. I don’t think about the awful things and try to think better.

I go for a drive out in the country with his family because I like to see trees and nature where I came from.

Again, it is important to acknowledge a unique cultural context in which physical activity (i.e., Aboriginal dancing) and getting away from the city (i.e., being with and in harmony with nature) operate rather than just at a behavioural level from a Western perspective.

Furthermore, participants’ descriptions suggested that the realization and utilization of personal and

collective strengths through stress-coping has the potential to be transformative. For example, one woman indicated that as a way of dealing with stress, she “quit doing the things that made [her] really stressful” including “quit drinking” and “changed [her] friends.” She admitted that these “changed [her] life” very positively. Also, as mentioned earlier, one woman who regularly participates in a church-based recovery and support group admitted that the experiences gained from this group transformed her in a positive and meaningful way since it provides an important setting/context within which to discuss solutions for dealing with the challenges or difficulties people face in their lives. In addition, another person pointed out that besides its stress-relieving benefit, a massage helps one experience positive feelings physically, emotionally and spiritually, and provides an “opportunity to go within [herself],” implying the potential of a massage to be transformative. Once again, there is the need to recognize a cultural context and meaning associated with this transformative process because the basis of this transformation appears to be linked to Aboriginal peoples’ cultural and spiritual orientations.

## DISCUSSION

Our study provided evidence illustrating some of the central factors directly linked to the theme of from woundedness to resilience. The study showed that stress, a key element of woundedness, is prevalent and plays a significant role in the lives of many participants—Aboriginal individuals with diabetes living in an urban Canadian city. Not only are their experiences of stress health-related (specifically, diabetes-related) issues, but their descriptions also suggested that the sources of stress originate from broader structural systems and dynamics at various intertwined levels—socio-economic, cultural, historical, and political. In particular, their experiences of stress are closely embedded within the history of colonization and Westernization, and are caused by cumulative and structural discriminations (i.e., racism). Distinct from the popular conceptualizations of stress in the dominant mainstream literature, which tends to focus on micro/individualistic sources of stress,<sup>42</sup> the findings underscore the need to give greater attention to macro/structural sources of stress, which tend to have cumulative effects on individuals and their communities.

On the other hand, our findings showed that the framework of resilience is useful in gaining a better understanding of stress-coping among urban Aboriginal

individuals with diabetes. Overall, the results indicate that the culturally appropriate use of human strengths and resilience is considered a core meaning of stress-coping among study participants. One key factor that facilitates this process is the use of collective strengths, which emphasizes interdependence or connectedness. Another central factor highlighted is gaining strengths through spirituality, a “sacred fundamental” for most participants in their lives. Cultivating cultural identity also was identified as a major source for gaining or building strengths. It is important to emphasize that the descriptions made by the participants deal with both collective and personal/individual aspects of strengths. Consequently, the combined/converging use of both types of strengths was shown to have the potential for positive transformations in culturally meaningful ways.

Despite the usefulness of a resilience framework, the present findings suggest that it is important and necessary to understand human strengths and resilience as a core meaning of stress-coping within cultural contexts. Specifically, the findings indicate that culture plays a central role in explaining the nature and meanings of stress-coping strategies used by urban Aboriginal individuals with diabetes. In fact, all of the specific ways in which these individuals cope with stress, demonstrated in this study, have important cultural meanings or connotations—whether these are tied to collective strengths or spirituality, or to cultural identity, individual strengths or positive transformations. Our participants’ views about the ways of stress-coping illustrated how essential culture is in better understanding these aspects, as well as how the specific coping strategies are tied closely to their cultural contexts. These findings challenge the current narrow views of resilience frameworks, which have been based primarily on ethnocentric thinking and perspectives.<sup>43</sup> Although there appear to be some fundamental common characteristics or properties of resilience that may be shared by or relevant to all human beings, regardless of cultural differences,<sup>44</sup> failing to take into account cultural contexts unique to particular groups will lead to a serious oversight. Individual and collective aspects essential to a broader and more holistic conceptualization of the resilience framework will not be recognized.

A major gap in this research area has been the dominance of quantitative methods, particularly survey methods with the use of rather ethnocentric measures.<sup>45</sup> Simply including non-dominant cultural group members in a large-scale survey study does not solve this problem unless the measures used have been validated as

appropriate to the cultural contexts of particular non-dominant group members, and unless the research process acknowledges the characteristics and life circumstances of communities/cultural groups. As demonstrated in the present research, it is important to use a methodological approach that incorporates the process for explicitly “revealing” the insights or “voices” of individuals who live in a particular cultural context; namely, the use of qualitative methods such as in-depth interviews, focus groups or case studies. Our research represented one of the first studies aimed at “listening to” and “uncovering” the voices or perspectives of urban Aboriginal individuals about the nature of stress as an element of woundedness, and the ways of stress-coping as a reflection of resilience.

