

Walking together: Relational Yarning as a mechanism to ensure meaningful and ethical Indigenous oral health research in Australia

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Despite the growing Indigenous leadership in the exploration and documentation of Indigenous knowledges, traditions, and practices; these understandings are often filtered through Western pedagogies and fitted to academic expectations of research outputs¹. The following work is presented in a way that we feel honours the story we are sharing. It is important to note that this work is still confined to written English language and academic expectations, but we hope that utilising an unconventional format will encourage other researchers, authors, and journals to consider alternative ways of disseminating research as equivalent to Westernised academic standards.

Indigenous health research has historically been wrought with maltreatment, appropriation of knowledge, and disregard for ethical standards.²⁻⁵ The power dynamics associated with the positioning of researchers as 'experts' have been "damaging, insensitive, intrusive and exploitive"⁴ to Indigenous Communities. The normalisation of researcher dominance over Indigenous research participants is a form of racism, known as symbolic violence,^{6,7} wherein Indigenous peoples are treated as inferior.⁸ Power-driven relationships in research contribute to socialisation theories where the acceptance of such behaviour masks the underlying inequities within power relations.⁷ Understandably, for many Indigenous peoples, research is a 'dirty' word.⁵ While the colonial and racist foundations of academic institutions remain, there has been powerful

Abstract

Objective: Despite the colonial roots and modern presence of systemic racism within academic institutions, Indigenous researchers have successfully led a change in expectations of what constitutes 'good' research with Indigenous Communities. From a mixed Indigenous and non-Indigenous research perspective, this paper explores the processes that enable meaningful and ethical Indigenous oral health research.

Methods: This paper utilises Yarning as its methodology to capture our research process and identify our core values. The idea for this paper was a result of social and collaborative yarns, which were used as the framework for a final research topic yarn.

Results: We propose Relational Yarning as a mechanism to ensure the prioritisation of six core values in our research approach: respect, relationships, advocacy, reciprocity, time and gratitude.

Conclusions: We argue that these values are not only essential at the individual or team level but must extend to all institutions in which Indigenous research operates. Therefore, academic institutions, funding bodies and academic journals are compelled to mandate policies that disrupt patterns of symbolic violence and eliminate institutional racism.

Implications for public health: Our framework provides an opportunity for all researchers engaging with Indigenous Communities to facilitate meaningful and ethical research and prioritise culturally secure research environments.

Key words: Yarning, Relational Yarning, Indigenous methodologies, Community-engaged research, Indigenous health research

resistance from Indigenous researchers and a shift in expectations for 'good' Indigenous research has begun.^{5,9-12} Indigenous leadership and involvement in research is growing,¹³ however, there remains extensive involvement of non-Indigenous scholars in Indigenous health research and many mixed-research teams, of which we are one. As is common practice for Aboriginal and Torres Strait Islander peoples (respectfully, subsequently referred to as 'Indigenous'), we will start with an introduction of who we are and where we come from.

Joanne Hedges

I'm a Yamatji woman from the mid north-western region of Western Australia. My grandmother was part of Stolen Generations. I grew up not knowing my Aboriginal grandmother or my maternal grandmother because they both passed away. I was born in Melbourne and moved to my mother's home town in regional Victoria when I was school age. I struggled at school, but for some reason I kept going; the transition from year 10 to year 11 was a big jump for me academically,

