

School of Psychology and Speech Pathology

A causal layered analysis of movement, paralysis and liminality in the  
contested arena of indigenous mental health

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This thesis is presented for the Degree of  
Doctor of Philosophy  
of  
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**Declaration**

This thesis contains no material which has been accepted for the award to any other degree or diploma in any other university.

To the best of my knowledge and belief this thesis contains no material previously published by any other persons except where due acknowledgement has been made.

Signature: .....

Date: .....



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I wish to acknowledge the Whadjuk Noongar Boodja within which the thesis was written. The realization that the answers to the questions that occupy our mind may in fact be under our feet, or in the sky above, will remain an enduring lesson beyond this investigation.

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## Dedication

*How senseless is everything that can ever be written, done, or thought, when such things are possible. It must be all lies and of no account when the culture of a thousand years could not prevent this stream of blood being poured out, these torture-chambers in their hundreds of thousands. A hospital alone shows what war is.*

Ericha Maria Remarque, All Quiet on the Western Front

*It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.*

Theodore Roosevelt

This thesis is dedicated with great respect to the present and emerging players in the Indigenous mental health arena who told me what it was like to be afraid and daring, unsure and certain, defeated and victorious.

## **Abstract**

At the turn of the twentieth century, Indigenous mental health was considered a site of conflicting cultural perspectives (Reser, 1991), and a tensely contested arena (Hunter, 2004). My own involvement commenced during this period and I, along with many collegial and community based stakeholders, were required to navigate an often tumultuous conceptual, social and structural terrain in order to establish a viable professional involvement. Reflecting on that time, I became increasingly interested in how a site concerned with the amelioration of mental and psychological distress, could, simultaneously, be described by language more suggestive of antagonism and contestation. It was from this nexus of personal reflection and social interactions that this investigation into the arena of Indigenous mental health emerged. Aim One examined the constructions of Indigenous mental health over time in an attempt to chart the qualities of the aforementioned tensions, and to gauge the qualities of its current construction. Aim Two was interested examining how participants described their experiences and expectations of the arena. This aspect was refined around two interests, first with the accounts of real or anticipated conflict, and second, with how participants navigated those tensions in order to provide or receive service.

A qualitative methodology was adopted within the tenets of a transformative research paradigm. Semi-structured interviews were utilized to obtain the perspectives of forty-four participants comprised of Indigenous Community Members, mental health professionals, and mental health students. Researcher autoethnography provided collateral material, augmented by a historiographic literature review. Causal Layered Analysis (Inayatullah, 2004), an analytical framework that allows for the exploration of complex social issues at multiple levels of understanding, permitted intragroup elaboration and intergroup comparison, while grounded theory (Charmaz, 2008) guided theory development. This analytical process facilitated the development of a conceptual framework of the arena that identified avoidant and approach-oriented movements employed by community, professional and student players in their quest to provide and receive service.

The arena was revealed as a more nuanced site than that suggested by common litanies of Indigenous/ Non-Indigenous antagonism. Expectations about conflict were formed as part of one's professional and community socialization, reflecting long-held cultural myths about the nature of mental health, mental health service and Indigenous/ Non-Indigenous relationships. Intra-group, as well as inter-group conflict was elaborated in ways that revealed tension permeating the experience of all players in multiple areas of engagement including research, education and clinical realms.

Ambivalence was described in contexts where participants encountered paradoxical scenarios raised by their burgeoning encounters with material and personnel that conflicted with their prevailing worldviews of equality, fairness and professionalism. Thresholds were discernible from accounts in which participants described being on the uneasy verge of cognitive, emotional and behavioural transformation associated with choice-making and role transition. Metaphors and myths emblematic of righteous and wronged discursive positions were identifiable amongst those seeking to attract or maintain intellectual and structural authority in order to assist them in evading scrutiny or to merely validate their presence.

Speculation around the qualities of movement have important implications for those engaged in the preparation of providers and recipients of mental health service, and warrant the acknowledgement of nuanced players who engage in this unsettled context. The findings encourage reflection on the conceptualization of cultural competence, and critique those approaches that promote a naïve mimicry or oppressive systemic regeneration. This investigation suggests that a dynamic and depth-oriented conceptualisation of the movements of players towards, within and away from the Indigenous mental health arena could be developed that acknowledge the communities that formed as sites of respite and transformation amidst conflict, and the thresholds players navigate in order to step into novel roles and contexts. In this endeavor, a challenge is posed for teachers to consider how it is we construct ourselves within intercultural exchanges, and as participants within a proposed co-constructive praxis of uncertainty in order to enhance the Cultural Agility and Deep Competence of our students.

