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Abstract:
Indigenous Australian Social-Health
Theory

Thesis submitted by
Lorraine Muller BSocSc, BSW (Hons)

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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.

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Abstract:

Indigenous¹ 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

¹ 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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