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so I didn't go back for year 12. I got a job in the local fruit processing plant for a bit before I moved to Melbourne. I was unemployed, so every day I got up and went into Centrelink ready for an interview, but I couldn't get a job. One day I saw a dental nurse traineeship which I was interested in because in my home town, I was president of the field hockey club, and the treasurer was a prosthodontist. When I had to get cheques signed for the club, I went to the treasurer's work where I saw her making false teeth. I finished the dental nurse traineeship and I ended up back working at the factory in my hometown. Shortly after, I got a call from my Auntie telling me the Aboriginal Health Services in Melbourne were looking for a dental nurse. I stayed in that job for 26 years and in that time, I had two boys. When they finished school, I wanted to do something for myself, so I moved interstate and got the job where I am now. I've been doing oral health research with Communities for almost 12 years. I feel like it's all part of my contribution to supporting Aboriginal Communities, wherever we are, having better health information and support. I did go to university in the end, something happened one day, and I thought, 'I think I have to do University.' I had a yarn with my partner, then with my boss, and decided I would do my Master of Public Health. It was hard work, working full time in the field and managing assignment deadlines. On graduation day, my Mum, my brothers, my two boys and my nephews came and one of my nephews said, 'I'm going to go to university!' I was the first one in my family to go to university and I won't be the last.

Bianna Poirier

I am a white, settler PhD candidate from Canada. I was born and raised in a town outside of Toronto where I lived with my mom and my brother. My maternal grandparents played a big part in our lives growing up, we lived across the street from them, and we spent summers during my childhood camping, growing food and swimming in the local lake. Due to my privilege as a white person in Canada, I had access to education throughout my life. In the final year of my undergraduate degree, I started looking at graduate programs and met with a professor at my home town university who was researching Indigenous food sovereignty. She ended up being my supervisor; I decided to work with her because we connected on a personal level, despite my admittedly limited knowledge of the intricacies of Indigenous

health research. My Master's was a very confronting and eye-opening experience; I didn't appreciate the growth at the time but reflecting now, I can see that every experience was necessary to bring me to this point. I went to a Catholic school as a child, and we were never taught about residential schools and the removal of Indigenous children or the true history of Canada. I couldn't comprehend how so much had been hidden from me and how such a shameful history was so easily dismissed by dominant culture. I came to Australia after completing my Masters for an extended holiday, I met with a professor to coordinate a guest lecture, which turned into a job, and that job transitioned to a PhD and meeting Jo. I'm deeply appreciative of all Jo has taught me. It is amazing working in Community with someone so well-known and well respected. Jo's knowledge is incredibly valuable. This collaboration has provided us with space to reflect on the research processes that contribute to the meaningful and ethical work we do with Indigenous Communities in South Australia.

Through Yarning and reflecting on our experiences and stories, this paper aims to outline the opportunity Relational Yarning, alongside various research methods, holds for prioritising six key values we identify as necessary to meaningful and ethical research with Indigenous Communities. We utilise the term Relational Yarning, similar in principle to social or collaborative Yarning,¹⁴ in reference to the yarns that happen alongside research as a by-product of spending time with Community for research purposes. These yarns are not central to the research project at hand, but we view them as necessary to meaningful and ethical Indigenous research processes. We would like to recognise and appreciate the diversity among Indigenous Communities and suggest our core values and approaches presented in this paper act as a basic framework to build upon as is necessary or appropriate for work in different Communities. We hope that readers gain a true sense and appreciation of the opportunities Relational Yarning holds to create 'circles of resistance' to power-driven research practices, which are necessary to reduce symbolic violence in academic institutions.^{8,15}

The process (materials and methods)

The process of coming together as Indigenous and non-Indigenous researchers

in this work is framed by conceptual understandings of intercultural spaces. As conceptualised by Nakata,^{1,16} the Cultural Interface is a complex knowledge interface that supports Indigenous scholarship as a space for generating dispositions for ways of thinking yet to be considered that contemplate conditions of both Indigenous and Western knowledges.¹⁷ Similarly, Bhabha's¹⁸ conceptualisation of the third space seeks to enable the emergence of new positions that create new structures of authority and displace previous cultural essentialisms. Both these ideas of intercultural or liminal space suggest the need to centre rather than marginalise Indigenous knowledges and practices while addressing notions of power, allowing the creation of new meanings. Navigating these spaces of intercultural knowledge as Indigenous and non-Indigenous researchers is an ongoing process that continues to develop our experiences and expectations of best practices among our team.