*Keywords:* liminality, arena, players, Indigenous mental health, righteous discourse, wronged discourse, threshold concepts, myth, metaphor, ambivalence

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### List of Acronyms

APS	Australian Psychological Society
AIPA	Australian Indigenous Psychologist's Association
AIPEP	Australian Indigenous Psychology Education Project
CLA	Causal Layered Analysis
HREOC	Human Rights and Equal Opportunity Commission
IMHP	Indigenous Mental Health Professional
IMHPS	Indigenous Mental Health Professional Student
IMHS	Indigenous Mental Health Student
ISP	Indigenous Standpoint Theory
NIMHS	Non-Indigenous Mental Health Student
NACCHO	National Aboriginal Community Controlled Health Organisation
NAIHO	National Aboriginal and Islander Health Organisation
NIMHP	Non-Indigenous Mental Health Professional
NIMHS	Non-Indigenous Mental Health Student
NSW	New South Wales
PC	Politically Correct/ Political Correctness
RAP	Reconciliation Action Plan
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
SEWB	Social and Emotional Wellbeing
TTM	Transtheoretical Model
WA	Western Australia
WAAHIEC	West Australian Aboriginal Health Information and Ethics Committee

## Appendices

- Appendix A: Groot, S., Rua, M., Masters-Awatere, B., Dudgeon, P. and Garvey, D. (2012). Ignored no longer: Emerging Indigenous researchers on Indigenous psychologies. *The Australian Community Psychologist*, 24(1) (Editorial).
- Appendix B: Garvey, D. (2011). Closing gaps, maintaining cadence and removing trampolines: A personal reflection on 20 years in health. *Medical Journal of Australia*, 194, 543-545.
- Appendix C: Garvey, D. (2012). A funny thing happened on the way to the hypogeum: An account of crisis and congruity in the arena of Indigenous mental health. *Qualitative Research Journal*, 12, 155-164.
- Appendix D: *Participant Information Sheet*
- Appendix E: *Interview Consent Form*
- Appendix F: *Draft Interview Questions*
- Appendix G: *Participant Details*

### Publications

- Groot, S., Rua, M., Masters-Awatere, B., Dudgeon, P., & Garvey, D. (2012). Ignored no longer: Emerging Indigenous researchers on Indigenous psychologies. *The Australian Community Psychologist*, 24, 1, 5-10 (Editorial). Retrieved from [https://groups.psychology.org.au/Assets/Files/ACP%2024\(1\).pdf](https://groups.psychology.org.au/Assets/Files/ACP%2024(1).pdf)
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## Terminology

Numerous references to cultural identities appear throughout the thesis. Terms such as *'Aboriginal'*, *'Aborigine'*, *'Aboriginal and Torres Strait Islander'* and *'native'* occupy particular places and times within the broad lexicon of terms used to describe the Indigenous people of Australia. Similarly, different references to Non-Indigenous people are utilized such as *'White'*, *'white'*, and *'Non-Aboriginal'*. I acknowledge that cultural terminology remains a contested site that not only concerns the terms themselves, but also the story of the terms and what that story says about the meanings, origins, locations and uses of various statements and markers of identity.

The approach taken throughout this thesis was to use verbatim the terminology employed in documents and by various participants to describe their contexts and themselves. Where possible, or where indicated, the most specific terms are used, such as *'Noongar'*, to refer to the Indigenous people of the South West region of Western Australia. Even greater specificity is employed when referring to *'Whadjuk Noongar'*, or the peoples of the region surrounding the capital city of Perth, Western Australia.

In addition, as a general convention, I have utilized the term *'Indigenous'* to refer to Aboriginal and Torres Strait Islander people. Where accounts or literature, refer to Aboriginal or Torres Strait Islander people specifically, I also utilize that specific terminology. I also employ the term *'Non-Indigenous'* as a broad reference to people referred to or, who do not identify as an Indigenous Australian person or group. These varied terminologies may at times impart what appears to be a descriptive inconsistency, however, it may be seen as a feature that in and of itself mirrors the inconsistency and uncertainty of the contexts and experiences from which they were derived. Far from cursory distinctions, the tension over terminology is one that resonates within the broader account of tension and conflict examined by this thesis.



