

# Finding the Culturally Appropriate Approach to Alcohol, Drugs and the Family Research - Some Examples

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# Cross-cultural research -historical pitfalls

- Lost in translation?
- Norms and expectations
- Settings and applicability
- Integrity vs customisation
- Championing, funding and sustainability
- Ownership and empowerment of research subjects

# Family Research in NZ

- Mostly Qualitative  
service user interviews/surveys
- Limited Quantitative  
health services utilisation data,
- Some mixed methodology
- Kaupapa Maori research

# What is already known from NZ families research?

- Naturalistic outcomes study S Adamson 2003. *Included partner/family interest, support, engagement*
- Maori National Alcohol Study H Barnes et al 2003. Auckland University. *Briefly addressed problems associated with other's drinking.*
- A Kaupapa Maori Alcohol and Drug Service and Whanau Involvement. Severinsen, C. (2005). Massey University **MSc Thesis**. *Patient and family perspectives on support.*
- Assessment of the social impacts of gambling in NZ 2009  
[http://www.shore.ac.nz/projects/Gambling\\_impacts\\_Final\\_05\\_01\\_09.pdf](http://www.shore.ac.nz/projects/Gambling_impacts_Final_05_01_09.pdf)
- Pregnant women on methadone C Chan et al 2010  
[http://www.rnzcgp.org.nz/assets/Uploads/JPHC/March%202010/JPHC\\_March10CompleteIssue.pdf#page=62](http://www.rnzcgp.org.nz/assets/Uploads/JPHC/March%202010/JPHC_March10CompleteIssue.pdf#page=62) *Patient perspectives on family support*
- Alcohol and partner aggression. J Connor 2011 BMJ Open *Linked binge drinking to partner aggression.*

# Already known..

- Mauri Ora: the dynamics of Maori Health. Durie, M. (2001). Auckland, Oxford University Press.
- Fragmented intimacy: addiction in a social world, Adams, P. J. (2007). Springer Verlag.
- Navigating through mental health services: Perspectives and priorities of family members and mental health services staff (2011) L Boyd L Sigglekow  
<http://www.nzfamilies.org.nz/research/health-and-illness/navigating-through-mental-health-services>
- KinaTrust. - Evaluations of workshops

# Already known cont..

- The place of alcohol in the lives of people from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa living in New Zealand: an overview Research Monograph Series: No 2. ALAC. Wellington. Nosa, V. and (1997 ).
- Tafesilafa'i: exploring Samoan alcohol use and health within the framework of fa'asamoa University of Auckland. PhD Thesis. Lima, I. (2004).
- "Response to an indigenous smoking cessation media campaign - its about whanau." Grigg M, Waa A, et al. (2008). Australian and New Zealand Journal of Public Health **32**(6 ): 556-564
- Whanau taketake Maori (*impact of recessions on family*) <http://www.nzfamilies.org.nz/research/wh%C4%81nau/wh%C4%81nau-taketake-m%C4%81ori>.

# Whānāu Resilience -Te Puni Kōkiri

*Literature research findings:*

***Highlighting the impact of addictions on whānau potential***

*And these factors:*

- Cultural identity and connectedness
- Collective strengths
- Supportive environments and resources
- Whānau role models
- Communication and information



➤ ***that promote whānau resilience***

*Recent qualitative findings provide more insights:*

Holistic wellbeing - spirituality - collective - whānau centred – responsibilities - learnt within whānau - protective factors

# And the gaps?

- Drug and behavioural addictions vs alcohol
- Primary focus on families vs via individuals
- Longer term family outcomes from FIP
- Outcome measures vs self report
- Strength-based approaches
- Resilience factors
- Do we know what we don't know?





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# Exploring Family Resilience in NZ Families Living with Addiction Stage One – ADF research plan


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# Research Aims and Methods

- ✓ An exploratory study to understand the experiences of NZ families living with addiction:
  - ❖ Nature of impact for families
  - ❖ Barriers for help-seeking
  - ❖ Coping strategies  Family Resilience?
- ✓ Literature review and stakeholder interviews, in depth family interviews, qualitative methodology - adults 18+ 'Missing Voices'

# Summary of Findings: Common Threads

- ✓ How families had become aware
- ✓ The impact on family
- ✓ What families did about it
- ✓ Coping
- ✓ Resilience??