This work utilised Yarning as its method of data collection; to yarn is to catch up, have a conversation and see how someone is doing; it is a generically-employed term for many Indigenous peoples in Australia. As a practice, Yarning is a reciprocal two-way strategy of sharing information and negotiating, which can facilitate culturally secure and impartial research.¹⁹ Yarning reduces power dynamics and the formality of the researcher identity because it demands engaged interactions between parties where both people are learners and knowers.^{14,19-21} The various processes of Yarning are as diverse as the Indigenous Communities across Australia but at its core, Yarning requires relationships, accountability and responsibility between people.^{14,19,20} Storytelling and narratives are mechanisms for sharing information in Yarning and allow connection between individuals' experiences irrespective of place, time and culture.^{12,22,23} Bessarab and Ng'andu¹⁴ highlight four different types of Yarning that work together as a method for Indigenous research: social Yarning, research topic Yarning, collaborative Yarning, and therapeutic Yarning. Social Yarning refers to conversation guided by participants' interests and is a place for trust and relationships to be built. Research topic yarns have a specific purpose to gather information and stories related to a research question. Collaborative yarns occur between people who are exploring ideas while actively

sharing information with each other to develop understandings. Therapeutic Yarning involves the sharing of intimate stories and the provision of support to help expand one's understanding of experiences in new ways.¹⁴

As a research team, both social and therapeutic Yarning have underscored our relationship, while at work, over shared meals, in Jo's garden, or over the phone. Social Yarning facilitated trust, sharing and relationship building with one another; our first meeting turned into a three-hour yarn about our life journeys. Therapeutic Yarning became more common as our relationship developed and we began supporting each other through various personal experiences we were navigating. Collaborative Yarning has been an ongoing process as a by-product of field work, but also in terms of discussing the idea, direction, and potential of this paper. We met on five occasions to identify and discuss themes and key areas of doing meaningful work with Indigenous Communities through brainstorming experiences and sharing stories together; through this process a rough outline was developed for our research topic yarn. The findings presented below are the result of a final research topic yarn which we audio-recorded and transcribed, wove into the pre-established framework and expanded upon with notes from previous social and collaborative yarns. The approach employed through this process follows notions of autoethnography, which is a qualitative method that questions the dominance of traditional science and research by advancing sociological understandings of personal experiences.²⁴ Autoethnography uses personal experiences to illustrate facets of cultural experiences that enables greater understanding of shared experiences and relational practices of a culture for both *insiders* (cultural members) and *outsiders* (cultural strangers).^{25,26}

The process of bringing together the methodology of Yarning with components of autoethnographic approaches mirrors the process of Etuaptmumk ("Two-Eyed Seeing").²⁷ Two-Eyed Seeing is a Mi'kmaq research practice, pedagogy, and way of living that seeks to bring together our different ways of knowing to motivate both Indigenous and non-Indigenous people to provide the most benefit to Indigenous Communities. Importantly, Two-Eyed Seeing does not merge knowledges nor does it distinguish one approach as better than another; it aims to utilise the shared strengths

of Indigenous and Western knowledge systems to solve besetting problems experienced by Indigenous Communities, particularly concerns regarding Community health.²⁸

The Yarn (Results)

We propose Relational Yarning as a mechanism to ensure the prioritisation of six core values central to ensuring meaningful and ethical research: respect, relationships, advocacy, reciprocity, time and gratitude. Each core value is explored below, in an order that we felt best reflects our approach and stories. However, we would like to emphasise that one value is not more important than another and that our approach to meaningful and ethical research with Indigenous Communities is incomplete without the incorporation of all six core values.

Respect

Respect underpins all that we do as researchers in Indigenous oral health. Community welcome us into their homes, places of work and organisations; by sharing their time, beliefs and knowledges, we are compelled to reciprocate respect, and honour what is shared with us.