## PROLOGUE

*Nothing travels faster than the speed of light with the possible exception of bad news, which obeys its own special laws.*

Douglas Adams (1952 - 2001)

### An Abrupt Entry

*Mary, female, mid 20s, local, no prior diagnosis, no current medication, irregular contact with the visiting community mental health team. Mary had rung the clinic late in the afternoon, saying that she intended to take her own life if the team did not take her into town and to hospital. Sparse case notes showed no prior discussion of suicidal ideation, and no discussion was possible here as Mary hangs up abruptly. Her address is located in the file and two of the three team members make their way to the car with the third remaining at the clinic in the event of another call. Less than ten minutes elapse between the cessation of the phone call, and the arrival at Mary's house, although the drive there feels much longer.*

*Mary welcomes the duo into her dwelling. She appears pleased to see them. Her home is clean and devoid of other occupants. There is no odor of alcohol and no evidence of other drug paraphernalia. Attempts to engage Mary in conversation commence pleasantly enough, but she is reluctant to participate in specific talk about her situation or the circumstances prompting her call. Instead, she escorts the team to one of the rooms where, upon the bed, lies a rope. Mary states that she needs to go to the hospital in the city, and if the team doesn't take her there, she will use the rope to hang herself.*

*Inquiries into Mary's circumstance and mental state continues except now, she begins to show signs of agitation in the face of what must for her, feel like so many frustrating questions. She remains adamant about her request and her plan.*

*There is a knock at the door...*

*News of Mary's circumstance and of the involvement of the mental health team has travelled along the conduit colloquially referred to as 'the black grape vine'. The efficiency and speed of this transmission must surprise many outsiders who may regard what appears to be a disheveled and disorganised community picture as lacking effective channels of communication. Nothing could be further from the truth.*

*A local priest, upon hearing of Mary's distress - signaled in part by the presence of a health department vehicle parked in her driveway, and the site of a growing community audience stationed outside her premises - had made his way to Mary's house. He proceeds to tell the team how he would be willing to co-ordinate the community-based care necessary to support Mary in her time of need. As a local Aboriginal man of influence, and with status both culturally and religiously, his offer to broker a more inclusive course of action could be regarded as genuine and taken seriously. He was concerned for the wellbeing of his parishioner, and was undoubtedly able to muster the human and cultural resources he had mentioned.*

*The growing audience now meant that the initially small-scale interaction had transformed into an increasingly tense and public spectacle, due to Mary's rising agitation and the apparent standoff between the mental health team and the priest. Tensions simmer in this state of uncertainty, attenuating the potential for conflict of a physical and political nature. The moments within the stand-off feel much longer and uncomfortable than they actually are as this limbo, this state of un-knowing, is maintained not through the lack of options, but rather an awareness of many possibilities, some of which tread a well-worn path while others permit a different, uncertain trajectory.*

*Acknowledgement however, does not ensure action.*

*Mary hears the priest's offer and you wonder whether what she says next will prove telling in breaking the deadlock? Part of you hopes it does.*

(Author, circa 1993)

### **The Psychologist's Snare**

Mary's story recalls details from a real-life mental health intervention and is incorporated here and elsewhere in the thesis as a narrative device aimed at orienting the reader to features of particular chapters. The revelation of additional details is incremental and not linear in a chronological sense. However their disjointed presentation is strategic and meant to reinforce the dual notions that the entry to any investigation is necessarily abrupt and ultimately nestled in a much longer narrative.

In the context of my early work experience, Mary's story was emblematic of a complicated but not entirely unusual workday, and its telling has become a central resource in having my students consider their responses

to the challenges posed in the scenario. Mary's story also signals a central feature of this thesis, specifically that it is my intent to incorporate material gleaned from my various involvements in the Indigenous mental health arena. These inclusions constitute an autoethnographical element of the study, a form of self-reflection and writing that explores the researcher's personal experience with the topic, and connects this autobiographical story to wider cultural, political, and social meanings and understandings (Allen-Collinson & Hockey, 2001; Blumenfeld-Jones, 1995; Ellis, 2004). It is not merely the recollection of activity, but an elaboration of the emotion and ambiguities associated with that experience. Autoethnography does more than provide a record of remembered events. It allows the articulation of meanings assigned to those events as well as questions emanating from those events. Its inclusion here is strategic in terms of introducing both the researcher and the research, and provides a platform from which subsequent, researcher accounts might be validly and usefully incorporated.

