10

Capacity and Resilience

The tendency of health and human service professionals and governments to focus on the perceived deficits rather than on the strengths of various groups has been evident throughout America's history. A cultural safety approach requires a reorientation—from positioning certain populations as problematic to focusing on strengths, capacity and resilience. Such a reorientation also fits well with the principles of primary health care (PHC) and community psychology.

This chapter explores the potential for success in health and social outcomes that can be achieved from a simple change in view, while also maintaining the stance that improvement in the health of all sectors of the community is everyone's responsibility.

Chapter Objectives

After completing this chapter, you should be able to:

- define and critically analyze the concepts of capacity, resilience, cultural vitality, and strengths-based models

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- examine the role of capacity and resilience in achieving improved health outcomes for all
- identify assumptions, beliefs, and attitudes that overlook or diminish capacity and resilience
- analyze the role of health and human service professionals in supporting individuals and groups' capacity and resilience.

Concepts: Capacity, Resilience, Cultural Vitality

While 'health' is often couched in terms of ill-health, injury, or disease, at the same time, many government departments, funding agencies, and organizations claim to focus on *building capacity* in communities when it comes to marginalized or vulnerable populations. Let's look at this terminology. What does this say to health professionals to talk about *building* capacity? It implies certain populations are without capacity or resilience and that this needs to be provided by those external bodies who are seemingly more 'capable'.

We are not suggesting that there is not a role for supporting or promoting capacity and resilience. But as with much already discussed, it is the way something is done that determines the cultural safety of an approach. Most programs and services in the U.S. today are developed and delivered by departments and organizations that may not be representative of the client groups. While it may be quicker and easier and likely cheaper for a 'remote bureaucrat' to develop a program or service that will then be delivered or 'rolled out' across the country—the inequalities between population groups suggest that this approach is not working. One of the reasons why this approach may not work is that the people who are affected by these programs and services (for example, as service users) have often not had any contribution to the development of those programs. Capacity building is partly about providing the opportunities and spaces for recipients of targeted programs to participate in, contribute to and manage programs and services for themselves.

Empowerment can be defined as a multilevel construct that involves people assuming control and mastery over their lives in the context

of their social and political environment. It can also be described as a social action process that promotes participation of people, organizations, and communities toward the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice (Wallerstein, 1992, p. 198). Empowerment may also mean handing over control to an outside organization, which can seem contradictory. If we look at the example of residential schools for Native Americans, children were forced to attend, the community was disempowered and divided, and many suffered ongoing trauma as a result. Today, however, it may well be an empowered act for families to choose to send their children to a boarding school as an option that other Americans might also make for their children. The key word is 'choose'. Cultural safety, as noted, is about not assuming what someone will or won't do on the basis of some preconceived idea or stereotype. It is about talking with people and decolonizing our approaches to ensure the client is empowered and, in a position, to make an informed choice.

Resilience is a concept that relates to the ability of some people to 'bounce back' from difficult situations. Resilience is positive adaptation despite significant adversity (Luthar, 2003). It is a concept that is often used in relation to children. The idea of finding out what makes some kids do well, even in high-risk environments such as abusive families or poverty, is that if we know what makes some people resilient, then we can use that to help others to be more resilient as well. 'Resilience is not a feature of children, but a process that involves interactions between attributes of children, their families, neighborhoods and wider social and cultural environments' (Lalonde, 2006, p. 54).

As with the concept of 'capacity', there are some critiques of the concept of resilience. The major critique is when resilience is thought of as a trait of certain people. It is important to remember that if we think of resilience as some *thing* inside certain people—that you either *have* it or you don't—then the usefulness of the concept is really questionable. What do we do to help people who are in difficult circumstances if they don't *have* resilience? We can then victim blame people for not being resilient enough.

One very helpful analogy of resilience is that of a tennis ball. If you throw a tennis ball against a wall, it bounces back. Life adversities are like

the tennis ball being thrown against a wall. Resilience is the bouncing back. But if you were to video that tennis ball in slow motion to see what happens to it when it hits the wall, you would see that hitting the wall distorts the ball—adversity has effects, even if you cannot necessarily tell by looking at the ball later. But if you kept throwing that ball against the wall, over and over and over again, it would eventually stop bouncing back—it would lose its resilience. Or, you might think of a ball that never had a good bounce, a ball that maybe just wasn't 'resilient'. Much of the research focuses on the bounciness—the resilience—but some have argued that we should stop focusing so much on the resilience and, instead, stop throwing balls against the wall. That is, our focus should rather be on reducing adversity or causing distress, as discussed in the Determinants chapter.