# How Families Become Aware?

## ✓ Took some time for family to become aware

*"I didn't actually know anything as a child. It was hidden from me. We sort of put up with the hangovers and associated behaviour of it" P5*

*"He got caught drink-driving. And that was pretty intense, and yeah, he just started drinking everyday. But it took a long time for us to realize, because he used to work at home, and he would drink by himself." P15*

*"...um (quietly, surprised), I don't really know it, sort of, you know, if, happens by stealth, you don't really realize when it happens you know." P14*

# Impact on Family (1)

- ✓ widespread and ongoing; similar regardless of the substance of addiction
- ✓ low self-esteem, behavioural and social withdrawal, parental unavailability, difficulty developing trust in adult relationships, concerns about own possible addictive tendencies ...

*“Fear. Just simple fear. Fear of when your father doesn’t come home straight away from work... You were scared of peers finding out about what happened in your family... so it affected all your relationships.” P1*

*“My dad was emotionally unavailable, as... you know. And so I’m not really good at communicating in relationships with men.” P3*

*“I have become aware that I have certain (inhales) addictive tendencies. For example, at one point, I was, I won’t say addicted to the pokies but (inhales) um I could feel myself getting very very wrapped up in it.” P13*

# Impact on Family (2)

## ✓ Social consequences

*"I struggled a lot to trust people... I don't let many people close me, because I don't want to be hurt". P15*

## ✓ Financial pressures

*"... Often most common times that we'd spent time together is when he was basically asking for money. Initially, I actually was giving him money because I kind of was fooled into the usual lies." P13*

## ✓ Personal dilemmas

*"When you're a family member, it's really, really difficult, because you don't... Because it's not your problem." P1*

## ✓ Impact differed by relationship

# Impact Differed by Relationship

- ✓ Child – self-directed anger, fear, neglect
- ✓ Parent – self-blame and guilt
- ✓ Spouse/Significant others

*"I thought I was a rotten wife." P10*

- ✓ Siblings
- ✓ Extended Family
- ✓ Peers

# What did Families do?

- ✓ Some stayed, some left
- ✓ Some kicked the addicted person out

*"... the police rang up and said 'we got your son here and he had a joint with him. You wanna come and pick him up?' and dad's response was 'nah leave him there'". P13*

- ✓ Some sought help for the person, some didn't
- ✓ Some sought help for themselves, some didn't





# Barriers to Family Involvement

## ✓ Raising the issue of addiction – family denial

*“When you’re a family member, it’s really really difficult, because you don’t... Because it’s not your problem.” P1*

*“I just know that she um went through an awful lot of sherry.” P13*

## ✓ Societal stigma

## ✓ Lack of awareness of available helping services

## ✓ Characteristics of the helping services (e.g. waiting list, rules for entry, privacy law)

# Coping Strategies

✓ Minimising

✓ Making allowances

*"I stayed mainly because I could still see this person and I knew he has huge potential... Like we had times when it was fun. So just remembering all of that stuff got us through."*

✓ Turning Away

*"I turned off. I switched off from emotion, and stuff like that..."*

✓ Carrying on

***"A lot of people come out with coping skills, growing up in a dysfunctional, addicted family, that are great at the time; the actually kept them alive, and manage to survive it, but they are not so great in adult life." P9***

# Family Resilience

*“Family resilience describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risk and protective factors, and the family’s shared outlook.”*

*(Hawley & DeHaan, 1996)*



# Our conclusions were.....

- ✓ Effects of addiction on NZ families are widespread
- ✓ Lack family resilience
- ✓ Multi-disciplinary: Shift from deficit model towards strengths-based
  - ❖ Unique strengths, skills and resources
  - ❖ Bounce back from adversity
  - ❖ Equipped for the future

# Where is this work published?

- Families Commission website link: \*\*
- Journal of Primary Health Care link:\*\*

## *Other outputs:*

- Cutting Edge Presentation Wellington 2010?
- Coping Resilience & Hope Building, Asia Pacific Regional Conference, Brisbane 9-11 July 2010

