

Yarning as an Interview Method for Non-Indigenous Clinicians and Health Researchers

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Abstract

In this article, we discuss the origins, epistemology, and forms of Yarning as derived from the literature, and its use in research and clinical contexts. Drawing on three Yarns, the article addresses the extent to which non-Indigenous researchers and clinicians rightfully use and adapt this information-gathering method, or alternatively, may engage in yet another form of what can be described as post-colonialist behavior. Furthermore, we argue that while non-Indigenous researchers can use Yarning as an interview technique, this does not necessarily mean they engage in Indigenous methodologies. As we note, respectfully interviewing Aboriginal and Torres Strait Islander peoples can be a challenge for non-Indigenous researchers. The difficulties go beyond differences in language to reveal radically different expectations about how relationships shape information giving. Yarning as a method for addressing cross-cultural clinical and research differences goes some way to ameliorating these barriers, but also highlights the post-colonial tensions.

Keywords

Yarning; aboriginal and Torres Strait Islanders; clinicians; researchers; methods; qualitative; Australia

Introduction

Effective cross-cultural communication within a post-colonial context can be fraught with cultural misunderstandings for Australian non-Indigenous service workers. This is particularly so for clinicians and researchers who wish to uncover complex information or to ensure Aboriginal and Torres Strait Islander peoples have access to health-promoting practices. Establishing open channels of communication can be difficult, given interactional styles are culturally constructed, and within service organizations often bound by highly bureaucratic protocols that may work against the client. One approach increasingly being used by non-Indigenous researchers and clinicians in Australia is the method of Yarning (Bessarab & Ng'andu, 2010). Yarning is seen as an appropriate method as it sits comfortably with Aboriginal and Torres Strait Islander approaches to knowledge exchange and establishing shared understandings. It also provides a vehicle for social interaction prior to research or clinical activities, and for illuminating the Aboriginal and Torres Strait Islander person's voice (Geia et al., 2013). Part of its appeal comes from the use of storytelling in the conversation as a mechanism for individuals to provide information (Bessarab & Ng'andu, 2010; Geia et al., 2013).

In this article, we will discuss some of the historical and theoretical underpinnings of Yarning as an Indigenous-inspired research methodology, along with seven forms of Yarning and associated methods. Western understandings of narrative and story are drawn on to illuminate the method and situate it within other methodological approaches (Polkinghorne, 1991; Tachine et al., 2016). Three brief vignettes illustrating the strength of the methodology and method are used to raise ethical questions about how, and whether non-Indigenous researchers might use the approach. These

questions touch on the capacity of Yarning to create a relational space with differences in expectations between the Indigenous “subject” and the researcher/clinician. The rationale for this discussion arises from the fact that Yarning is an attempt to challenge the post-colonial context and is part of the development of Indigenous methodologies (Birks et al., 2019; Hartmann et al., 2019). The term Indigenous peoples is used throughout the article to capture the many nations that make up the Aboriginal and Torres Strait Islander peoples in Australia and in line with Bessarab and Ng’andu’s original article (Bessarab & Ng’andu, 2010).

Yarning History and Epistemology

The origins of Yarning derive from Indigenous ways of communicating through storytelling or narrative. Its use as a method for research and subsequent development into a clinical and therapeutic tool derives from the work of Bessarab and Ng’andu (2010) who simultaneously drew on their Australian and Botswanan Indigenous heritages to develop the approach. The method has been extensively taken up by non-Indigenous research scholars and clinicians as an effective approach to knowledge sharing and clinical diagnosis (Heart Foundation, 2019; Lin et al., 2016).

One of the difficulties for non-Indigenous researchers employing Yarning as an interview tool is in the Western colloquial understanding of the term Yarn or Yarning. To spin a Yarn is to tell a story with exaggeration. In some contexts, it can refer to telling a lie (Merriam-Webster, 2019). This is not how it is conceptualized in the Indigenous context, where it is aligned with the oral traditions of revealing truth through storytelling or the weaving of narrative to convey meaning or to provide an interpretation or explanation of events, beliefs, emotions, or behaviors (Bessarab & Ng’andu, 2010).

The use of story within the Yarn goes to the ontological heart of this approach and explains why at times it may spill over into the therapeutic. Stories, as a cognitive process, offer a vehicle for situating the self in time with a history and with clear and rational explanations for who and why one is in the present. Narrative enables the individual to develop the plot and to make meaning out of the sequence of events in one’s life. Telling a story differs from alternative cognitive structures governing self-identity such as when an individual may define themselves in terms of a role (father), or other characteristics (I am tall, an Aboriginal). Polkinghorne refers to cognitive constructions of the self-characteristics as essentialist and typical of the Western framing of identity. For many

Indigenous peoples, the oral tradition takes precedence; narrative is used more often to distinguish the self and who I am from others into a meaningful gestalt providing story, plot, and temporal thickness (Polkinghorne, 1991). It is also deeply relational as well as recognizing that while the self has persistence over time, there are events and histories that bring about transitions (Chandler et al., 2004; Tachine et al., 2016).