Others suggest resilience can and should be taught. The response of people to COVID-19 has really tested the resilience of individuals and groups to adapt and move forward. We have had to adapt to new ways of working, new ways of engaging with others, and new ways of providing services. Resilience does not preclude us from experiencing certain emotions such as frustration, grief, or anger, but it does equip people to manage their responses in a healthy way. According to Dvorsky, et al. (2020):

> The coronavirus disease 2019 (COVID-19) pandemic presents tremendous challenges to child and adolescent health. It is expected that the COVID-19 crisis, including the disease and prolonged social distancing, will have a major impact on youth well-being… Schools are closed, businesses are shuttered, and families are adjusting to 24/7 interaction, while caregivers simultaneously navigate parenting, financial, and professional challenges and uncertainties…Risk is real and warrants attention. And yet a sole focus on risk will miss resilience processes that can advance science, services, education, and policy aimed at understanding how children and adolescents respond to crisis.

Masten (2001) cites research that shows:

> The study of resilience in development has overturned many negative assumptions and deficit-focused models about children growing up under

the threat of disadvantage and adversity. The most surprising conclusion emerging from studies of these children is the ordinariness of resilience… that resilience is common and that it usually arises from the normative functions of human adaptational systems, with the greatest threats to human development being those that compromise these protective systems.

Poem

Read the following poem from the perspective of what was just learned about capacity and resilience. Note: this poem contains language that some readers may find offensive.

Eyewitness, by Whisper Young

And the hood remains calm
Ain't no fear up in here
We see bullshit whether or not it's election year
We've come to accept it
There's no antiseptic
For our open wounds no matter who gets elected
Knowin' that the real muthafuckin'
Weapons of mass destruction
Look like soap chips
Make you run fast with someone else's merchandise in a tight grip
Sportin' seven coats and fashionably white lips
Yet the hood remains calm
Despite the sparks in the dark
Gettin' shot through the heart
Unafraid
Of Ak
Spray
Shots blown
You make sure our homes
Are in war zones
So our daughters and sons
Learn early on to duck and run
From guns
Only the hood die young, Homies
Just sometimes it's in them tired ass away jerseys
Oops 'scuse me please
I meant to say fatigues
The only things not camouflaged by the tan and or green
Are the words in black
On the back
That scream out MURDER ME PLEASE
Yet the hood remains calm
'Cause it was gonna happen anyway
Maybe in the park where the children play
Maybe in his doorway
While he was slowly reaching for his wallet
Maybe in the crack house, maybe in the project
So everything is solid
We ain't gettin' brolic
We been knew y'all gubment muhfukkas had some fucked up logic

So the hood remains calm
Without hesitation
Despite the frustration
We know the type of odds we facin'
That this shit right here ain't nothin' but a big ass plantation
Where you work our men to death
Then stand over them with a mason jar just collect their last breath
Take away right action
So we comprise less of the educated fraction
Become less of a faction
When we prosper, your only reaction
Is to pray and pray for our muhfukkin' destruction and downfall
But without us, who the hell y'all gone call
To build and make innovations for y'all
Bet I got you scared as Y2k now
'Cause if the darkies really left town
All your shit would shut the fuck down
Yet the hood remains calm
Watchin' the same television
You use to exploit our women
We not pretendin'
We don't see that shit
We're just immune to it
It don't botha us
We've developed a tolerance
You've been doin' the same shit since the beginning
Raping the sistahs in front of their men
Can't hear the screams or cries 'cause still
We do it by our own compromised will
And part of what makes us strong Goddesses
Is being their daughters, sisters, mothers, and lovers
So the hood remains calm
We defy
Despite your attempts to deny us
We remain survivors despite your attempts to ride us
And make us feel worthless
When you presented Ms. Berry with a gold statuette
The hood was not impressed
You shouldah been
Let our asses in
How about you get yo' ass in a time machine and do a backspin
Give a few to Ms. Mammy Johnson, a few to Ms. Dandridge, a few to Ms. Cicely Tyson
Then maybe my friends we could make amends
'Cause by the time Halle found Isaiah she should've already had about four or five of them
Been one of dem
Bond women
Before she was Queen she was a Goddess
Before she had a frolic
Even when we only seen her movies down in the projects
But to be honest
We recognize that
If her
Lips were a lil' thicker
Her skin wasn't lighter
And her nose was wider
You'd still love her less
Yet
The hood remains calm
Like Buddhist monks
With junk in the trunk, giving monster dunks, while eatin' free lunch with gold fronts