One of the things that is important in any Aboriginal Community is asking permission, 'Can I come and visit your Community?' I do that through the Aboriginal Health Services. It's always about courtesy to introduce myself what we're doing and how we're doing it. (JH)

Respecting and acknowledging cultural ways and Community business is important in building trust. Our first stop on a field trip is always a local Community organisation, usually the Aboriginal Community Controlled Health Service (ACCHS), where we remind health workers that we are in town and ask about any Community ongoings. Related to this is also the importance of confidentiality in family business and maintaining neutrality as a researcher and an outsider.

It is really important to find out what cultural events are taking place, what family issues are happening. Understanding who it's appropriate not to see that trip because of family reasons or cultural reasons, that it's okay to leave things 'til the next time. (JH)

Prioritising respect for Community rather than prioritising research. I think sometimes researchers forget that participating in a research project is not typically a priority for a participant, especially if something else is going on in their lives. (BP)

In our Communities, we have big families, and part of being a researcher is about confidentiality. Anything that is said or done in a research appointment, stays in that appointment, because most of the participants have other family members in the project. I don't mention other family members. I pretend I don't know anything, and I hope I come across as I'm hearing something for the first time when in actual fact, I've heard it before. (JH)

Participants are often welcoming us into their homes, which also touches on confidentiality. If you see something in their home, you have to remember you are only seeing a small piece of their story. It's important to not pass judgment and remain grateful that we have been welcomed into their homes. I think it's a strength of the research we do because we're able to connect to people more when we're in a space where they're comfortable. But you do need to respect the fact that they are letting us in to their lives and their homes. (BP)

There's also reasons why a participant might not want you to go into their homes and we don't know why, and we have to respect that they want us to sit on the porch or meet at the Aboriginal Health Service. (JH)

Working during the COVID-19 pandemic further highlighted the importance of respecting Community values and maintaining trust.

We have to respect how organisations want things to work. When COVID-19 came into play, organisations had to re-jig how their clients were going to come in, and if we were going to have a yarn with the participant at their organisation, they still made us feel welcomed, you know, they accommodated us even with COVID-19 around. Even though things were closed off, we adhered to their COVID-19 ways of doing business and they always made sure we had some way to talk with participants. (JH)

We also made sure to respect what the organisations wanted to ensure everyone's safety, like going to the health services and getting temperature checks each morning. And then when we go to other Communities sharing what we've done in previous places, re-iterating our respect for them and our gratitude for allowing us to still come. (BP)

Another important aspect of respect is respecting the Country on which we are visiting and conducting research.

I think one of my favourite things we do each trip is finding a nice spot on Country, away from the town, taking our shoes off and taking some time to honour where we are, pay our respects to those who have welcomed us, and those who have come before us. (BP)

Finally, a crucial component of respect is establishing ethical rights for the participant in our research projects.

One of the important things in doing Aboriginal research for me, is always explaining the ethical part of the project, if the participant understands their rights in the project, and that they can exercise their rights. I think that's another avenue to showing that Aboriginal participant that I am straight down the line, I want them to trust, and have that rapport that I hide nothing when it comes to doing research with the participant. (JH)

Ultimately, respect facilitates the trusting relationships that are so foundational to this work.

Relationships

Building on pre-existing relationships of trust is ideal for meaningful Indigenous health research, however, this is not always the case, particularly for novice researchers.

When I started, I knew nobody. It's about introducing yourself, who I am, what do I do, how I do, those sorts of things. It's immediately about that cultural introduction. I still do that today. Coming from another nation, it's those Aboriginal protocols that are there and are always important to the relationship. (JH)

Having Jo as a mentor and her facilitation of introductions to key Community members has been invaluable. Previously, I've navigated Community protocols and relationships on my own. It's really night and day because of the time she has taken to build trusting relationships in the Communities we work with. (BP)

Finding common ground is key to establishing relationships.