Recently, some researchers have shown how a resilience framework can foster a better understanding of the use of human strengths for positive adaptations to life adversities. For example, Balsam (2003) identified “unique strengths and resilience factors”<sup>46</sup> among sexual minority women, while Bowleg, Huang, Brooks, Black, and Burkholder (2003) provided empirical support for a resilience model in their study on black lesbians.<sup>47</sup> Also, Kimhi and Shamai’s study (2004) on individuals who have lived close to the Israel-Lebanon border highlighted “the importance of perceived community resilience as an individual resource for coping with the threat created by war and terror, thereby connecting between micro- and macro-levels in events related to political violence.”<sup>48</sup> Though limited in scope, Aboriginal health research has begun to acknowledge the potential usefulness of a resilience framework. For instance, the findings from Sunday et al.’s study (2001) in two Anishnaabe communities on Manitoulin Island, Ontario, implied the importance of “spirituality” and “cultural belonging”<sup>49</sup> for healing from or coping with the experiences of living with diabetes. Also, Walters and Simoni (2002) aimed to reconceptualize Native women’s health by proposing an “indigenist” stress-coping model of Native women, which included “cultural resilience” factors such as enculturation, spiritual coping and traditional healing practices.<sup>50</sup>

## CONCLUSION

Although our research did not specifically ask questions about the uniqueness of urban living among Aboriginal individuals, at least one aspect of our findings implied the importance of giving attention to such uniqueness. In particular, some participants talked about

escaping from the city and urbanization as a way of coping with stress. Perhaps living in an urban setting may create an additional source of stress, unique to urban dwellers, compared to Aboriginal individuals who live in a non-urban (i.e., rural, on-reserve) setting.

It must be noted, however, that our intention here is not to generalize the findings, given the very specific nature of the sample used with a relatively small sample size. Although the use of purposive-criterion sampling is justifiable within a qualitative framework, further efforts will be required to better understand the use of human strengths and resilience in coping with stress among Aboriginal populations worldwide. As shown in this research, these efforts should acknowledge the cultural contexts in which Aboriginal peoples live from both micro and macro perspectives, along with the recognition of individual and collective strengths. Taking into account the cumulative effects of their socio-economic, cultural, historical, and political factors is also a must. For the purpose of appropriately recognizing human resilience processes, “strengths-based approaches” should be adopted rather than “deficit-based approaches.”<sup>51</sup> One often neglected but important idea about strengths-based approaches, however, is that “the promotion of strengths can reduce risk for problem outcomes,” as argued by Sandler, Ayers, Suter, Schultz, and Twohey-Jacobs (2004).<sup>52</sup> Specifically, they pointed out that:

The goals of building strengths and preventing problems are synergistic: A policy that promotes strengths may also provide the most sustainable and effective approach to reducing problem outcomes.<sup>53</sup> ...Public policies can provide resources that promote the development of enduring individual, family, and community strengths and that counteract the effects of adversities (emphasis added).<sup>54</sup>

At this point it is still premature to encourage policy-makers and program-developers to simply adopt resilience- and strengths-based approaches, given the paucity of research evidence to inform policy-making and provision of services from the perspectives of Aboriginal community-based research. However, we are both hopeful and optimistic that if our efforts to conduct meaningful research with Aboriginal peoples and communities continue, well-designed, rigorous research (i.e., community-based, participatory action research) will provide a coherent collection of credible findings to

become a basis/foundation for more effective and meaningful policy-making and service-provision for Aboriginal peoples and their communities. Our research, as an element of our larger research initiative, appears to be a good, albeit small, step toward achieving this important goal. At the minimum, any research should acknowledge and incorporate the voices and views of Aboriginal individuals in the research process.

## ACKNOWLEDGEMENTS

This study was supported by the Social Sciences and Humanities Research Council of Canada (SSHRC), Strategic Program, Research Development Initiative (RDI) grants. When this study had been conducted and the paper had been developed, Dr. Iwasaki had been affiliated as a Professor with the Faculty of Physical Education and Recreation Studies at the University of Manitoba.