# The cultural research spectrum\*

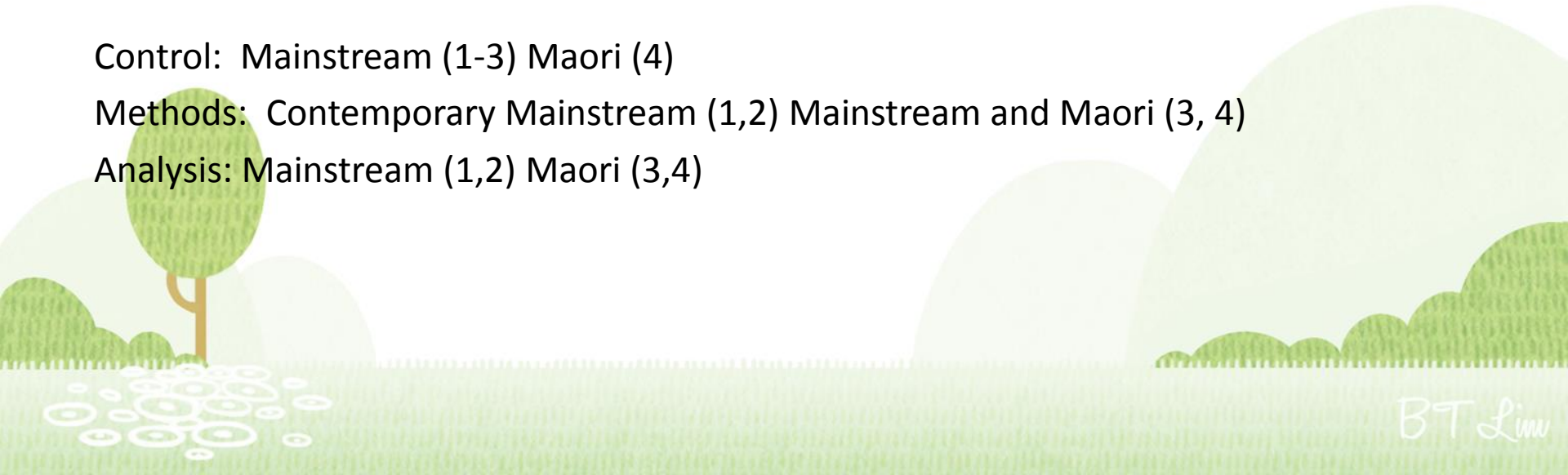
\* Families Commission 2011

1. Research not involving Maori
2. Research involving Maori
3. Maori-centred research
4. Kaupapa Maori research

Control: Mainstream (1-3) Maori (4)

Methods: Contemporary Mainstream (1,2) Mainstream and Maori (3, 4)

Analysis: Mainstream (1,2) Maori (3,4)



# “Whanau yesterday today tomorrow”

## Kaupapa Maori research

- Related to “being Maori”
- Connected to Maori philosophy and principles