Yarning is the two-way interaction with careful listening and questioning to elicit the story that makes for what Geertz (1973) and later Geia et al. (2013) refer to as the thick description. Adding to this, Polkinghorne (1991) notes that the narrative must be embedded in the language of the individual’s culture; this includes both grammar and vocabulary as well as beliefs and norms that form the basis of our personal myth, which in turn colors the way we interact with others. This suggests that the researcher must have at minimum, some knowledge of the language registers used by the Indigenous Elder, client or patient. If not, much of what passes for Yarning is misunderstood. Similar injunctions are made for other Indigenous methodologies (Tachine et al., 2016).

Because of the links with personal, familial, and communal history, and meaning making, Yarning is inextricably tied up with post-colonial theory, simply because it would be difficult to interview any Indigenous person on any topic without aspects of their interactions with the dominant culture emerging as a key theme underlying interpretation (Geia et al., 2013). Yarning as a process also affirms the Indigenous construction of knowledge, the events, interpretations, and modes of communication (Walker et al., 2014). Geia et al. (2013) argue that Yarning differs from Western concepts of narrative. This is because the Yarn is a two-way process, as the term suggests, whereas “narrative” can be an exposition by a single knowledgeable individual, such as when a storyteller takes the floor, or a speaker provides a Ted Talk (2020).

Yarning Typology and Method

Bessarab and Ng’andu (2010) divide Yarning into four distinct categories: social, therapeutic, research, and collaborative. Walker et al. (2014) have extended this typology to include family and cultural. In addition, the Lighthouse Hospital¹ project provides examples of clinical Yarning as a process for gaining specific medical data (Heart Foundation, 2019), with this approach elaborated by Lin et al. (2016). Social Yarning most often occurs at the commencement of a research interview and is part of establishing rapport, and beyond that, relationships and connection to Country, (Hughes & Barlo, 2020), that is, the physical and spiritual place, space, animals, seas and skies that are significant to the person (Korff, 2020). Within the Indigenous context this is often achieved by establishing a connection with the person through identifying shared family, history, or Country (Bessarab & Ng’andu, 2010). For non-Indigenous researchers, this may include shared friendships or acquaintances, or some knowledge of Country if one has worked in the region and knows the landmarks.

Importantly, the social Yarn seeks to shift the interaction to a personal one where the researcher reveals who they are and that they have some connections or to what Bessarab and Ng’andu (2010), quoting Ely et al. (1999), refer to as *judicial entering*. Geia et al. (2013) suggest the researcher or clinician should provide some personal or professional information about themselves as testament to the exchange nature of the Yarn. It is this relational component of social Yarning that establishes the rigor and trustworthiness of the data, as it is assumed that both researcher and participant talk freely and openly in an authentic exchange of knowledge (Walker et al., 2014).

The shift from social to research Yarning is usually signaled in some way, often by turning the tape recorder on or indicating the date and directing the conversation toward the research topic. Research Yarning does not always follow a question and answer format where the researcher asks questions and the respondent provides the correct response in an efficient and linear manner. Where Yarning is employed, it is possible that respondents will answer the question through story, or metaphor, or through what might appear to be a circuitous route. Bringing the respondent back to the topic through interrupting may not be the ideal way forward, as story is often used to illustrate a point (Bessarab & Ng’andu, 2010; Walker et al., 2014). As Polkinghorne (1991) notes, a good novel blocks out the static, but the story of our own life is mostly a poorly constructed novel with all the clutter within the plot. But the plot is there if the interviewer wishes to uncover it. The challenge for researchers is to allow for interweaving thoughts and ideas, often meandering or even tangential, and to allow for unstified “messiness” within the narrative (Bessarab & Ng’andu, 2010, p. 39). Allowing the story to flow in a way natural to the teller adds rigor to the method.

Britton (2019) has argued that the therapeutic yarn is often an essential component of the research process. For example, she found that when researching the problem of disaffected young people in two Indigenous communities in North Queensland, the initial yarns dealt with the grief Elders felt for the situation of their children and grandchildren. She surmised that it was impossible to move on to the research topics, until individuals within the community had expressed and articulate this grief. Her research suggests that methodologically, the therapeutic yarn is an essential precursor to the process and deeply embedded in the colonial present. This situates the method within a particular Indigenous post-colonial methodology (Britton, 2019). This is particularly so in community-based action research. Fredericks et al. (2011) make a similar point in their use of Yarning as a method to address smoking cessation policy. In both cases, it is clear that as a method, Yarning is not a one-off experience but occurs over a series of visits or across a continuum of moving in and out of the various types of Yarns (Walker et al., 2014). Further to this, the solutions, models, or policy approaches may not be “best practice” from a Western perspective, but they will reflect where the group currently sits on the issue and as a consequence are pragmatic and grounded (Fredericks et al., 2011). Walker et al. (2014), drawing on the work of Chilisa, suggest that given therapeutic Yarning touches base with trauma, it provides a vehicle for triangulation, as stories, values, and beliefs will intersect with colonial histories (Chilisa, 2012).

Closely aligned with the therapeutic yarn is the clinical and diagnostic Yarn (Lin et al., 2016). This is a process of patient-led consultation whereby the clinician moves from the social to the diagnostic and then toward management of the patient’s illness. In the diagnostic component, the clinician makes a diagnosis through listening to the patient’s story with the focus more readily on story, rather than questions, although obviously these are not excluded. The point is that the clinician flows with the story, rather than taking the reins. The third component of the clinical Yarn is the management phase. At this point, the clinician develops a management plan with the patient, based on their life situation and possibilities, and with input from the patient (Fredericks et al., 2011; Lin et al., 2016). The difficulties that may emerge at this stage around the intimacy created are discussed below.