There was always this commonality that we know that oral health is not just what these dentists say. I could relate to not having the money for the dentist, and I could relate to the cultural barriers to dentistry and accessing care. (JH)

Being both white and Canadian, I do get questioned about why I do this work by Community. I think naming, discussing and validating the impacts of colonisation and relating on that level of understanding and the identification of wrongdoing has gone a long way for my relationships with participants and organisations. (BP)

We often work in participant homes and we believe it is important to extend our relationships to whoever we encounter in those homes. It is common practice for us to take brief field notes after meeting with participants to update information about

family ongoings or anything that may help us maintain our relationships in future. We believe that researchers must see individuals beyond the role of a 'research participant' and that their relationships and interactions with participants should reflect this orientation in ways that each individual deems necessary or appropriate.

I built a trusting rapport, over time I was getting hugs goodbye, the kids would be jumping over me, older kids would be interested in what's going on. If I gave the participants a toothbrush, everybody got a toothbrush. It's about sharing and equity, knowing that everyone in the family is happy to brush their teeth. (JH)

I experience the depth of your relationships, not only from stories but sometimes people are disappointed when I'm the one that shows up, they often ask where you are. That's from having yarns, playing with kids, texting participants on their birthdays, many things that academic research does not typically prioritise. (BP)

Those yarns have been so rich that I cannot see a participant – because I'm not always the worker – and they can text me six years down the road and say Jo can you call me I've got a worry about something. It's nice to think that asking about how they are as Mum, how their children and family are, that I've been considered as someone they can fall back on to talk about dental health down the track. (JH)

Relationships are not only important with individual Community members, but also with organisations in Community.

Organisational relationships are what allow us to do this work. Organisations give us so much time, a place to meet, as well as helping us locate participants who we are having difficulties finding on our own. I think having relationships with the employees, not just the management, also ensures longevity of these relationships because when the manager changes, the employees vouch for us. (BP)

A key point throughout our yarn was the dynamic and evolving nature of relationships and the importance of being flexible and doing what Community members identify as best.

Advocacy

Numerous responsibilities come with conducting meaningful and ethical work with Community, in addition to conventional research responsibilities such as ethical conduct and obtaining written consent.

Advocacy is a critical part of doing Indigenous health research, particularly in the face of racism.

I've worked with international researchers that have been told to be careful going into someone's home and then I have to work, as an Aboriginal researcher, to discourage those assumptions. You also experience racism when doing research. One time, a non-Aboriginal researcher was interviewing an Aboriginal woman in a café and the owners said, 'I think you should leave (because the participant was Aboriginal).' They had paperwork, they were talking, and they had bought a coffee. The non-Aboriginal researcher was unsure what to do and the Aboriginal participant said 'let's go.' If that had been me, I would have sat there and made a scene. I didn't know about this until later, but I don't know if that participant wanted to continue with the project. (JH)

Advocacy also relates to advocating for participant health and rights in terms of accessing oral health services.

One time I took a participant to the dentist and there was a language barrier, English was a second language for the dentist. In the consultation, I could understand what the participant wanted for their tooth and the treatment plan the dentist was explaining. But it was about respecting what the participant wanted, and the participant ended up walking out. The participant and I had a yarn and decided that I would try to get the dentist to understand. As an advocate, I sat down with the dentist and you could see a change as the dentist realised the impacts of their language barriers, ultimately we agreed to a temporary filling, which aligned with the participant's wishes. It was a win-win for everybody; the dentist started to understand about his communication with Aboriginal clients, the Aboriginal participant was able to keep her tooth and I felt that I helped achieve some outcomes for both the participant and the dentist. (JH)

Another part of being an advocate is understanding ways that public dental services are not conducive for Aboriginal people. I once asked a participant if they wanted a dental appointment, they said 'yes' but could they use my phone. It turned out that the participant ended up on hold for about 10 to 15 minutes when they called the dentist, using up their phone credits. I wrote an email to the government services to request another structure for Aboriginal people to make appointments. You can now ring public dental services and leave a message and they'll call you back. There also used to be a lunch break and no one would answer the phones, that would never happen

in a hospital, so why is it happening in a dental service? Now there's someone answering phones from nine to five. (JH)

Advocacy also relates to the institutions where we work.