To protect our brothas from being killed
Despite the way that makes us all feel
Now we can't stand one anotha
Fed the bullshit that we must be liberated from our brothas
'Cause they're the only ones that choose to use and abuse us
So now between the sexes we have no trust
Runnin' a race to eliminate
Due to self hate
'Cause our brothas were made to care for, love and protect us
After all, y'all the ones that's really fucked up in the mind

Walking roun' blind
With no spines
It's more of us, plus we stay on the grind
We been facin' a war not waitin' for one to come
So we can run
And when it's all said and done
After all the bullshit you put on us to stop our lives
While we yet continue to reject demise
Who you think gone survive as the end approaches
Muhfukka us…and the cockroaches
So the hood remains calm…the hood remains calm…the hood remains calm

Critical Thinking

- What might the author of *Eyewitness* be talking about when she writes 'the hood remains calm'?
- What are some ways that resilience or courage are demonstrated?
- Did you notice the comparison she makes between gun violence in communities, team sports, and the military? What do these have in common?
- In what ways is the past interwoven with the present in this poem? How does that relate to our discussions of the impact of history and colonialism?

Cultural Vitality

Discussions of health can often distort the ways in which certain groups are perceived. While it may be a statistical reality that some populations live shorter and generally sicker lives, their capacity and strengths in adapting and responding to traumatic or challenging events are rarely examined. Furthermore, capacity and strength are rarely harnessed or identified by health and human services professionals as a valuable tool in addressing health inequities or in reorienting the thinking even further to promote health equity.

Cultural vitality has been defined as 'the emotional strength, the spirit, the essence of people who strive and struggle to maintain strong identity and adapt to new and challenging environments, while they value and pass on distinctive cultural beliefs, practices and life ways' (Eckermann et al., 2010, p. 99). In the concept of cultural vitality, the active and proactive adaptation of culture is assumed and valued, rather than 'culture' being seen as a static, idealized 'given' that needs to be 'gone back to'. This concept of cultural vitality suggests that health professionals need to consider the dynamic process of culture in relation to clients. Rather than focusing on the damage of colonization or the current 'problems' affecting communities, acknowledge and recognize the impact, but also acknowledge the innovative, creative and resourceful ways that people and their communities can, and have, responded.

Role of Health and Human Services Professionals

As we have mentioned frequently throughout this text, health and human services professionals are often in a position of power to influence clients in their care. That power can be used to facilitate empowerment and to build on resilience and accommodate capacity, rather than disempowering or focusing on deficits. In the clinical setting, it is easy for professionals to assume positions of great importance within communities and establish themselves as key to programs and activities linked to their service. However, the real achievement of any professional may be

seen when programs and activities operate without their input. This is not to say that professionals have no role, but that the role is to promote self-reliance and capacity.

Readings

Below are a number of academic articles relating to capacity and resilience.

Teufel-Shone, N. I., Tippens, J. A., McCrary, H. C., Ehiri, J. E., & Sanderson, P. R. (2018). Resilience in American Indian and Alaska native public health: An underexplored framework. *American Journal of Health Promotion, 32*(2), 274–281. https://doi.org/10.1177/0890117116664708.

Hodge, F. S., Pasqua, A., Marquez, C.A., & Geishirt-Cantrell, B. (2002). Utilizing traditional storytelling to promote wellness in American Indian communities. *Journal of Transcultural Nursing, 13*(1), 6–11.

Struthers, R. (2003). The artistry and ability of traditional women healers. *Health Care Women International, 24*(4), 340–354.

Ungar, M. (2012). Researching and theorizing resilience across cultures and contexts. *Preventive Medicine, 55*(5), 387–389.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1), 1–17.

Jurjonas, M., & Seekamp, E. (2018). Rural coastal community resilience: Assessing a framework in eastern North Carolina. *Ocean & Coastal Management, 162,* 137–150. ISSN 0964-5691. https://doi.org/10.1016/j.ocecoaman.2017.10.010.