The fourth approach to Yarning deals directly with collaborative research. Fredericks et al. (2011) align the notion of the collaborative Yarn with participative action research drawing on the work of three researcher activists, Freire, Wallerstein, and Bernstein and their notions of empowerment. This approach reinforces the injunction that the method of interview must be dialogic with mutual problem identification and solving. It also assumes careful listening. Where Wallerstein (1993) refers to listening as an “active process of attending to people’s life experiences and making participants into co-investigators of their shared problems in their community” (p. 230), Miriam-Rose Ungunmerr, another Indigenous theoretician, draws on the concept of Dadirri, or deep listening, a word drawn from the Ngan’gikurunggurr and Ngen’giwumirri languages, which includes listening to one’s self (self-reflection) as well as to the other (empathetic reflection) within the research methodology (Ungunmerr, 2017).

As a consequence, listening, in this sense, can often extend into deep contemplation, and researchers must allow for periods of silence (Geia et al., 2014), or for that matter to insights into oneself as a result of the exchange. This touches base with questions of stance; the way in which the researcher position themselves in relation to the research and to the participants (Muhammad et al., 2015). Thrift (2004) describes this listening as knowing when to wait for a response, knowing when and when not to foreclose a situation, knowing when to be playful and when to be serious. As a consequence, this listening can open out the . . . possibilities of an encounter and allow both the researcher and the researched to trust their judgement. (p. 73)

Walker et al. (2014) also refer to collaborative Yarning operating as process. In their research, groups were formed through collaborative networks that went on to discuss the research topic and shape the selection of Elders and venue.

Two further forms of Yarning have been identified by Walker et al. (2014); these are familial and cultural Yarning. Familial Yarning begins with social Yarning as it establishes relationships, both to others and to Country (Hughes & Barlo, 2020). As a method it may determine where the Yarn occurs; for example, on Country or in a space that is seen as culturally safe such as an Aboriginal controlled organization (Walker et al., 2014). As noted, familial Yarning is invariably part of the initial set of protocols for establishing connections, relationships, and shared histories. However, it will also govern who talks, and in what order, and who cannot be contradicted. For example, communication with Indigenous peoples is open, but it may also exclude overt eye contact and be bound by rules linked to relationships and gender (Jones & Barnett, 2006).

The second mode of Yarning identified by Walker et al. (2014) is cultural. They define it as a process of Indigenising the rules and regulations, particularly ethic protocols, and the form of interview. They suggest that Yarning sessions should begin with a welcome to Country and that every attempt should be made to “translate” the administrative processes. For example, cultures have different protocols for the conduct of conversations, often linked to relationships, status, gender, or ritual context. Knowing these protocols is central to early steps in initiating the Yarning method. Importantly, Yarning is a conversation; hence, it is a two-way process of knowledge exchange, differing from a formal or unstructured interview where the researcher leads and determines the questions. However, Yarning should not be confused with an informal chit chat or exchange of pleasantries. It is a formal exchange in which the terms of engagement are established and protocols are determined, including the boundaries surrounding the relationship and reciprocity (Fredericks et al., 2011). Many Indigenous cultures believe that knowledge cannot be owned or discovered, but rather it is shared (Hall, 2017). This shift from the Western positivist views of research adds an additional dimension. Yarning is thus a collaborative process by which the researcher and participant engage in a fluid and dynamic interaction with the intention of mutually unveiling knowledge. The focus of Yarning is on the process itself rather than the outcome, and on the forming of a rapport and continuous dialogue. In this way, researchers who utilize Yarning as a method do so in “good faith,” focused on the relationship, the story, and the reflections of the Yarn, rather than simply research outcomes (Hall, 2017. p. 74).

Using Yarning to Modify Biomedical Assessment Tools

One of the new areas where Yarning is being employed is in the cultural adaptation of clinical assessment tools to specific Indigenous groups (Heart Foundation, 2019). This is partly because assessment tools by their very nature attempt to reduce the patient’s life-story, including their illness, to a set of responses to diagnostic questions. Examples include the conversion of the Edinburgh Postnatal Depression Scale to a version suitable for Indigenous women in the Kimberley area of Australia (The Kimberley Mum’s Mood Scale) (Carlin et al., 2019), and Yarning as assessment for youth with fetal alcohol spectrum disorder (Hamilton et al., 2020). Researchers appear to have used the Yarning methods both to produce cultural versions of these diagnostic tools, but also in the administration of the clinical assessments. Yarning in this context paves the way for translating clinical terminology to local English registers, as well as creating a trusting and therapeutic intimate

space, not possible with direct questioning or the administration of a clinical tool. Examples are provided by the Heart Foundation (2019) where Yarning has been coupled with clinical rounding, and assessment or handover protocols such as ISOBAR (a clinical communication tools meaning Introduction, Situation, Observations, Background, Assessment, Recommendation) (John Hunter Hospital Lighthouse Hospital Project Team, 2019).