Another part of advocacy is in the workplace, not everyone that's part of our research centre works with Indigenous populations. Sometimes there are frankly disrespectful discussions at the office. And while it may be easier to say nothing, I feel we have a responsibility to stand up not only practically for our participants like your stories Jo, but also taking the time to educate or correct somebody when they make racist comments. (BP)

And there's not a lot of Aboriginal people working in the university, so another part of the role is giving presentations at the university. In the way I do my presentations, I hope that those who are listening will learn something about Aboriginal ways of conducting business and sharing knowledge. (JH)

Reciprocity

We have the responsibility of reciprocity with Communities. Sharing knowledge from our projects with individuals and organisations is very important; not only findings, but also information that strengthens Community understanding of oral health conditions.

Yarning about results is really important. Yarning is not just about getting information. The yarn has to be about the back end and sharing the collective results. The results are knowledge and an opportunity for learning at an individual, Community and organisation level. I think it's really important to involve researchers in those yarns, you know, not just me as a data collector, but those who write up the statistical results, the chief investigators, we need to have a way that we can yarn with everyone involved in the project. Having an opportunity to casually yarn and show your gratitude to all of the participants is vital. (JH)

Many researchers don't see what's going on in Community. Yarning with participants provides so much more context to the work and those experiences and relationships help the team better represent the data because they have more of an investment in doing right by everyone who has taken the time to participate. (BP)

And then Indigenous research is done in a better way. (JH)

It is also important to talk about rationale for projects with organisation employees, sharing knowledge back to Community who

might also be able to share it with those who are not participating in the project.

Research is a two-way collaboration. Relaying information to organisational staff about why oral health is important enables a relay of knowledge. For example, sharing the evidence of why getting pregnant Mums to the dentist is important, then some of the workers might think more about referring Mums that come to their services to the dentist. (JH)

If we don't take the time to do that then the workers might not necessarily know that information, sharing information helps strengthen relationships but it's important to reciprocate because of all the information organisations provide us with too. (BP)

Working with services has built a relationship where they now want to be part of the research. The investment they have is accessing the results and evidence and being able to take actions for the Community that are culturally significant to the way they do business. (JH)

Reciprocal learning was discussed in our yarn as a highlight and added benefit of working with Community.

I learn more about Communities and their cultural ways through the rich stories that participants tell you, everybody has a story. People make generalisations about our people; you should you never make a generalisation. Everyone is contributing to the family and Community in some way. All the stories that individuals share about protecting their land, their artwork, whatever it may be, that brings enjoyment to the job. (JH)

The learning is so much more than research. (BP)

Time

Establishing and maintaining relationships, sharing knowledge, advocating for participants and acts of reciprocity are necessary, yet time-consuming pursuits. Recruitment time compared to follow-up time varies quite a bit in our work; recruitment is typically based out of the local health services and multiple people are seen at the same time, whereas follow-up is often one-on-one in participant homes.

You've built the trust, so participants say, 'Now I know you, I don't need to go to the health services I'll do this on my own with you at my home.' The trust and rapport are there, participants know what's going on because at the end of our last session, the research timeline was explained. There's a lot of different reasons why timing changes from recruitment to next visit. (JH)

Some research methods permit the flexibility of time and account for having a yarn in their development, whereas other methods such as questionnaires assume limited interaction between researchers and participants.