The Jurjonas and Seekamp (2018) reading suggests that attributes of resilience should be considered in the development of health interventions. Attention to collective resilience is recommended to leverage existing assets in American Indian and Alaska Native communities.

Much of the literature from the health psychology domain focuses on stress and coping, trauma and trauma therapy. There are various schools of thought on these approaches and what is more or less beneficial. What would you find more helpful in dealing with a critical experience? There is a view that reinforcing the idea of being traumatized can add

to the trauma rather than help deal with it. Others suggest the critical need to validate traumatic events. A focus on capacity, resilience, or vitality should not prevent acknowledgment of trauma, but rather harness individuals' or groups' strengths to deal with their experiences.

Trauma-informed care is a growing approach that, far from reinforcing trauma, requires professionals to recognize the impact of traumatic experiences on their clients, just as cultural safety requires sensitivity to and recognition of their unique needs. 'Patients with a history of traumatic life events can become distressed or re-traumatized as the result of healthcare experiences. These patients can benefit from trauma-informed care that is sensitive to their unique needs' (Reeves, 2015, p. 698).

Scenario

2021 marked the 76th anniversary of the end of the Holocaust for Jewish people. Olga Horak was one of the last survivors of Auschwitz, the Nazi Concentration camp where the murder of over a million people took place during World War II. Concentration camps forcibly contained those that the Nazi regime targeted on the basis of religion, ethnicity, sexual orientation, disability, or political beliefs. In a television interview, Olga said in response to the idea of 'getting over the past': 'People say, 'Live for the future, don't live in the past'. But I don't live in the past … the past lives in *me*' (The Project, 2 February 2021).

In the History chapter we looked at how the past influences the present and the future. What other examples can you think of where a client's past *lives in them*?

How might this affect someone's health-seeking behaviors?

What are some ways that people may respond to different experiences in health care?

What can you do as a health professional to recognize their capacity, resilience, and cultural vitality?

Scenario
In one particular town, gun violence was recognized as a major issue that health and other authorities wanted to address. A staff member of a human services agency set up a program to tackle gun violence, hoping the community members would engage, but was disappointed when nobody came. She began telling anyone who would listen, 'but *they* need this program!' There had been community meetings beforehand, at which the staff member believed they had an agreement with the community. The staff member concluded in a jaded way, 'they just aren't interested in helping themselves'.

- What might have influenced the failure of people to engage, even though they agreed it was important?
- What is it called when someone talks in terms of '*they* don't do this; *they* don't do that'. Where have the professionals positioned themselves relative to the community?

Some weeks later, the staff member met a young mother and asked her why she didn't come to the Gun Violence program when she had been someone who agreed it was important for her community. She responded that she would have liked to attend but had no transport and no one to look after her children because the program was to be held in the evening.

- How could this program have been managed differently?
- What other strategies could be used to harness the capacity and resilience of the community? Think about multipronged approaches and strategies. Could she engage the mother to talk to others in her area, for example? The professional in this case could be more of a facilitator of engagement rather than have the project rely on them.

Changing the Discourse

Much of the literature related to certain groups presents a bleak picture, and this is justifiable as long as we have disparities. Many groups are frequently and historically referred to in terms of their perceived deficits, disadvantages and what is believed to be lacking. It is our contention that deficits, disadvantages, and lacking therefore inevitably become the

'norm'. When the dominant discourse confirms this view, it becomes almost an unchallenged 'truth' that often goes without critique.

As health and human services professionals, it may therefore be useful to challenge current and past discourses or ways of talking about and framing the issues. If individuals and organizations can begin unpacking their own histories and constructions of certain groups, then it may be possible to develop new and more hopeful discourses. Consider the article, 'The social determinants of being an Indigenous non-smoker' (Thomas et al., 2008). These researchers specifically focus on the variables associated with being a nonsmoker, rather than on being a smoker, to change the emphasis to those of resilience and wellness rather than of deficit and illness. Think back to the chapter on Consuming Research. How much research is usually focused on negatives rather than examining the conditions that support individuals and groups to avoid high-risk health behaviors?

Scenario

A small rural community had a problem with youth misusing substances. A community nurse tried to engage those youth in having health checks so set up a night of movies, burgers, and milkshakes to encourage their attendance, which worked well for a number of weeks. After a month, however, youth who had not been engaged in misusing substances began to pretend that they were so they too could get free burgers and a movie.