Methodological Steps for Non-Indigenous Australian Researchers Engaging in Yarning

The conduct of Yarning for non-Indigenous researchers presents difficulties, although they are not insurmountable. While it is possible to uncover the various protocols governing conversations, it is unusual for the researcher to be able to claim a relationship to Country or kin or to recognize individuals within the community with the qualities or life histories being researched, even though in some cases, the researcher will have a long-standing connection with the community through previous working relationships. One way around this is to formally establish an Indigenous advisory group. In research conducted by Gregory (2019), an Indigenous woman, working outside of her own Country and kinship group, she established an advisory group which assisted her in identifying suitable individuals who fitted her criteria to interview (Yarn with) and later took on the role of member checking the thematic analysis (Gregory, 2019). Members of the Indigenous advisory group also introduced her to possible Elders, made the initial introductions, and in some cases chaperoned her to preliminary Yarns. She used her initial meetings with her advisory group to understand how her research question was named by Indigenous people of that group, who in the community was seen as suitable to Yarn with, and how they might be supported when talking about painful issues that might re-emerge. A further strategy drawing on the concept of chaperone is to request the assistance of an Indigenous person embedded in the community, who possesses dual consciousness; that is, they understand both cultural worlds and can navigate them for the researcher (Itzigsohn & Brown, 2015).

Analysis of Yarns

Analysis of Yarns is not simply a matter of coding and the creation of themes. The accuracy of the ideas and interpretations generated will depend on the Non-Indigenous researcher's capacity to create a Yarning space, knowledge of the language and linguistic features of the participants and openness to sharing this interpretation with the group. The generation of themes presents a number of subtle difficulties in analysis for the non-Indigenous researcher, two of which are interpretation, and language translation. Interpretation depends on stance (Foley, 2018). Indigenous methodologies are the domain of Indigenous researchers drawing on ontologies and axiologies and we would argue are not open to non-Indigenous researchers. The question of whether methods are independent of methodology is another issue (Foley, 2018) that we will discuss further in the article.

The second analytical issue is language, especially for researchers new to the region who may not have facility with the language or English registers used by speakers. The difficulty here is in "translation," not just of words, but of interpretation. It also presents questions around reporting; should the language of the storyteller be used verbatim or not? As Osborne (2017) has noted, the poetry embedded within a story displays linguistic features that both characterize it and provide the interpretation.

Member Checking

Similar to all qualitative approaches to gathering data, Yarning requires member checking, also known as respondent validation (Birt et al., 2016). It is not unusual for Indigenous people to resist interviews being audio recorded so researchers need to be expert in unobtrusive note taking. This creates further complexities for member checking, particularly in instances where the participants may not be literate in English and to the fact that Yarning is a co-production. Carlin et al. (2019) recommends that where possible the researcher should play audio recordings back to individual participants or read the transcripts or the notes to them. Ideally, this is done at the point of theoretical analysis, as ethical practice is concerned not with what the participants say, but with how the non- Indigenous researcher interprets the responses.

The Ethical Issues for Non- Indigenous Researchers and Clinicians

While the above discussion and analysis establishes the value of the narrative within the yarn as both a research and clinical/diagnostic tool, several issues remain problematic. One of the most obvious factors is the ambiguity surrounding Yarning as a research method. This ambiguity arises partly from the inferior status accorded to qualitative studies within the research community (Birks et al., 2019), but also to the plethora of approaches to the various forms of narrative inquiry and analysis (Chandler et al., 2004), even within Indigenous methodologies (Tachine et al., 2016). We raised one of these ourselves when we ask whether the analysis should be thematic or employ narrative accounts. To date, the majority of publications have employed thematic interpretations of yarns (Bessarab & Ng'andu, 2010; Chan et al., 2013 Mcallister, 2015). We suggest, in line with the entangled narrative, that both approaches are authentic. However, the approach taken will produce subtle differences in the information. For example, in a thematic analysis the quotes remain disembodied and possibly de-contextualized, but undoubtedly are more generalisable, than one or two stories, and as a consequence, potentially strengthen the trustworthiness of the account, at least from a non-Indigenous perspective. Narrative accounts, however, capture the richness of individuals in their lives and within their lived experience and are a reflection of the commitment of the participants. This article does not aim to make a judgment on which analysis method has more rigor; however, we believe it demonstrates that validity lies in both methods of Yarning analysis, even if this has not traditionally been the case, a notion recently raised by Krusz et al. (2020).

Closely aligned to the inferior status accorded to narrative analysis is the Western post-colonial view of Yarning. Yarning as a form of narrative is seen to lack the analytical and essentialist stance of the Western philosophical tradition (Walker et al., 2014). This is a false dichotomy arising from a naive understanding of the analytical levels within narrative. This point is aptly illustrated by Chandler et al. (2004) in their study of Canadian First Nation youth narratives of self-identity where they discerned a hierarchy of stories linked to the age and maturation of the individual in much the same vein as with non-Indigenous youth who employed essentialist approaches to talk about their identity. The philosophical turn of the yarn for these First Nation youth moved from simple stories of personal adventure for young and older youth, whereby “the only real ‘plot’ to a person’s life is the story created in each of an endless series of attempts to interpretively reread the past in the light of the present” (Chandler et al., 2004, p. 259). Chandler et al. provide a five-stage hierarchy for both essentialist and narrative approaches to identity demonstrating equivalence, rather than sameness.