Such disclosure is warranted within a qualitative research endeavour as a means by which to establish the researcher's position in relation to the inquiry. Reflexivity in the autoethnographic realm does not guarantee the effective management of parochial recollection that he or she brings to the research endeavor. However, doing so makes explicit the biased subjectivities of the researcher such that their influence may be identified in the conduct of the research and the subsequent interpretation of the findings. Wicker (1989) describes a parochial account as one that reflects a singular perspective that may foster interpretations that privilege a single perspective, inadvertently utilising terminology permitted in a particular paradigm to the exclusion of other epistemologies. This precludes the researcher from being able to think about a domain in novel or non-sanctioned ways, mitigating against the inclusion of perspectives derived from other vantage points. This has the impact of limiting the capacity to proffer novel interpretations, resulting in the conduct of sloppy and unreliable work (Kvale, 1992).

William James (1890) identified the phenomena whereby an observer assumes that his/ her subjective experience reflects the true nature of an event. He saw this as a great snare for the psychologist who confuses his own standpoint with that of the mental fact about which he is making his report. I

have sought to temper my contributions through engagement with an emergent critical reflection process derived from Indigenous Standpoint Theory. Particular credence is due to the contribution of Martin Nakata, a Torres Strait Islander academic who has done much to develop the theory and its deployment by Indigenous researchers (Nakata, 2007). Amongst Nakata's interests is how the research that is conducted by and for Indigenous people can ultimately improve the health of Indigenous Australians. He regards the development of a rigorous academic and cultural standpoint as crucial in this mission. In order to articulate an Indigenous Standpoint (ISP) one must engage in reflexivity of a kind not dissimilar to that conducted for an autoethnographical purpose. However, an ISP shapes material differently to the mere endless production of critical, subjective narrative. Its engagement is not deterministic of any truth, but it lays open a basis from which to launch a range of possible arguments for a range of possible purposes, including, persuading others to focus on issues that may not have otherwise caught their attention.

An ISP in this respect is both constituted by, and informative to, the material revealed through autoethnographic examination. Nakata (2007) nominates the nexus at which an ISP is revealed and refined as the 'cultural interface' - a place into which we as Indigenous people bring our histories, politics, discourses, worldviews, social practices, knowledge and technologies. The cultural interface is characteristically a site of '*contested knowledge*' (Laycock, Walker, Harrison, & Brands, 2011), a space between (at least) two knowledge systems in which things are not clearly black or white, Indigenous or Western. Much of what we bring to this is tacit and unspoken knowledge, those assumptions by which we make sense and meaning in our everyday world (Nakata, 1998). The elaboration of an ISP in Nakata's terms is one that is drawn out in circumstances that are neither accommodating nor sympathetic to one's standpoint. Indeed a standpoint is necessarily articulated at an interface that requires critical reflection on, and defense of one's position. It extends the notion of autoethnography beyond mere reportage, to a more fully considered and defensible position.

A clearly articulated ISP is answerable to the logic and assumptions upon which it is built. Arguments from this position cannot assert a claim to truth that is beyond the scrutiny of others on the basis that, as a member of the

Indigenous community, *'what I say counts'* (Nakata, 2007). This is a challenging proposition, particularly in social contexts that seek to incorporate Indigenous authorship on all manner of social and other issues. While the marginalised voice may at some level expect and receive a degree of latitude, particularly amongst those who seek to privilege and reveal it, such elevation may in fact serve to reinforce quite rigid and exclusive constructions of what is deemed authentic Indigenous identity. Essentialising Indigenous positions in this way imbues them with a truth-like quality, inviting uncritical, almost reverential homage to the Indigenous voice, allowing Indigenous speakers to enjoy an unquestioned elevation in status as infallible tellers of their stories. In this process, not only is the Indigenous voice accepted, it may become valorised as reflecting a moral authority imbued by a particularly harrowing background incommensurable with any kind of traumatic experience experienced by Non-Indigenous persons (Paradies, 2006). This is antithetical to the more rigorous process required to establish one's standpoint, as such fantasies of Indigenous identity may in fact create stricter boundaries within which some may claim authenticity as Indigenous people, to the exclusion of those who fail to meet those criteria.