It's the time that it takes to have a yarn with participants, the project with motivational interviewing was good because it opened the door to getting out more information about oral health. Sometimes when we do research it's not conducive to the way that Aboriginal people want to do research, you don't want to just do paperwork, tick a box, I think the Yarning side of it is so critical to bringing out information that the participant wants to talk about and information that helps that participant make decisions for themselves or their child when it comes to oral health. (JH)

And often things might be discussed that seem irrelevant to the specific research question at that time, but that doesn't mean we can't consider ideas that come from yarns in future projects. If participants were just filling out a piece of paper, without those interactions and yarns, we would miss things that are important to Community. Giving participants time to yarn is beneficial all around, but it does take more time than just checking boxes and it's often at odds with funding allotments. Someone could collect twice as much data as me in a day, but maybe my yarns were longer, maybe the participant got more out of it. That should be the priority, but it's often not. (BP)

The time constraints, like you said, that the funding bodies put on these types of research, it's really about respecting participants' time. Maybe they can't see me today or next week because there's things going on in that participant's world. They still want to participate but it might not be for another four weeks. (JH)

Reframing 'bad' research days has been one of my biggest lessons working with you. Being okay with trying all possible avenues to finding participants and coming up empty. It's not a bad day or a failure – it's just a day that you didn't get anyone. But in academia we're so trained and focused on getting the results, analysing, and publishing, and then doing it all over again. But at what cost to the participants? (BP)

Gratitude

Gratitude is an essential mindset to have when working in partnership with participants and organisations in recognising their significant and voluntary contributions to projects. Verbally expressing gratitude to participants and organisations, as well as providing honorariums to participants and

supporting organisations in identified areas of need are some of the ways we weave gratitude into our research approach.

I always go back to the Community and thank them, that organisation, for allowing me to be there. (JH)

Yes, gratitude goes beyond the honorarium or acknowledgment sections of publications. Personally expressing gratitude in sessions with Community members and reminding them of the bigger picture and how their contributions will help Community. Also, gratitude to Country, going onto Country, expressing thanks for welcoming us to do this work. (BP)

We have to be grateful for those Communities protecting Country and to have all of that in front of us when we visit, land, sea, sky. That's all about the strong spirituality that the Communities have. (JH)

Yarning about the yarn (Discussion)

The goal of this paper was to reflect on our experiences and explore the possibilities that Relational Yarning, alongside various research methods, holds for prioritising respect, relationships, advocacy, reciprocity, time and gratitude in Indigenous Australian oral health research. Previous works have explored Yarning as a culturally secure methodology^{14,19-21} and had success in employing Yarning across various disciplines^{29,30}; this work is unique in that reflecting on our experiences has enabled us to articulate the strengths and possibilities Relational Yarning holds as a tool for adhering to core values when conducting Indigenous health research. Continuing to explore and document best practices and methods in Indigenous research supports the necessary shift in Western research paradigms to include and privilege Indigenous ways of knowing.^{5,9,11,12} Impacts of colonisation and exclusionary research practices have silenced the stories of many Indigenous peoples in Australia and arguably some contemporary research processes continue to silence Indigenous voices.^{21,31} The creation of space for meaningful and ethical Indigenous research is the responsibility of non-Indigenous researchers in elevating and privileging Indigenous voices.²¹ In fact, failing to intervene as privileged, non-Indigenous researchers permits the continuation of racism and symbolic violence in academic institutions.⁸

Yarning is a relational process that encourages honesty and openness between people, which is foundational to any respectful and trusting relationship.¹⁹⁻²¹ Yarning itself has no single definition due to its flexibility, which caters to various needs, topics and expectations; although three shared components have been identified as important to the Yarning process: voices, experience or knowledge, and relationships.²⁰ The formal process of Yarning is contingent on relationships, accountability and responsibility between people, Country and culture.^{20,32} The significance of relationships is not unique to Indigenous cultures in Australia but has been identified by Indigenous researchers around the world as central to Indigenous ways of doing business and research.^{5,9,23} Relationships are also the common denominator in some Western methodologies, such as Community-based participatory research, that have been identified as aligning with Indigenous values.³³ All aspects of Yarning directly correspond with building relationships, hence why Relational Yarning facilitates relationship building in our research processes. Additionally, Yarning prioritises self-determination for participants involved in research which resists notions of subordination in power-driven research relationships^{12,21} and mirrors our core value of respect. While Yarning may be specific to Indigenous Communities in Australia, storytelling as a knowledge sharing process has been discussed by Indigenous scholars around the world as integral to Indigenous learning processes.^{12,34-37} Arguably, relational processes of knowledge sharing through storytelling hold similar potential to prioritise the core values we identify as critical to meaningful Indigenous research. The values of advocacy, gratitude and reciprocity as our responsibility and commitment to participant accountability are necessary for successful Yarning.²⁰