- Takes for granted validity and legitimacy of Maori and
- Importance of Maori culture and language
- Is concerned with the struggle for autonomy over own cultural wellbeing

# New epistemological and methodological perspectives

Research report covers

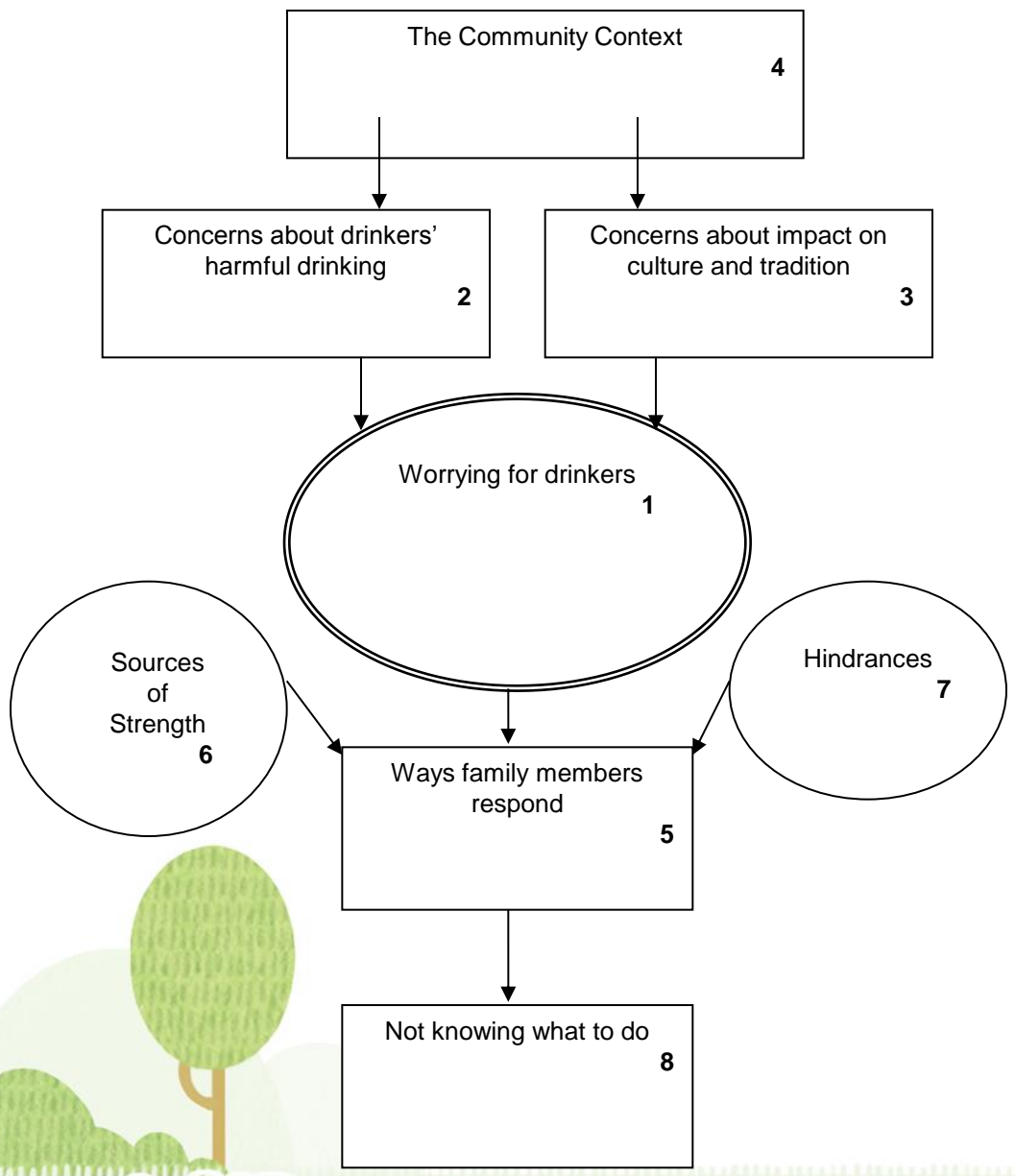
- Demographic and statistical profile of whanau (families)
- Maori women and role in whanau development
- Traditional knowledge driving contemporary development
- Role and status of Maori language and knowledge in economic development