Application of Nakata's (2007) conception of ISP wards against the reification of an essentialised, unexamined Indigenous account and for Nakata, the construction of an Indigenous standpoint is merely the articulation of a position that in no way guarantees preservation nor privilege, and is ultimately the result of identifying and facing troubling questions. Polhaus (2002) adds that an ISP does not refer *"to a particular social position, but rather is an engagement with the kinds of questions found there"* (p.287). For Paradies (2006), this course is necessary if one is to evade the falsehood and constriction of the conditional freedom established by the aforementioned fantasies of Indigenous identity. It brings into focus that which might otherwise avoid critique and rather than demand authority due to its source, an ISP must be defensible and defended when cast into scrutiny within and beyond the context in which it originates. An ISP in this respect is, paradoxically, a strong and valid statement of experience, identity and culture, subjected simultaneously to celebration, exposure and critique. Like Nakata and Paradies, I seek instead to establish a nuanced elaboration of my

standpoint, one that problematizes the easy adoption of essentialised attributes and the protection they might confer from critique, to instead, grapple with the imprimatur of '*Indigenous person*' and '*Indigenous researcher*'. To this end, I contribute autoethnographic material to the project as a precursor to the questions arrived at through my engagement at the cultural interface of Indigenous mental health. It is through an engagement with those questions, that an increasingly refined and ultimately useful ISP may be discerned (Nakata, 2007). Doing so has permitted me to consider multiple, alternative perspectives that mitigate against my provision of a parochial, decontextualized and presentist critique. The questions that provide the focus of this research articulate a standpoint that has emerged from reflection on my part to be further scrutinised in the light of the investigative and analytical frameworks brought to bear in this research.

### **Overview of the Aims, Objectives and Thesis Structure**

An interest in the various expressions of tension and conflict amongst those providing and receiving service in the Indigenous mental health arena provided the impetus for this investigation, and from the nexus of contextual change and interpersonal exchange, the dual foci of the research emerged.

#### **Aim One**

First, I examined how '*Indigenous mental health*' as a concept and practice, has developed over time in an Australian context. Much like the abrupt entrance into Mary's story, I acknowledge that providers or recipients of service, participate in activities that have a history that precedes their presence in them and yet, we are required to fit in, participate, make sense, and behave in ways that permit the provision and reception of service. For this reason I sought to understand how the activities with which I, and others have become involved, had come to be. Was our current understanding of the Indigenous mental health arena and associated practices the only one, was it one in a series of inevitable iterations, or was its construction deliberate and strategic?

Within the broad aim of understanding the evolution of Indigenous mental health, the metaphor of the arena intrigued me. Consequently, within the broad examination of the changing arena, the investigation was particularly interested in how Indigenous mental health had come to be described in terms of tension and contestation, and spoken of as conceptual and practical milieu more akin to a battlefield, than a site supportive of the amelioration of mental and psychological distress.

### **Aim Two**

A second aim was pursued based on this broad conceptualization of the Indigenous mental health arena. Aim Two examined how within a site of tension and conflict, people provided and received mental health service. In particular, I was interested in how people spoke about their involvement as providers or recipients of service, and how their talk constructed and permitted their respective involvements. Whereas Aim One adopted a historiographical perspective on the emergence of contestation in the arena, Aim Two focused more on contemporary descriptions and experiences of tension and their navigation. In addition to participants with experience as providers and recipients of service, from my role within a tertiary institution, I was keen to examine the perspectives of mental health students, not necessarily for what they had experienced, but for how they anticipated their work within the arena and with Indigenous Australian people. This could be seen as a continuation of the process with which I had been engaged for twenty years, and an opportunity to explore this site in a more formalized and strategic fashion.

### **Objectives**

In terms of what use an investigation interested in context and conflict might be, the intentions were threefold. First, from my position as an educator, my intent was to discuss how an understanding of tension and conflict in the arena of Indigenous mental health might be utilized to construct resources of use in the training and development of prospective students. Secondly, the investigation sought to contribute to an emerging field of endeavour referred to internationally as Indigenous psychology, and domestically as Australian

Indigenous psychology<sup>1</sup>. Kim, Yang and Hwang (2006) describe Indigenous psychology as examining psychological phenomena in their ecological, historical and cultural contexts. They advocate the integration of multiple perspectives and methods by which to obtain comprehensive and integrated understandings of Indigenous psychological phenomena. Indigenous psychology aims to understand the Indigenous cultures in their own settings and to understand people in their own terms (Allwood & Berry, 2006). Within an Australian context, Indigenous psychology emerged in response to similar misgivings about the ways in which conventional psychological practices have served and portrayed Aboriginal and Torres Strait Islander people. The recently formed Australian Indigenous Psychologists Association (AIPA) states imperatives that target the development of better psychological resources for Indigenous Australian people, that are respectful of Aboriginal and Torres Strait Islander cultures, values and belief systems and grounded in Indigenous perspectives. It also advocates for research likely to generate social and emotional wellbeing policy that improves mental health outcomes for Aboriginal and Torres Strait Islander peoples.

