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Abstract:  
Indigenous Australian Social-Health  
Theory

Thesis submitted by  
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1 November 2010

for the degree of Doctor of Philosophy  
in the School of Arts and Social  
Sciences  
James Cook University

## **Statement of Contribution of Others Including Financial and Editorial Help**

The artwork in this thesis was contributed by expert panel member, Ms Susan Klein.

Editorial assistance of proof reading the thesis, including checking for grammatical errors, was provided by my friend Mrs Kath Hinchley.

## Acknowledgements

I am privileged to have been given the opportunity and trust to undertake this research. I am respectful of the responsibility to knowledge that has been entrusted to me.

I would like to acknowledge and express my gratitude to the many people who have helped me in this research.

- I acknowledge Elders past, Elders present and Elders of the future.
- I thank the people who have given me support, encouragement, guidance and who have shared their knowledge so generously with me, from the beginning to the end of this project.
- In particular I want to acknowledge the people who approached me during the course of this research, giving me specific knowledge they wanted included.
- I am humbled by the support of the people who collectively make up the ‘expert panel’, who checked the thesis for content to ensure the validity of the knowledge shared in this project and that it is culturally appropriate to share. Their commitment has been unwavering. I thank the ‘Expert Panel’ for this support. The members of the Expert Panel were Tom Calma, Mick Adams, Jody Saxton, Gracelyn Smallood, Dorothy Savage, Angela Clarke, Stephen Corporal, Randal Ross, Tammie Harrison, Phillip Rist, Mark Wenitong, Debra Hunter-McCormick, Lyndon Reilly, Paul Pedro, Susan Klein, Roxanne Bainbridge, Roslyn Von Senden, Vicki Saunders, Yvonne Cadet-James, Steven Larkin, Ian Anderson, Johnathan Link, Priscilla Page, Nancy Bates, Lorraine Gabey, Elizabeth Trindle, Kathleen Johns, Senimelia Kingsburra, Lisa Curtis, Felicia Fletcher, Tileah Drahm-Butler, Patsi Mawn, Patricia Johnson, Jane Locke, Debra Bennet, Lyn Hughes, Diane Choikee, Mick Gooda . I am honoured to have had the opportunity to learn from their knowledge.
- I thank my supervisor Dr Susan Gair and my co-supervisor Prof Ros Thorpe. I appreciate their assistance in helping me gain further understanding about non-indigenous culture. Thank you both for your friendship and for sharing your wisdom.
- Of special note, I would like to acknowledge and express my appreciation to my friend Mrs Kath Hinchley. In my undergraduate studies, Kath tutored me in academic writing and grammar. I am deeply indebted to Kath for her assistance in editing and proof reading this thesis. I am fortunate to have a friend like Kath.

To my husband Rob, my children and my grandchildren, I owe special thanks for their unwavering support.

## **Abstract:**

### Indigenous<sup>1</sup> Australian Social-Health theory

Indigenous Australian Social-Health theory, this thesis, and my book based on it, *A Theory for Indigenous Australian Health and Human Service Work*, published by Allen and Unwin, began when we, me and fellow Indigenous students and workers, collaboratively identified the need to have our knowledge documented. The collaborative nature of this research project continued throughout, so that although this research and dissertation is my work, the information shared so generously throughout the process means it is collective knowledge.

The format of this thesis uses a theme of knowledge, and draws on the knowledge shared with me for the purpose of documenting our theory. Research participants in this research are ‘people who shared their knowledge’, and data is ‘the knowledge’ that was shared. In this thesis, non-Indigenous people are named as the ‘other’. Resistance to the euro-centric nature of academic literature is evident in this study, as it positions Indigenous voices at the foreground.

This research project, has taken the established theoretical framework, the oral theory used by ‘our’ Social Health professionals, those for whom the social, emotional (including Spiritual), and physical, wellbeing of our people is central to their practice, and translated it into an academic theory format: Indigenous Australian Social-Health theory.