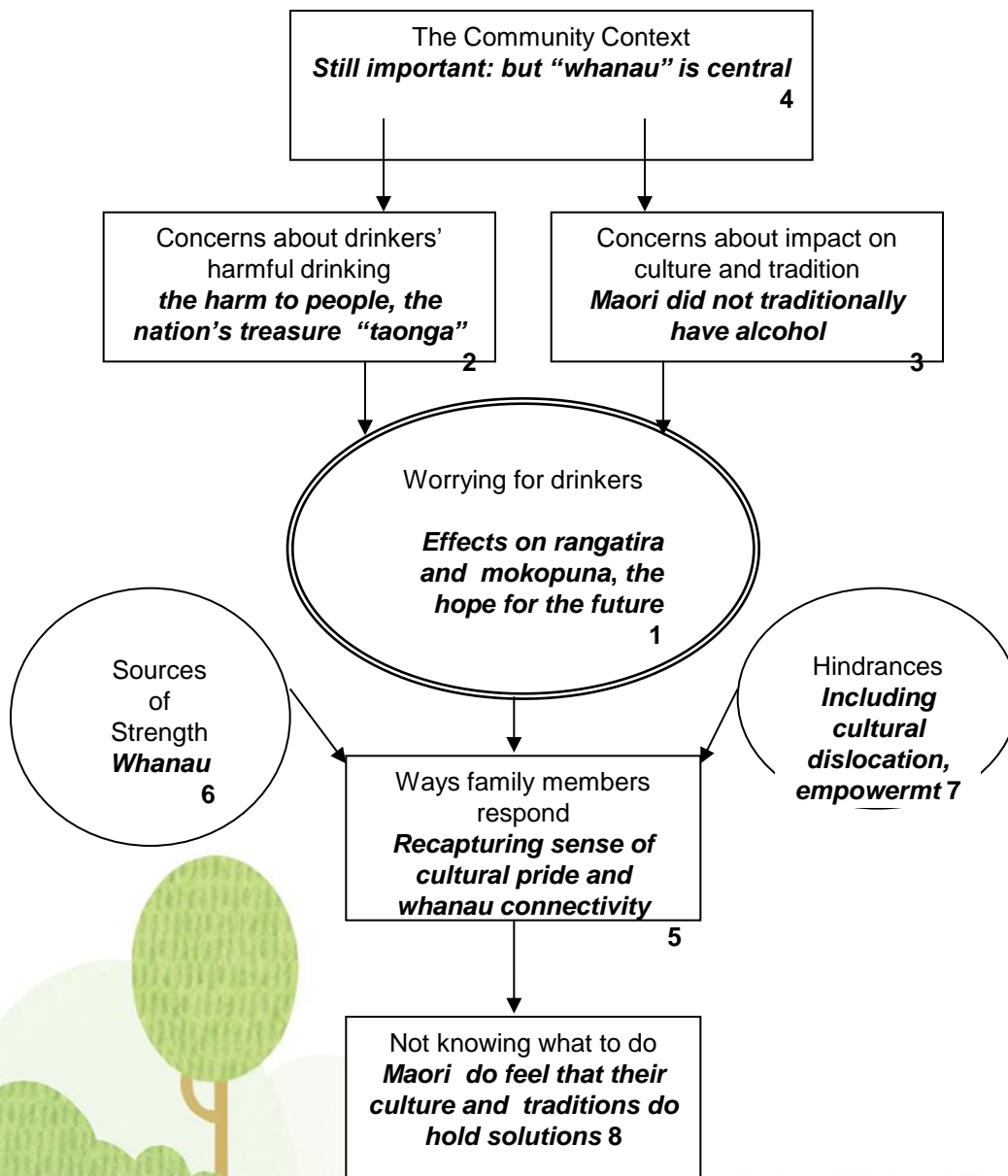


# Engagement with the NZ population

- Asian
- Pacific
- Migrant
- Maori
- “mainstream” – *becoming marginalised as others were, historically.*
- Multi-ethnic identity

FIGURE 2 From Velleman et al 2000 report "Worrying for drinkers in the family"





# Aus vs NZ Families response

Minimising, Making allowances, Turning away, carrying on

Talking and telling

Limiting

Protecting

Refusing

Avoiding, moving and Escaping

Getting a new and better  
life

Acceptance



# Differences between sociocultural groups (1)\*

Harmful drinking tends to be much more public in Australian Aboriginal communities. **True visibility in NZ is via negative statistics**

Harmful drinking is much more of a local community matter for Aboriginal people.

## **True**

Problems associated with alcohol are seen as the result of something that has been introduced into the culture and is therefore foreign (although this is similar to the way that problems associated with drugs are described within English culture). **True** Aboriginal group drinking is much more likely to be conducted publicly and close to the participants, even in their homes without their involvement or permission. +/- Culture is far more focused on family obligations (a greater contrast with England than with Mexico). **True**

Feeling responsible for responding to harmful drinking is shared more widely within the extended family. **True – in context of the investment in future human potential** Family members are aware of more members of their own and other families who are excessive drinkers (again a greater contrast with England than with Mexico). +/- Family members themselves are very likely to be total abstainers and many of these have been heavy drinkers in the past. **True –or never started**

Alcohol-related violence and particularly its extent, the severity of resulting physical injury, and the extent to which it was publicly visible, is more regularly mentioned as a source of concern. **National tendency to frame it as a cultural problem**

**\*Velleman et al 2000 Australian report**

# Differences between sociocultural groups (2)

Harmful impact of drinking on children is also more regularly mentioned.

**Very important consideration**

Talking and telling is more prominent as a way of responding to drinkers.

+/-

Moving and escaping, often associated with general betterment, is also more prominent. **Partly true**

Praying, often shared, and support from the church, is more often mentioned (religion is also very important in Mexico, where praying as a coping method, and receiving help from a priest were commonly reported). **Not a strong feature for Maori but true for Pacific peoples**

Contact with the police and night patrol (which only exist in rural areas) are more often mentioned. **Parallel is Maori warden system and kaumatua concept**

Traditional cultural rituals and pursuits are more prominently mentioned, both as victims of harmful drinking and as possible antidotes. **True.**

**Alcohol-free and smoke free Marae.**

There are more hindrances in the way of consensual coping as a result of specific, traditional family member obligations, rules about who should and who should not intervene, and inter-family rivalries. +/-

There seems to be more cultural acceptance of drinkers' behaviour and continuing drinking, and of the responsibilities of the Aboriginal family member to look after the drinker in some way. **The converse- a cultural outrage that this should be framed as part of Maori culture.**



# Another research translocation example (in brief)

- Restorative justice
- Family court meetings
- Worked well in NZ, has not translocated as successfully into UK society
- Respect for elders and shame on family intrinsic to Maori and Pacific communities (matriarchal)

# Considerations

- Ownership of process
- Partnership
- 'Doing to' Maori – replicating colonialism
- What has not worked before
- Research that is relevant to the recipients of services
- Who benefits from this activity?
- Maintaining cultural integrity



# Acknowledgements

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