- What do you think had happened?
- What unintended message was being given by the health professional to those that did not misuse substances?
- How could this have been done differently?

Rather than target those who succumbed to substance misuse, there may have been an opportunity to engage those youth who didn't misuse substances to involve them in the program as peer mentors or role models. It is a necessary skill for professionals to examine what might be an unintended message in their approach. For those youth who did not misuse substances, the unintended message was that there was a 'reward' for engaging in harmful activities. You got attention.

There has been a small but increasing call for reorienting the language around health in other parts of the world. Now may be a tipping point in the way U.S. citizens, and health and human services professionals, in particular, construct and choose to talk about individuals and communities. Obviously, we need to do more than simply change the words we use, and we are not suggesting that the solutions are found only in the language we use. But as the issues of identity and labelling have indicated, how we choose to talk about people—any people—reveals much about our underlying thoughts, attitudes, and beliefs. We suggest that unless there is a dominant culture change in the discourses of inherent disadvantage and deficit, health will remain constrained by low expectations and 'truths' that create outcomes contrary to what is desired—that is, equitable health for all Americans.

Forgiveness and Reconciliation

Throughout this book, we have learned about many forms of harm and violence inflicted on people, their families, and communities. These harms can be expressed through us in our behaviors and in the form of various illnesses, whether mental, emotional, or physical. While a great deal of effort goes toward healing in the form of medical and health services or through social or mental health services, less effort has gone into forgiveness and reconciliation work. While this kind of work may formerly have been viewed as withing the domain of religious or spiritual approaches, there is a growing interest and body of scholarly work advocating for reconciliation or forgiveness as ways to heal.

Video
Watch the following video about one man's way of dealing with his mother's murder at the hands of his father.

https://www.youtube.com/watch?v=wPddhhNcXHw. Accessed July 7, 2021 and the title is: Son forgives father 32 years after watching him kill his mother.

What do you think of forgiveness as a form of capacity and resilience?

How might reconciliation or forgiveness work become more a part of culturally safe health and human services practice?

Making It Local

Can you find examples of inspirational people or community groups that demonstrate resilience, capacity, and/or cultural vitality in your state or local area? What are the specific traits or attributes that make them inspirational?

How might you harness these strengths in your practice with clients who may be facing major health challenges?

Traditional Knowledges

Far too often, Indigenous peoples, Black Americans, and other people in the U.S. are positioned as in need of help and education. From the chapter on History, we discussed how many of the health problems facing people today can be directly linked to the radical change in circumstances brought about by the experiences of colonization. Prior to the arrival of Europeans, Indigenous Peoples and Black Americans, forced from their homelands, had their own medicinal knowledge, doctors, midwives, societal laws for reducing risk of ill-health and injury, and diets that were balanced and energy efficient. This knowledge is still accessible although undoubtedly there has been considerable loss of teachers and holders of some of this knowledge. It is not our place as non-Indigenous authors to present others' intellectual property. There are excellent publications and resources produced by Indigenous communities that we encourage readers to explore. For our purposes, however, look at the following scenario and reflect on your responses to it.

Scenario

Nancy had a serious diabetic ulcer on her foot that would not heal. Doctors advised her that she would need a partial amputation. Many people in the health care teams talked with her about the need to amputate, but Nancy just smiled at them and said there was no need. The health team initially felt Nancy was in denial about her own health. However, when they spoke further with Nancy, they found out she came from a long line of traditional healers. Nancy had decided to try a traditional medicine, applying a thick paste of a compound made from local plants around her community. Many people, including family members, continued to encourage Nancy to have the operation recommended by the doctors, because they had seen other family members pass away from sepsis from diabetic ulcers. Several years later Nancy still has her foot, and the ulcer has completely healed. She attributes it not only to the traditional medicine itself, but also to her unwavering belief in her own cultural knowledge.

- What does this scenario say about the strengths and/or limitations of western medicine?
- Why are traditional medicines not researched and used more widely?
- How would you have responded to Nancy when she informed you that she wanted to delay surgery to try her own treatment?