Written in three parts, each with 3 chapters, the text uses a layered learning style, circular learning, with topics introduced earlier being returned to later with additional learning adding depth to the knowledge gained in each subsequent iteration. The first part of this thesis sets the context of the research, with an introduction chapter, a chapter discussing colonisation, leading into a chapter on decolonisation as the framework of this study. In the second part, the chapters discuss the knowledge of others; the values and principles informing the research methodology; and the responsibility of being entrusted with knowledge. Lastly, the third part sets out the new knowledge gained and the specific knowledge that was identified as needing documentation. In this last part, chapters discuss the knowledge shared specifically for this

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<sup>1</sup> Aboriginal and Torres Strait Islander people.

text covering topics such as spirituality, racism, equality, respect, as well as knowledge on the practical application of this knowledge.

Decolonisation is the theoretical framework in which this research is situated. To set the stage for a discussion on decolonisation an exploration of the process, ideologies, and history, of colonisation is incorporated. Knowledge of the history of colonisation, and a critical understanding of its implications are significant aspects of the practice theory of Social-Health and necessary for decolonisation.

Beginning with Laenui's (2000) five stages of decolonisation, adapted to an Australian context, a sixth stage of decolonisation emerged early in this study. These six stages of decolonisation formed the framework used in this research. Also evident is that decolonisation is a useful and relevant framework for use in research and practice, for Indigenous and non-Indigenous peoples.

Aboriginal Grounded Research is the uniquely Australian consensus-based research methodology used in this research project. The tools of creating knowledge, research, and the methods that prescribe and describe the process, are also resolutely linked to the worldview that decides what rules, principles and narratives are acceptable in the research (Overton & Ennis, 2006). The values and principles that inform the researcher's worldview, are discussed in part two of this thesis. Central to this methodology is an expert panel who ensured the accuracy, cultural integrity, and appropriateness of the knowledge shared in this project. Honouring that our knowledge is a collective asset, it is noteworthy that this is not a 'panel of experts'; it is the collective group of knowledge holders who formed the 'expert panel'.

Demonstrated in this research is that Indigenous Australian Social-Health theory is a significant body of knowledge that runs parallel to Western knowledge. This knowledge operates independent of, but selectively informed by, Western academic knowledge. Major themes identified in my research discussions were Aboriginal spirituality, philosophy, and respect, which form the basis of the theory, or more accurately the meta-theory, documented in this study. In addition to meta-theory, knowledge shared in this thesis includes how this relates to practice. Racism was identified as a pervasive backdrop for the environment where Social-Health practitioners work.

This thesis covers the framework theory of decolonisation, the metatheory that informs research and our ways of doing, as well as connecting Indigenous knowledge to practice.

This research is a story of Healing and Reclaiming Wellbeing.

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# Index

<b>Statement of Access</b>	<b>ii</b>
<b>Statement of Sources Declaration</b>	<b>iii</b>
<b>Statement of Contribution of Others Including Financial and Editorial Help</b>	<b>iv</b>
<b>Acknowledgements</b>	<b>v</b>
<b>Abstract</b>	<b>vi</b>
<b>Expert Panel</b>	<b>viii</b>
<b>Index</b>	<b>ii</b>
<b>Part 1</b>	<b>1</b>
<b>Chapter 1</b>	<b>1</b>
<b>Story of Research</b>	<b>1</b>
Personal Background and Context	1
Research Question	4
The role of self in research	4
Journey of Rediscovery and Recovery	7
Paperbark Tree	7
Storying	9
Songlines and Dreaming Tracks.	11
Learning and Spirituality	11
Significance and Relevance of this research into Social-Health	13
Strategic placement	15
Relevance: defining our knowledge, our theory, for our purpose	16
Thesis style	17
Language and definitions	17
Knowledge/Culture	17
Citing	18
Colonisation and Decolonisation	19
International Context	19
Who or What is 'Indigenous'	19
Coveting Indigeniety	20
Defining 'Indigenous'	24
Story of the Snake: Cultural Regeneration	25
<b>Chapter 2</b>	<b>27</b>
<b>Story of Colonisation</b>	<b>27</b>
Lest we forget	28
Colonisation	29
Tales of Savages	30
Before Time: Pre-Colonisation history	31
Civilisation	33
Social order	36
Contact?	37
Torres Strait	38
The 'Explorers' of Mainland Australia	39
Tools of Colonisation	41
Theories of Colonisation	41
Racism	43
Disease - the Smallpox connections	44
Biological warfare	45