A related point to the status of this approach is the conflation of Yarning with narrative. While Yarning does include narrative (Bessarab & Ng'andu, 2010), it is more than an exchange of stories. Bessarab and Ng'andu (2010) suggest Yarning is a process that includes story, but its key features are the relationship that is formed via the social Yarn that includes a mutual exchange of knowledge, ideas, and opinions between participant and researcher. The knowledge comes from the interactional nature of the Yarn. It assumes that both the clinician and researcher reveal something of themselves in the exchange and presumably also in any knowledge generation or publication. Two points are salient here. First, the Western protocol of affective neutrality or professional distance may not hold. For example, the principle of reciprocity may mean that the researcher provides some form of on-going assistance for participants, outside of the research project. This is known as the principle of Ngapartji Ngapartji or reciprocity (Hall, 2017). It may take the form of service exchanges as outlined by Miller and Rainow (1997) in their classic article on gathering data on environmental health; "Don't forget the plumber," or work of a more personal kind such as driving a person shopping. Authentic relationships provide a give and take that bleeds over into everyday life beyond the clinic or the University. Managing the reciprocity that might evolve from Yarning is yet to be honestly addressed by non-Indigenous clinicians and researchers and certainly by ethics committees, although the National Guidelines² recognize the dilemma (Australian Government and Universities Australia, 2018).

A second point arises from the intimacy of the Yarn. Good clinical or research interviews always create an atmosphere of intimacy; the problem arises in the interpretation and the subsequent actions that arise from what is revealed. Yarning intensifies this intimacy. Given this, shifting a clinical assessment tool from an interrogation to a Yarn is not an ethical approach if it leads to trickery, a point Carlin et al. (2019) explored in their work on Kimberley Mum's Mood Scale. Making people feel culturally safe, and therefore prepared to "talk," requires sustaining the relationship through time. Hence, the ethics of effective Yarning is that it invariably leads to a sustained relationship of trust.

This goes to the heart of the issue we raised above that ask, "can the non-Indigenous researcher employ methods that have emerged from Indigenous methodologies?" Clearly many researchers think they can, but we would suggest that the ethics of the method should encompass the ethics of Indigenous methodologies as a first principle (Foley, 2018). In making this tentative argument, we are extrapolating from the pro-feminist literature by male scholars working in the fields of anti-violence toward women (Burrell & Flood, 2019) and Crowe's argument that men cannot fully understand women's experiences (Crowe, 2011). Burrell and Flood (2019) argue that pro-feminist male scholars and activists draw on the principles of feminist theory within their research and actions using a range of measures. These measures are partly addressed through three questions: does the outcome transform the terrain for women, how feminist are the processes used within the program; and how ready is the organization to engage with women on equal terms? As they note, this does not, however, end the debate given the many feminisms, and as a consequence, the many possible approaches men might take to women's issues. They argue that the way forward is for men and male organizations to engage in constant reflexive accountability to women and their well-being. Similarly, there are many Indigenous positions around fairness, equality of access, and self-determination, as there are numerous understandings of colonization. Most Indigenous researchers, although we agree with Tachine and colleagues, not all to the same degree (Tachine et al., 2016), are able to triangulate the Yarn drawing on their own history. Whether or not non-Indigenous researchers can also do this is unknown.

The issue of triangulation is vexed. Traditional methods of triangulation used to validate data and approaches and confirm a particular source draw on the “full story” as deduced from multiple sources (O’Leary, 2017). The sources are presumed to be evidence-based. Yarning, however, allows for the triangulation of lived experience, including the experiences of past and present traumas, which offer an avenue for deep understanding. For the non-Indigenous researcher, the question here for consideration is to ask, “whose history will be used to triangulate this account?” This is difficult given much of Indigenous interpretations of colonial history are contested, or part of oral history. The challenge is to genuinely co-construct the knowledge. Another difficulty is that the Yarn may appear superficial given the thinness of social ties between Indigenous and non-Indigenous individuals. The vignettes below both demonstrate and challenge some of these assumptions.

The Yarn in Practice

The three excerpts below are between an Indigenous Elder woman, with multiple chronic conditions, an Indigenous Nurse Navigator (NN), and a non-Indigenous researcher. The interviews took place as part of the evaluation of the Nurse Navigator program and were overseen or conducted by the first author. The NN evaluation (reference provided on acceptance) is a 2-year study evaluating the efficacy and impact of NN in Queensland, Australia. NN are senior registered nurses tasked with working within the gaps of service delivery to provide care continuity for those with complex chronic disease. The evaluation uses Theory of Change methodology (Imas and Rist, 2009) and traditional hospital metrics such as bed days and emergency department presentations, along with wellness measures and interviews from nurses and patients to measure effectiveness. One method used within the evaluation is Yarning, where a non-Indigenous member of the evaluation team, in partnership with a First Nations NN, conducted a Yarn in the participant’s home. The authors of this article are all members of the evaluation team, with only one Indigenous clinician and researcher (Harvey et al., 2019). The Indigenous NN was asked to attend the interviews out of respect for the previous rapport and trust with the Elder through the clinical relationship, and also to chaperone the non-Indigenous researcher. This method has had demonstrated success in other research, where an insider provides environmental and cultural context to the research (Jimenez et al., 2019). Ethical clearance was received from Darling Downs HREC HREC/18/QTDD/8 with participants aware that the Yarn was part of a research study. The first two Yarns included all three participants and the final one is with the researcher and the nurse navigator. The relationship between research-orientated social and clinician/diagnostic forms of Yarning is evident in these accounts given the presence of both nurse and researcher. The first Yarn demonstrates the characteristics of a social Yarn; it allows for the exploration of culture and other aspects of the person’s life that make up who they are. Topics move from football, to cars, family, culture, health, and well-being. Observational data confirm the focus on family; within the house a large family portrait dominates the space above the fridge, while various family members come in and out during the conversation. The first Yarn is between the patient (who we refer to as an Elder) and the researcher with other family members moving in and out of the Elder’s lounge room:

Elder: Come in, bub. That’s my niece. Researcher: Hello. How are you going? Elder: That’s my niece, [name]

During the Yarn, the Elder takes out her phone and starts looking for photos:

Elder: I'm trying to find a photo of [Granddaughter name] for you. See if I can find that.