## REFERENCES

1. Social Sciences and Humanities Research Council of Canada, *Opportunities in Aboriginal Research: Results of SSHRC's Dialogue on Research and Aboriginal Peoples* (Ottawa, Ont.: Social Sciences and Humanities Research Council of Canada, 2004).
2. *Ibid.*, p. 30.
3. *Ibid.*, p. 25.
4. M. Rock, “Sweet blood and social suffering: Rethinking cause-effect relationships in diabetes, distress, and duress,” *Medical Anthropology*, Vol. 22 (2003) pp. 131-174.
5. International Diabetes Foundation, *Diabetes atlas*, 2nd ed. (Brussels, Belgium: International Diabetes Foundation, 2003).
6. Kraut et al., “Impact of diabetes on employment and income in Manitoba, Canada,” *Diabetes Care*, Vol. 24, No. 1 (2001) pp. 64-68.
7. Rock, “Sweet blood and social suffering: Rethinking cause-effect relationships in diabetes, distress, and duress,” *Medical Anthropology*, Vol. 22 (2003), pp. 134-174
8. C. Green et al., “Geographic analysis of diabetes prevalence in an urban area,” *Social Science and Medicine*, Vol. 57 (2003) p. 558.
9. P. Boston et al., “Using participatory action research to understand the meanings Aboriginal Canadians attribute to the rising incidence of diabetes,” *Chronic Diseases in Canada*, Vol. 18, No. 1 (1997) pp. 5-12.
10. S. J. Thompson and S. M. Gifford, “Trying to keep a balance: The meaning of health and diabetes in an urban Aboriginal community,” *Social Science and Medicine*, Vol. 51 (2000) pp. 1457-1472.
11. J. Bruyère and L. C. Garro, “Nêhinaw (Cree) understandings of diabetes: ‘He travels in the body,’” *Canadian Nurse*, Vol. 96, No. 6 (2000) p. 28.
12. J. Sunday, J. Eyles and R. Upshur, “Applying Aristotle’s doctrine of causation to Aboriginal and biomedical understandings of diabetes,” *Culture, Medicine and Psychiatry*, Vol. 25 (2001) pp. 63-85.
13. *Ibid.*, p. 80.
14. S. L. Braver et al., “Overcoming adverse circumstances affecting the individual and the family” in *Investing in children, youth, families, and communities: Strengths-based research and policy*, Edited by K. I. Maton et al. (Washington, D.C.: American Psychological Association, 2004).