Depopulation: Violence not exonerated	47
Slavery or Protection	48
5 Stages of Colonisation	53
Australian examples of Colonisation	54
Denial and Withdrawal	54
Destruction/Eradication	54
Denigration/Belittlement/Insult	55
Surface Accommodation/Tokenism	55
Transformation/Exploitation	56
Colonisation: a Contemporary Process in 2010	56
Colonisation & the Northern Territory Intervention	57
Voices of Our Story	59
Voices of dissent	60
<b>Chapter 3</b>	<b>62</b>
<b>Decolonisation: a Framework of Research</b>	<b>62</b>
5 Stages of Decolonisation in an Australian context.	62
1) Rediscovery and Recovery	63
2) Mourning	65
3) Dreaming	66
The Dreaming	67
4) Commitment	67
5) Action: Decolonising Knowledge	68
A new stage of Decolonisation emerges: Healing	69
The 6 Stages of Decolonisation are:	70
Decolonisation- a model for the settler society	71
Conclusion to Part 1	73
<b>Part 2</b>	<b>75</b>
<b>Chapter 4</b>	<b>75</b>
<b>Review of Written Knowledge</b>	<b>75</b>
<b>Knowledge creation and theory development</b>	<b>75</b>
Theory	77
Construction of Knowledges	79
Knowledge - Science and Research	82
Indigenous Research: a Decolonising Tool	86
Joining the dots: Theory, Metatheory, Methodology	90
<b>Aboriginal Philosophy</b>	<b>92</b>
<b>Spirituality</b>	<b>96</b>
Country – Sacred Land	98
Conclusion	103
<b>Chapter 5</b>	<b>104</b>
<b>Methodology: Grounding the Research</b>	<b>104</b>
So how does one write an oral theory?	105
Ngathu Bread: the Process as Important as Outcome	105
Methodological gymnastics.	106
<b>Aboriginal Grounded Research: Ways of Doing</b>	<b>108</b>
Broadening the Application	108
Panel of Experts	109
Expert Panel	110
Validity	111
Research Principles and Protocols	111
Survival and Protection - a political process	112
Indigenist Research	113
Appropriation of Knowledge	113

Speaking for Oneself	114
Equality	114
Consensus	115
Spirit and Integrity	116
Reciprocity/Mutuality	117
Respect	117
Language	117
Elders/Leaders	118
Listening (Dadirri)	119
Time	119
Responsibility	120
Gender and age	120
Consultation and full disclosure	120
Practical aspects of the research	121
The focus community	121
Scope	121
Ethics	122
People sharing their knowledge – Not research participants	122
Confidentiality	122
Disclaimer	124
Interviews	124
Collecting knowledge	125
Use of technology	126
Network Recruitment	126
Analysis of knowledge	126
Summary	127
<b>Chapter 6</b>	<b>129</b>
<b>Responsibility of Knowledge: Methodology</b>	<b>129</b>
With Knowledge Comes Responsibility	129
Individual knowledge	130
Crediting others' knowledge	132
Reciprocal knowledge transfer with non-Indigenous colleagues	133
Circular learning	133
The swirl of Ganma: where saltwater meets freshwater	134
Reciprocal [Circular] learning in research	136
Ways of seeing: Ways of saying	137
Sue- Mushroom Soup begins the circle.	137
Teacher as learner – Learner as teacher	138
Student - Teacher role	139
Cultural consultant	141
Caution!	142
Early Teachings/Learning	143
Canberra Discussion Group	144
<b>Dinawaan (Emu): Drawing Theory</b>	<b>144</b>
Dinawaan: Theory into (art) Practice	146
Charred Sticks	147
Conclusion to Part 2	151
<b>Part 3</b>	<b>152</b>
<b>Chapter 7</b>	<b>152</b>
<b>Knowledge Shared</b>	<b>152</b>
<b>Writing Theory</b>	<b>153</b>
<b>Talking Theory</b>	<b>154</b>
Racism	155
Racism and Identity	158
Racism in the workplace	161