This leads to other conversations about the family and opens the space for the patient to show a video of a smoking ceremony that her family recently conducted during a land rights win.

Nurse: Elder's clan won a land claim recently. Researcher: Whereabouts?

Elder: [Place named], yep.

Researcher: I think I saw it in the papers.

Nurse: And they had a big ceremony on Country . . . Researcher: Nice.

Nurse: . . . and they got the video, that was great. I wish I could've been there. It would've been lovely.

Elder: That's what I've got to show you. I've got another one to show you. That's my brother speaking there. I didn't show you that one, my brother speaking. That's my brother speaking there. That's the baby brother. Yeah, go and have a big cry. Everybody had their phones on.

A period of sitting quietly, watching the video followed this dialogue, with the occasional commentary provided by the Elder. Her husband sits quietly and adds his thoughts occasionally. Showing and sharing becomes a reciprocal give and take between the nurse and the patient. The importance of Land Rights to well-being is noted by the nurse as part of the Elder's mental health.

Nurse: All right. My turn. That's my young fella. [shows video of son playing Digeridoo]

Researcher: Gee. He's all right.

Nurse: Yeah. He hasn't been learning that long. Researcher: Gee.

Elder: Yeah.

Researcher: That must be hard to do.

Elder: It is. But women are not allowed to play didgeridoo.

Health, well-being, and Indigenous protocols, along with the role of the nurse, are interwoven into the discussion, for example, while talking about family, the Elder/patient states that she needed to pull back on some of the family duties to put her own health first, clearly a difficult task for her given the strong social norms to support one's family. While she is cross with her elder sister, she elaborates on her sister's struggles and the consequences of her alcoholism, which include possible loss of her children, an issue on continuing post-colonial grief

Nurse: You had to cull that back a bit . . . Elder: Yeah.

Nurse: . . . because it was getting a bit stressful for you, wasn't it?

Elder: It was, you know. I said, "Hello, you're all down there and I'm up here by myself." I said, "If you want somebody, talk to the Elder sister down there," but she's an alcoholic and her husband's got cancer and she hits him in the head. But they've warned her now, if she hits him in the head one more time, she goes to jail for five years. And I said that's abuse. I mean, very sick, he is. He's that skinny now. He used to be well built like [Husband], a bit bigger than [Husband], and he just dropped all that weight . . . shocking . . . and she's always making excuses to have a drink. She reckons, "Oh, I can't handle it." I said, "What can't you handle?" She reckons, "Oh, you know, this." I said, "Yes, you can handle it." I said, "You're just making excuses to drink all the time." She reckons, "Oh, but

everybody rings up here.” I said, “You wonder why, hey.” I said, “You’re supposed to be the eldest of all of us and you’re doing this.” I said, “You wanna start waking up to yourself and stop drinking.” And she reckons, “Oh, I’m losing my kids too. They’re ringing up to you for everything.” I said, “Well, there you go.” I said, “when you start waking up to yourself, and then I won’t answer no calls from you no more,” which I haven’t. She reckons, “Oh, but nobody wants to talk to me.” I said, “Well, hello.”

Nurse: And your health, you’ve got to look after . . .

Elder: Yeah, my health. My health comes first, before them. Yeah. So, I’ve been doing good anyway, haven’t I?

Nurse: You have. Very good.

Elder: Yep. And losing my weight too. Nurse: You’ve done so well.

Elder: Yeah.

Nurse: Every time I see you, you look better and better.

Elder: Yep. Doing my exercise. I’ve got to get my ankle weights today from Kmart.

Later in the conversation, the Elder expands on the nurse’s role and how important it has been to her life. She provides answers to the research questions about her use of the navigator service; however, this is not done through direct questioning, but unfolds organically in her own time.

Elder: Yeah. So ever since then, I can ring the navigators at nighttime, ‘till 10 o’clock. And I said they’re really good at nighttime, even if I’m short of breath, you don’t have to go to hospital. Because the few times I had to go to hospital, I always ring them first before anything, because I don’t trust myself. And I will—even during the day, if I don’t feel very well, I just ring them up. They’re very supportive like that. That’s why I’ve always like the navigators. They’re good. Even when I’m in hospital, they come and visit me.

Elder’s Husband: She lies up in bed, “Oh, here comes my navigator.”

Elder: I always tell the doctors and everything . . . my navigator will be coming to visit me. And they said, “Oh, that’s good.” But even when I go to ED [Emergency Department], I always tell them who my navigator is, and they always say, “What’s their name?” And they ring them up and let them know I’m there. But I said, “They know I’m here, anyway, but can youse ring them and let them know I’m here?” And they said, “Yeah, okay, no problems.” They ring them up, and then they all come down and visit me. And I always—I even wish all the navigators a happy Mother’s Day.