We are not suggesting that the outcome would be the same for everyone, although pharmaceutical companies have been trying to access rights and intellectual property from Indigenous peoples globally for a long time. What we are suggesting is that Western medicine does not always hold all the answers and we should be open to other knowledges. Also, the link between mind and body has been well established. Nancy's belief in her medicines is no different or less valid than belief in Western medications and treatments.

Professionals, when being mindful of power differentials with clients, may find better job satisfaction and improved engagement when approaching their practice as partners rather than authorities. For some professionals, there can be a hostile reaction to individuals who may have found information about their health issue in a 'Google search'. Rather than being threatened or affronted by someone having done

some pre-reading, a culturally safe approach would involve recognizing the client's capacity to seek out information, including alternative viewpoints. Professionals have an opportunity in such a situation to check the client's understanding, the quality of the information they obtained and to engage in dialogue that doesn't diminish their fears or anxieties. 'Tell me what you've read and let's talk about it…' rather than 'Look, I'm the expert here'.

Activity

Read the following poem on one person's way of dealing with historical trauma.

Poem

Stretch marks, By Whisper Young

So she asked me about my stretch marks and I told her baby girl these are from carrying greatness
And when you're compressing coal into diamonds it's more than blatant
That the epidermis isn't granted much patience
See you? You're to be the cure for hatred
Why my body purged mine till shaken
As you grew till my ankles became swollen and I felt my back was literally breaking
So I stretched till the abdominal aesthetics of an athletic lifetime were depleted
So I stretched till my crown was fully polished and my nurturing gardens were fully weeded
I stretched until my perfect frame was deleted
My selfishness was superseded
Wisdom gathered and heeded
Young Queen you were the best thing I never knew I needed
More precious than the most ancient Egyptian jewel
Too serious for scholars to master in the most Ivy League of schools
You were my cargo and I needed to carry you like the wisdom of a centennial
I was required to carry you like
Mothers with bleeding feet carrying their bundles by starlight
Refusing to allow chattel slavery to be a part of their children's birthright
Like
Yeshua carried his cross through the streets to give up his own life
For his persecutors despite
Child
You are the Ancestor's smile
Why they held their peace, all the while being reviled
The reason for their determination
The Most High's presentation
Of answers to the prayers and supplication of all of creation

What many never got to see 'pon this earth but more than hoped for
Why they knew their return to greatness was more than folklore
You are royalty and so much more
And I stretched because EVERYTHING great The Most High ever breathed was packaged in
Ancestors from many nations in addition to African
See these are the marks caused by the rebirthing of champions
When they leave behind the heavenly crossing over to this life these are their footprints
A reminder of the duties of birthing magnificence
So I stretched
And stretched
And stretched
And I'll stretch even more to raise it
Stretch marks….

Reflection

- In what ways does the *Stretch Marks* poem illustrate capacity and resilience?
- How does the author illustrate transgenerational suffering and traumas? How do these traumas become 'embodied'?
- Through this poem, what is the purpose of the suffering?

PTSD, or Post-Traumatic Stress Disorder, is a psychiatric diagnosis for a range of symptoms that can occur following a traumatic event such as nightmares, frequent thinking about the event, irritability, difficulty concentrating, etc. Researchers identified that many people who experience traumatic events or experiences can also develop a range of positive, or life-enhancing 'symptoms', such as improved relationships, feelings of radical acceptance, an overall transformation in one's sense of purpose, a greater enthusiasm and interest in life and others, and a deeper sense of spirituality or oneness with the world. This is called Post-Traumatic Growth.

How do the concepts of PTSD and Post-Traumatic Growth relate to the deficits-based approaches versus the strengths-based perspective? How do these ideas relate to capacity and resilience?

In a similar vein, mental health researchers and professionals have explored reducing the deficit focus of Western biomedical and psychiatric

approaches to mental illness. The Power Threat Meaning Framework was developed as an alternative approach to trauma or 'threats'.

> The Framework… looks at how we make sense of these experiences and how messages from wider society can increase our feelings of shame, self-blame, isolation, fear and guilt.
>
> The approach of the Framework is summarized in four questions that can apply to individuals, families or social groups:
>
> 1. What has happened to you? (How is power operating in your life?)
> 2. How did it affect you? (What kind of threats does this pose?)
> 3. What sense did you make of it? (What is the meaning of these situations and experiences to you?)
> 4. What did you have to do to survive? (What kinds of threat responses are you using?)
>
> Two further questions help us think about what skills and resources people might have and how they might pull all these ideas and responses together into a personal narrative or story:
>
> 1. What are your strengths? (What access to Power resources do you have?)
> 2. What is your story? (How does all this fit together?) (The British Psychological Society, n.d.).