It is our hope that this work will go some way to influence the processes of oral health research with Indigenous Communities in Australia. Oral health has historically been an extremely biomedically focused discipline that relies on theories of disease at the individual level^{38,39}; this approach has been critiqued for its lack of consideration for social determinants of health.⁴⁰ We believe that lack of consideration for relationality between patients and clinicians is another failure of this approach. The incorporation of practices

of Relational Yarning, both in research and in clinical settings, will enable the development of relationships and patient knowledge that theoretically may address some of the commonly identified barriers to oral health for Indigenous Communities, such as lack of oral health knowledge and fear of dentist.⁴¹⁻⁴³ As proposed in this work, moving beyond the idea of 'patients' and 'clinicians' would allow the emergence of empathetic care that has the potential to overcome notions of shame experienced by some Indigenous peoples when accessing care.^{44,45} While support for these shifts is needed at many levels, researchers, policymakers and clinicians not only have the opportunity, but we believe the obligation, to advocate for a more relational approach to oral health research and provision of dental care. For example, building in extra time for interviews or clinical examinations with research participants, or changing dental policies so patients can have longer appointment times would be one way to align with the core values outlined here and provide opportunities for Relational Yarning.

As Indigenous health researchers, we continually impact the lives of Indigenous peoples we encounter; Relational Yarning as an ongoing practice enables deeper understandings and respect for Indigenous cultures and peoples that is necessary for meaningful and ethical research conduct, but more importantly, relationships. White, privileged individuals know that Indigenous peoples experience disadvantaged health,^{46,47} however, acknowledgement is insufficient. Non-Indigenous people and researchers must be willing to own their privilege, reflect on the processes that have enabled their advantage, and interrogate the systems and social order that continue to perpetuate the production of dominance and subordination between Indigenous and non-Indigenous people.⁸ The values outlined in this paper align and overlap with existing frameworks, including those defined by the National Medical Health and Research Council of Australia,⁴⁸ the Lowitja Institute⁴⁹ and the South Australian Aboriginal Health Research Accord principles.⁵⁰ At their core, these shared principles require non-Indigenous researchers, as directed by Indigenous leadership, to take action to ensure ethical research, which includes challenging social norms within institutions and mandating culturally secure environments for research participants.

Reflections (Conclusion)

This work reflects our pathways to prioritising respect, relationships, advocacy, reciprocity, time and gratitude in Indigenous Australian oral health research, at the individual level. However, we navigate these pathways within institutions that uphold policies and values that constrict the responsibilities that we have as researchers in Indigenous health. Therefore, we are compelled to acknowledge that these responsibilities extend to every institution involved in this work. In closing, we would like to reflect on how responsibilities may extend beyond individual researchers or small research teams. All universities engaged in Indigenous health research are responsible to hire Indigenous researchers and employees, to demand culturally secure environments for Indigenous students, to dedicate themselves to truth-telling, and to mandate the inclusion of Indigenous ways of knowing in the academic curriculum. Academic journals have a responsibility to honour alternative ways of presenting research, and to commit to publishing policies that prioritise Indigenous leadership, editors and reviewers. Funding bodies have a responsibility to fund research that not only aligns with Indigenous knowledges and reflects Community priorities, but that provides space and time to do meaningful and significant work in partnership with Indigenous Australians. Importantly, Relational Yarning and our core values work together to challenge symbolic violence, institutional racism, and ensure culturally secure environments for all research participants.

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