Nurse: She does.

The second Yarn with the Elder adopted much of the same meanderings and stories as the first, the difference this time is that the connections made in the first Yarn carried across and allowed the researcher to slip into a more familiar role. The conversation touched on the recent Melbourne Cup, Christmas, respect for Indigenous women and her new car, which she takes the researcher outside to look at, once again demonstrating that insight into her lived experience is provided through showing.

Health and well-being, a key measure of the NN evaluation project, organically became a topic of conversation in the context of the Elder telling the researcher and navigator about her recent stay in hospital. This demonstrates that without a formal structure to the Yarning method, narrative relevant to the evaluation was discussed at a time, place, and pace dictated by the Elder.

Nurse: But, do you know what the difference, this time, was to the—all the other times, why your plan didn't work this time?

Elder: . . . but I didn't really know. Because I never drank much that day either.

Nurse: Yeah. So, you know . . . Elder: I kept blaming the weather.

Nurse: Yeah. Well, that's got a bit to do with it as well. But, you know, when you're in hospital in the previous time, you were dehydrated.

Elder: Oh, was I?

Nurse: So, they cut your Lasix [diuretic] back

Elder: Ah, that's right, yeah. They told me to stop it, that's right.

Nurse: Yeah. So, you were on it twice a day and they cut it back to once a day.

Elder: Once a day, yeah.

Nurse: And so, this time the, the fluid, in the meantime has built up, built up and that's what's caused . . .

Elder: Yeah.

Nurse: So, it wouldn't have mattered—you did all the right things. You followed your plan. You did everything right. So, I don't want you to think that your plan's not working, or you did anything—

While there is much to be gained from the thematic analysis of the transcripts, staying with the story reveals insight into the priorities of the person that might be lost in a reductionist approach. For example, the Elder shared family photos and a video of the smoking ceremony, demonstrating what is important in her life. She also mentions that her sister is fearful of losing her children, an issue that would resonate with most Indigenous families in Australia. Her home environment is open to relatives who come and go throughout the Yarn, suggesting she provides a stable environment, and a number of topics are covered in a way that allows her to be comfortable and in control, but also for the clinician and researcher to grasp the boundaries of her life, and the possible implications of constant visitors. The Yarn displays a number of critical goal setting and motivational brief interventions that are meaningful to the patient.

Yarning also provides the foundation for establishing a therapeutic relationship, for patient assessment and investigation of the persons' needs. As an experienced nurse, she recalls Yarning with a homeless Indigenous client and demonstrates how she is able to do much of her clinical assessment within this conversational milieu. She notes,

Nurse: Yeah. So I went to—sat down next to him on the floor and just started to talk pretty much and just said, “Where are you from?” and he told me where—he’s from—so he was originally from Mt Isa Country and clan and I said my—I said, “I’ve got some Aboriginal descent, my great-grandmother was Aboriginal” and told him where we were from and then he opened his eyes and looked at me and he was like, because I’ve got blonde hair and just . . .

Researcher: Yeah. Yeah.

Nurse: . . . and he just looked at me and went, “Yeah, right.” So he started calling me Blondie from then on because the blonde—that was my nickname, Blondie, but straightaway we kind of—I don’t know there was like this little connection. You know, we had a bit of a laugh and, yeah, we just talked about fishing and things we liked to do, and his family and he told me his daughter was expecting twins . . .

Researcher: Wow.

Nurse: . . . yeah, and how many grandkids he had, and his son and I talked about my family and my son and husband and just—I don’t know, just general chitchat really, just like kind of a social yarn.

And

Researcher: So, for you, you think that initial yarn, and the fact that you kind of always had that just went in for a yarn, really opened up the communication and not having an agenda?

Nurse: Yeah, I think so. I think it was the difference between someone going in and, “Okay, [patient] we need to get you to the doctor’s, and we need to go and get your dressings done and we have to do XYZ” and “Are you taking your medications?” and blah, blah, blah, blah. He was probably just going, “Oh, another health worker, don’t worry,” you know what I mean?

Researcher: Yeah.

Nurse: You have to approach things differently and, you know, they—he knows—they know if you’re full of shit.

Discussion

The two excerpts above demonstrate both social and clinical/managerial Yarns. A relationship is established in the first meeting and during the second, a clinical managerial treatment is re-affirmed by the clinician and picked up by the researcher. The excerpts with the nurse navigator suggests that Yarning provides a culturally safe environment and impacts on the patient journey to the extent that she experiences fewer emergency presentations (Heart Foundation, 2019). This suggests that connecting with people and forming a relationship, with no obvious functional agenda, can improve the person’s journey, though it is unclear whether this is due to increased self- efficacy or because the navigator takes on the role of case manager as outlined by Lin et al. (2016), in the diagnostic approach to Yarning. What is evident is that Yarning allows for a space to show, reflect, offer an opinion and express thoughts in a safe environment.