Success Stories

One of the best ways to obtain an idea of capacity and resilience is to look at a few 'success stories'—programs that have been initiated by or have involved the intended participants. In this short video, First Nations people talk about 'How Bison Restoration Seeks to Heal the Quapaw Nation'. https://www.youtube.com/watch?v=E5fQBV0FWCM.

This video starts with the premise: 'Their resilience is our resilience' and goes on to describe the symbiotic relationship with the buffalo as necessary to restore the health of land, and people. It also debunks the myth of people 'losing' their culture. 'Our tribes aren't dying. We're contemporary, we're here…' There is pride in continuing cultural vitality and sharing knowledge.

In watching the video in full, you will also see further examples of the dispossession and decimation of the Quapaw peoples who were forcibly removed from what is now Arkansas and relocated to land that was thought to be worthless but later found to be rich in ore. However, the colonization of the Quapaw was far from over, when the U.S. Bureau of Indian Affairs tried to bypass legalities and allowed external interests to profit from the ore, leaving decades of toxic waste. In 1993, 34% of children had lead levels above Federal limits. The Quapaw are the only tribe now to receive funding from the Environmental Protection Agency (EPA) to clean up. Now under a policy of self-determination and self-government, the Quapaw have determined that the buffalo are necessary to help remediate land, acknowledging that they are 'all we have left, all we have been able to hang onto'.

- How would you respond to someone who told you that their well-being was tied to the existence of bison?
- What principles of cultural safety are evident in this approach to health promotion?

Cultural sensitivity, a precursor to cultural safety suggests that we may not hold the same beliefs as those we engage with, but that we need to respect the right to hold differing beliefs. Often it is not as different as might be imagined. What role does the buffalo play environmentally? How do they differ from domestic cattle?

Think about your own health beliefs? Revisit your own definition of health. What do you practice that is reflective of your own culture that may be health-promoting or enhancing?

Websites

Below are two websites that illustrate strength-based approaches for building community capacity and resilience:

Forward Promise. This is an approach to promoting the health of boys and young men of color. https://forwardpromise.org/.

Qungasvik Toolbox: A toolbox for promoting youth sobriety and reasons for living in Yup'ik/Cup'ik communities. https://www.sprc.org/

resources-programs/qungasvik-toolbox-toolbox-promoting-youth-sobriety-reasons-smyliving-yup%E2%80%99ik-cup%E2%80%99ik.
http://www.qungasvik.org/preview/.

Note here the language choice in the title of this resource. Rather than calling this a suicide prevention resource, they use a more positive description by 'promoting youth sobriety' and 'reasons for living'.

Black Lives Matter

Before looking at the Black Lives Matter website, jot down some ideas, perhaps even experiences, you have about the Black Lives Matter organization and movement. Write down what you think you know about the movement, the organization, who started it, what it stands for, etc. Now, look at the Black Lives Matter website: https://blacklivesmatter.com/about/. How did your notes before looking at the website, compare with what you learned?

There has been considerable controversy about the organization and the intent behind the Black Lives Matter organization. Read the information on the website. What does it mean to say Black Lives Matter? There are some who have taken this to mean that Black lives matter *more* than other people's lives. It's perhaps easier for some to play word games than to acknowledge what is actually a plea for people to care about a group that has historically been dehumanized and killed without consequence. Saying Black Lives Matter, means they matter *too*, that they should matter as much as any other life. Talking about maternal deaths in Black populations does not mean no other maternal deaths matter or discussing Veteran health does not negate the need for other groups to have their health care needs recognized. Why then might there be such an extreme response to this maxim? Critique the information provided on the website and consider how the idea of Black Lives Matter relates to cultural safety.

Making It Local

- What are local people in your area doing for the health and well-being for themselves and their community?
- What key elements can you identify that might contribute to these successes?

Conclusion

Harnessing strengths rather than focusing on perceived deficits is more likely to achieve the goals of empowerment and self-reliance required of a cultural safety approach. There are many positive examples that could be shared nationally. The projects described in this chapter illustrate some of the outcomes that are possible when the discourse is reoriented away from deficits to a focus on strengths and capacity.

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