Racism, Colonisation and New Settlers	163
Spirituality, Experienced	167
Everyday events, Background Spirituality	169
Connectedness	171
Expanding on Basic Knowledge	173
Spiritual Gifts	175
Coming into one's spirituality	177
Mental Health and Spirituality.	180
Babies and Children	182
<b>Research Conversations</b>	<b>185</b>
Ways of Thinking	186
Equality	186
Story of Understanding Theory	187
Inclusion & Value of Individual	187
Respect	190
Leadership/Eldership	195
Consensus	198
Sharing: Reciprocity	199
Practice Wisdom: Practical Ways of Doing	199
Crisis Helping Practice	200
Gender and Practice	202
Women's way of working	204
Men's way of working	205
Men's Groups	208
Learning Circles	210
Not brokers	211
Humour	212
Catering and food	213
Connection to Community: Remaining Grounded	216
Modern Message Stick: Connecting Via Technology	218
Working across Culture	219
What non-Indigenous people have learned from us	220
SKILLS THAT SHOULD BE LEARNED: Learning Circle Wisdom	221
Counselling	221
Reflection – look within self	222
Understanding of different cultural beliefs	222
Time	223
Skills: Confidentiality	223
Open to learning.	224
Blending/Adapting Non-Indigenous knowledge	224
Diversity: Theory in Action	225
Emus Everywhere	227
<b>Coloured Emus</b>	<b>229</b>
Framework	229
Two Colours: Background	230
Three colours: Adapting Other's Knowledge	231
Four colours: Layering of knowledge	231
Individual Creativity: Finishing Touches	232
A Mob of Emus- the same but different	233
<b>Chapter 8</b>	<b>236</b>
<b>Knowledge Combined: A New Stage of Decolonisation</b>	<b>236</b>
<b>Six Stages of Decolonisation</b>	<b>237</b>
1. Rediscovery and Recovery	238
Rediscovery of History	241
History in Healing	241
2. Mourning	243
A Friend's Story: Broken Circles	245

<b>A New Stage of Decolonisation</b>	<b>247</b>
3. Healing/Forgiveness: Reclaiming Wellbeing and Harmony	247
Sharing the Healing: The Apology	254
4. Dreaming	257
5. Commitment	257
6. Action	258
Healing/Forgiveness: Central to Decolonisation	259
<b>Chapter 9</b>	<b>260</b>
<b>Holding Knowledge</b>	<b>260</b>
Significant points of this knowledge seeking journey	260
Confidence in Knowledge	263
Taking up Obligations and Responsibility of Knowledge	264
Core Findings of this research are:	264
<b>Recommendations</b>	<b>265</b>
Future Studies Recommendations	265
Future Studies 1: Linking practice to theory.	265
Future Studies 2: Research explaining non-Indigenous culture	265
Future Studies Recommendation 3.	266
Future Education Recommendations	267
Future Education 1: Acceptance by the Western academy.	267
Future Education 2: Need to address Racism	267
Future Education 3: Responsibility of knowledge.	268
Future Education 4: Social Work and Social Science curriculum	268
Recommendation for Researchers	268
Indigenous Methodologies in Research.	268
Decolonisation Recommendation.	269
Conclusion to Part 3	269
Expert panel comments	269
Snakes, Emus and Oodgeroo's Paperbark	271
Personal Reflection	271
<b>References</b>	<b>272</b>