In line with the literature, the experiences of Indigenous peoples are demonstrated through tangential and meandering storytelling, whereby they outline what is important to them. Much is also provided through other methods such as showing, being invited into their home, or a place of importance. In this way, the entire social context, and not simply a thematic analysis of the spoken word, provides detailed information about the person's life that allows the Nurse Navigator to design with them, a realistic management plan. Indeed, the spoken word of Yarning is supported by the silences, the observable environment, and information that the Indigenous person expresses. In the first Yarn with the Elder, it is clear that she understands the work of the Nurse Navigator and wishes the interviewer to know that as a patient she adheres to all the necessary medical advice. She reports that she works assiduously with the staff in the emergency department letting them know who her Navigator is so that communication is optimized. She demonstrates in the Yarn without prompting that she understands her illness, maintains the necessary regimes, and is a compliant patient. As researchers evaluating the Nurse Navigator program, we come to see this in all its detail embedded in the Yarning interactions between nurse and patient.

Narrative analysis also allows the researcher to see that the story is shaped by who is present. In the account above, the Yarn deals with aspects of the patient's respiratory disease, including difficulties with family. The language used is more clinical than might occur with immediate family and affirming and informative. This is what is understood by co-authoring; the exchanges are shaped by the mutual interests of both parties (Earthy & Cronin, 2008). In the last segment, the patient affirms the therapeutic relationships by telling the nurse she always lets the medical staff at the hospital know they need to contact her Nurse Navigator. As researchers evaluating the Navigator program, we know that this patient is comfortable ringing her nurse up to 10:00 p.m. at night, is responsive to health promoting messages, and does her part in sustaining communication between the hospital and Navigator service. We also know from the text that this adherence to and co-design of the holistic treatment plan hinges on the relationship the Navigator has developed with the Elder participant.

Yarning avoids the tight question adherence to time or place that asks when a particular behavior occurred. It is a sharing of events, feelings, and story. However, there is an ethical difficulty here given the relaxed climate created through Yarning, particularly in clinical settings and increasingly in research situations where mandatory reporting intrudes across boundaries of trust. Engaging in social Yarning may put the Indigenous person off their guard. For example, Carlin et al. (2019) report the anxiety respondents had to questions about their mental health, for fear of being reported to welfare or child protection agencies. Given the danger of this, the personal character of the researcher or clinician is a key ethical concern (Carlin et al., 2019).

Whatever the outcome, the development of Yarning as a clinical and research method has accelerated over the last decade and as the excerpts demonstrate in the case of health care, can move between clinical and research-based Yarns. As more and more non-Indigenous researchers take Yarning up as the approach to qualitative interviews, the question of the authenticity of their approach must be addressed. Debating methods and methodology is not a foreign idea as the tensions within grounded theory demonstrate. In these debates, the issues are around how carefully the methods must be practiced (Birks et al., 2019). For Yarning, as methodology, the issue is not about rigid adherence to process, but the identity of the individual researcher. As we noted above, there is no argument against Non-Indigenous researchers using the techniques/methods of Yarning, but they are not Indigenous. A non-Indigenous person cannot take the stance of an Aboriginal or Torres Strait Islander person; they can take a sympathetic position, but not a shared stance (Wood, 2005). One assumes Bessarab and Ng'andu (2010) and other Indigenous colleagues will keep a close

eye on the methodology to ensure its epistemological purity. This will include where non-Indigenous researchers might employ Yarning as method or methodology, and whether or not these adaptations remain true to their original intent? Will using it within the clinical environment and research field confound its purpose for Indigenous peoples so that they are confused as to whether the event is therapeutic or research based; and if the establishment of relationships is essential to the process can the non-Indigenous researcher ever leave the field? In spite of these unresolved views, it is the linkages made between the expressions of those who are telling the story and the context within which the story is told, that are important (Jackson, 2015).

Concluding Comments

In summary, Yarning as a methodology and method is essentially a relational approach to gathering data either for research or clinical outcomes. We argue that as a methodology it assumes the researcher is Indigenous. As a method, it assumes the non-Indigenous researcher or clinician is interested in the story for its own value and can understand and interpret the majority of nuances. In this context, Yarning draws on the formal pedagogical, transitional, and ritual traditions of passing on knowledge from one generation to the next, or from one custodian to another. The story that has survived has done so over long periods of time and, as a consequence, is worthy of telling and re-telling. It affirms the Indigenous construction of the story and challenges the researcher to triangulate the story from that perspective. This goes to the very heart of history and the post-colonial interpretation.

By its very nature, Yarning as part of social inquiry aims at raising to awareness, alternate Indigenous truths to an accepted and legitimized pattern of knowing. In the vignettes described in this article, it is about an Indigenous person's real-world story of maintaining health and well-ness, told in their way, against the background of current health care issues and practices that require a Nurse Navigator to co-ordinate care, described within a language of illness and disease (Flieschman, 2005). The person and their journey are what is important, and therefore narrative cannot be replicated, rather they must be analyzed using interpretation and explanation of discourse across diverse views of the same problem (van Dijk, 2005).

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Notes

1. The Lighthouse hospital project is a joint initiative between the Heart Foundation and the Australian Healthcare and Hospitals Association. The project implements quality improvement

activities for care and outcomes of Aboriginal and Torres Strait Islander people who experience heart disease.

2. These guidelines embody the best standards of ethical research and human rights and seek to ensure that research with and about Aboriginal and Torres Strait Islander peoples follows a process of meaningful engagement and reciprocity between the researcher and the individuals and/or communities involved in the research.

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