- C. D. Ryff and B. Singer, "Thriving in the face of challenge: The integrative science of human resilience" in *Expanding the boundaries of health and social science: Case studies in interdisciplinary innovation*, Edited by F. Kessel, P. L. Rosenfield and N. B. Anderson (New York, N.Y.: Oxford Press, 2003) pp. 181-205.
15. E. Diener, "What is positive about positive psychology: The curmudgeon and Pollyanna," *Psychological Inquiry*, Vol. 14, No. 2 (2003) p. 115.
16. S. S. Luthar, ed., *Resilience and vulnerability: Adaptation in the context of childhood adversities* (U.K.: Cambridge University Press, 2003) p. xxix.
17. E. P. Smith, "Opportunities for schools to promote resilience in children and youth" in *Investing in children, youth, families, and communities: Strengths-based research and policy*, Edited by K. I. Maton et al. (Washington, D.C.: American Psychological Association, 2004) p. 214.
18. S. Masten and M. G. J. Reed, "Resilience in development" in *Handbook of positive psychology*, Edited by C. R. Snyder and S. J. Lopez (New York, N.Y.: Oxford University Press, 2002) p. 75.
19. D. J. W. Strumpfer, "Resilience and burnout: A stitch that could save nine," *South African Journal of Psychology*, Vol. 33, No. 2 (2003) p. 70.
20. M. D. Glantz and Z. Slobada, "Analysis and reconceptualization of resilience" in *Resilience and development: Positive life adaptations*, Edited by M. D. Glantz and J. L. Johnson (New York, N.Y.: Kluwer Academic/Plenum Publishers, 1999) p. 111.
21. *Ibid.*, p. 110.
22. S. Masten, "Ordinary magic: Resilience processes in development," *American Psychologist*, Vol. 56 (2001) pp. 227-238.
23. S. Masten and J. L. Powell, "A resilience framework for research, policy, and practice" in *Resilience and vulnerability: Adaptation in the context of childhood adversities*, Edited by S. S. Luthar (U.K.: Cambridge University Press, 2003) p. 15.
24. Masten and Reed, *Handbook of positive psychology*, p. 85.
25. S. S. Luthar and L. B. Zelazo, "Research on resilience: An integrative review" in *Resilience and vulnerability: Adaptation in the context of childhood adversities*, Edited by S. S. Luthar (U.K.: Cambridge University Press, 2003) p. 525.
26. *Ibid.*
27. K. L. Walters and J. M. Simoni, "Reconceptualizing Native women's health: An 'indigenist' stress-coping model," *American Journal of Public Health*, Vol. 92 (2002) pp. 520-524.
28. *Ibid.*, p. 523.
29. E. Madriz, "Focus groups in feminist research" in *Handbook of Qualitative Research*, 2nd ed., Edited by N. Y. Denzin and Y. S. Lincoln (Thousand Oaks, Calif.: Sage, 2000) pp. 835-850.
30. R. A. Krueger and M. A. Casey, *Focus groups: A practical guide for applied research*, 3rd ed. (Thousand Oaks, Calif.: Sage, 2000).
31. Madriz, *Handbook of Qualitative Research*.
32. M. A. Patton, *Qualitative evaluation and research methods*, 2nd ed. (Newbury Park, Calif.: Sage, 1990) p. 70.
33. A. Schutz, *On phenomenology and social relations* (Chicago: University of Chicago Press, 1970).
34. J. F. Gubrium and J. A. Holstein, "Analyzing interpretive practice" in *Handbook of Qualitative Research*, 2nd ed., Edited by N. Y. Denzin and Y. S. Lincoln (Thousand Oaks, Calif.: Sage, 2000) p. 489.
35. J. W. Creswell, *Qualitative inquiry and research design: Choosing among five traditions* (Thousand Oaks, Calif.: Sage, 1998).
36. Originally, four focus groups were planned including a male Métis group. However, despite the research team's desperate effort to locate Métis men with diabetes, a sufficient number of these men who met the participant criteria could not be identified. Thus, only three focus groups were conducted, in which ten people were originally recruited for each group.
37. Y. Iwasaki, J. Bartlett and J. O'Neil, "An examination of stress among Aboriginal women and men with diabetes in Manitoba, Canada," *Ethnicity and Health*, Vol. 9, No. 2 (2004) pp. 189-213.
38. Krueger and Casey, *Focus groups*.
39. C. Moustakas, *Phenomenological research methods* (Thousand Oaks, Calif.: Sage, 1994).
40. Creswell, *Qualitative inquiry and research design*.
41. J. Riemen, "The essential structure of a caring interaction: Doing phenomenology" in *Nursing research: A qualitative perspective*, Edited by P. M. Munhall and C. J. Oiler (Norwalk, Conn.: Appleton-Century-Crofts, 1986) pp. 85-105.
42. R. H. Moos, C. L. Holahan and L. E. Beutler, eds., "Special issue on coping," *Journal of Clinical Psychology*, Vol. 59, No. 12 (2003) pp. 1257-1403.
43. Luthar and Zelazo, "Research on resilience: An integrative review" in *Resilience and vulnerability*, pp. 510-550.
44. Masten and Powell, "A resilience framework for research, policy, and practice" in *Resilience and vulnerability*, pp. 1-25.
45. Luthar and Zelazo, "Research on resilience: An integrative review" in *Resilience and vulnerability*.
46. K. F. Balsam, "Trauma, stress, and resilience among sexual minority women: Rising like the Phoenix," *Journal of Lesbian Studies*, Vol. 7, No. 4 (2003) p. 6.
47. L. Bowleg et al., "Triple jeopardy and beyond: Multiple minority stress and resilience among Black lesbians," *Journal of Lesbian Studies*, Vol. 7, No. 4 (2003) pp. 87-108.
48. S. Kimhi and M. Shamai, "Community resilience and the impact of stress: Adult response to Israel's withdraw from Lebanon," *Journal of Community Psychology*, Vol. 32, No. 4 (2004), p. 439.
49. Sunday, Eyles and Upshur, "Applying Aristotle's doctrine of causation to Aboriginal and biomedical understandings of diabetes," *Culture, Medicine and Psychiatry*, p. 80.
50. Walters and Simoni, "Reconceptualizing Native women's health: An 'indigenist' stress-coping model," *American Journal of Public Health*.
51. L. Solarz et al., "A blueprint for the future" in *Investing in children, youth, families, and communities: Strengths-based research and policy*, Edited by K. I. Maton et al. (Washington, D.C.: American Psychological Association, 2004) p. 344.
52. N. Sandler et al., "Adversities, strengths, and public policy" in *Investing in children, youth, families, and communities: Strengths-based research and policy*, Edited by K. I. Maton et al., (Washington, D.C.: American Psychological Association, 2004) p. 31.
53. *Ibid.*
54. *Ibid.*, p. 44.