Alongside these large aspirations, the third objective was small and selfish by comparison. Specifically, how might the results of this investigation make me a better teacher able to conduct better conversations about the arena with community members, colleagues and students in the future? Thus, while the overarching investigative interest was in the genesis of tension and conflict and their navigation by service providers and service recipients, their relevance to teacher development was very much a personal stake.

### **Overview of the Thesis Structure**

Figure 1 presents an overview of the main phases and features of the investigation, highlighting the general course of the research process, and the interrelationship of the various parts that comprised it.

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<sup>1</sup> An Editorial from the *Australian Community Psychologist* journal highlighting the emergence of Indigenous research and Indigenous researchers from the Asia Pacific region is included as Appendix A. The journal portrays the emergence of Indigenous psychology as an endeavour that can be '*Ignored no longer*'.

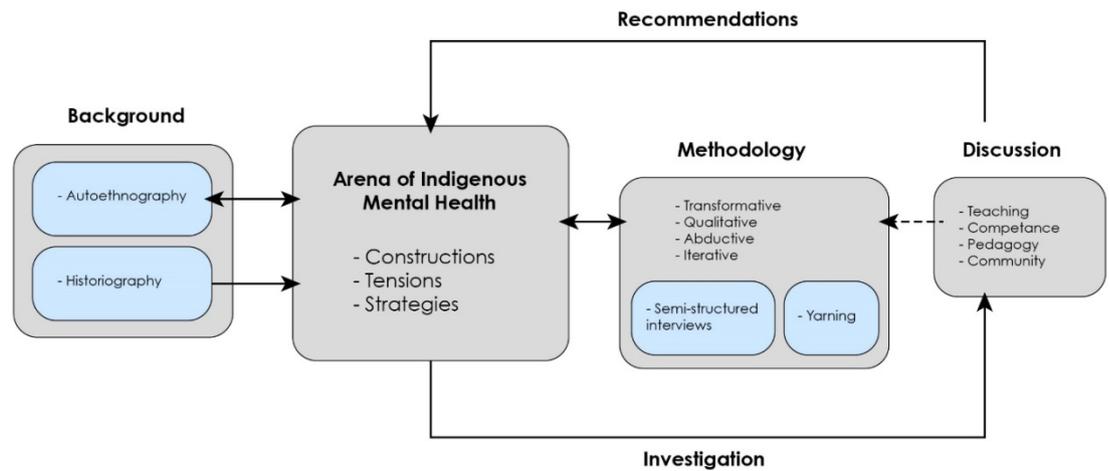


Figure 1. The main phases and features of the investigation into the tensely contested arena of Indigenous mental health.

Commencing at the left of Figure 1, the background to the investigation provided in Chapter One: *'Introduction'*, describes my arrival at the questions of interest. These are explained via autoethnographical reflection, and through the historiographical consideration of relevant literature relating to what has been termed the tensely contested arena of Indigenous mental health. Chapter Two: *'Literature Review'*, examines two broad sets of literature. The first component takes a longer range view of the changing constructions of Indigenous mental health in an Australian context, while the second section considers contemporary features of the arena. The approach employed to examine tension and conflict is explained in Chapter Three: *'Methodology'*. As a generative and transformative investigation, the research process adopted an iterative research process whereby methodology and methods were permitted to develop according to the emergent findings, and associated practicalities of conducting the research. This resulted in a responsive and caring approach to research that acknowledged the prevailing constraints placed on the various participant groups, and sought instead to work within the rhythm of the research context. Chapter Three also describes Causal Layered Analysis (CLA), substantive theory and grounded theory as core organizing and interpretive features employed throughout the interpretive process.

The findings are presented over several chapters commencing with Chapter Four: *'Picturing the Indigenous Mental Health Arena'*. Here, a picture of the arena is elaborated that takes into consideration the historiographical account of Indigenous mental health, and the features of contemporary constructions as described by participants. The arena was described as involving not only the nexus of clinical, research, educational or community interactions, but the various movements that people had made in order to get there as either providers or recipients of service. Here, the concepts of Approach, Avoidance and Ambivalence are introduced and employed to interpret participant accounts. Chapter Four primarily addresses the first aim of the investigation and in doing so, provides a framework upon which the findings from subsequent chapters are usefully organized and considered.

Chapter Five: *'Trails and Tribulations'* elaborates five major avenues along which Indigenous and Non-Indigenous participants described their movements towards and away from the arena. Accounts of approach, ambivalence and avoidance were deconstructed according to the four layers of interpretation suggested by Causal Layered Analysis (CLA). Analyses of discrete avenues (vertical analyses) and comparisons between avenues (horizontal analyses) were conducted within this, and subsequent chapters. These approaches serve to highlight the nuance within and between the various avenues of interest. Chapter Six: *'Thresholds to Entry'*, addresses a feature of the arena best considered as the final step towards becoming a provider or recipient of service. The term 'threshold' and the concept of liminality were employed to describe this transitional phase of a participant's approach. This threshold was described as significant catchment for many tensions as the reality of participants' entry into the arena became apparent. Chapter Seven: *'Articulating Tensions Within the Arena'*, and Chapter Eight: *'Navigating the Arena'*, present tensions and conflicts from various sites including clinical and community-based interactions, and educational and research encounters. This approach rendered the arena as a site constituted by both rigid demarcations, and more permeable sites of intercultural interaction. The latter feature was considered as a precursor to community development, and longer term, transformative social movements, the implications of which are examined

further in Chapter Nine: *'Implications of a Movement-Based Analysis of the Indigenous Mental Health Arena'*.

Chapter Nine considers the findings in relation to education, particularly the implications for teachers and pedagogies we construct concerning Indigenous mental health. Cultural Agility is introduced as an integrative concept that acknowledges the various movements elaborated in this investigation, and the often unsettled territory upon and within which participants attempt to navigate a presence. The Epilogue constructs the conclusion of the thesis as the commencement point of the next iteration of my involvement. Along with Chapter Nine, the Epilogue outlines the questions and aspirations that have come to constitute my revised standpoint.



## 1. CHAPTER ONE

### INTRODUCTION

*The environment is everything that isn't me.*

Albert Einstein (1879 -1955)

#### 1.1 Chapter One Overview

Chapter One outlines my arrival at the questions examined in this investigation. It explains how, in contrast to Einstein's assertion, that I, as researcher and participant, regard and acknowledge myself as part of the environment of my investigation. This chapter outlines how my position in the investigation is managed in terms of its influence on matters of data collection, analysis and interpretation. It includes further exposition of Mary's story, and a description of the context of my transition to academia from my role as a psychologist employed by a State auspiced community mental health service. The concept of the arena is explored for its descriptive value in relation to Indigenous mental health, and as an interpretive device for the activities associated with that term.

#### 1.2 Arrival: Contextualising My Position in the Research Process

I commence this investigation informed by several personal and professional memberships. Most pertinent to the inquiry are my identifications as an Indigenous Australian person, a psychologist and educator. The sites from which I have obtained my perspectives include my work as a lecturer at Curtin University, and prior to that, as a psychologist for a Queensland State government community mental health service. Mary's story was derived from my involvement in one incident, during one afternoon in the latter role. It recounts an event from over two decades ago; a time in which the scenario of a

small team deployed to a rural Aboriginal community on a fortnightly basis constituted an exemplary, if not unusual Indigenous mental health resource. The novel service arose in what might be described as changing times for Indigenous mental health. Buoyed by an increasing and specific consideration within many health specialties, the mental health of Indigenous Australian people had risen to national prominence in the early 1990s due to the recommendations of several inquiries including the Report of the Royal Commission Into Aboriginal Deaths in Custody (RCIADIC, 1991), the 1993 National Aboriginal Mental Health Conference, the Report of the National Inquiry into the Human Rights of People with Mental Illness (Burdekin, 1994), and the Ways Forward Report (Swan & Raphael, 1995). Central to each report and event was the critical examination of the quality and quantity of mental health service provision to Indigenous Australian people, and the observation that Indigenous people tended to serve roles as clients, recipients and subjects, rather than as contributors or experts.

Here, the priest's offer embodied the ideal of self-determination that had come to characterise much public and political discourse regarding Aboriginal people since the 1970s and would, more specifically, address many of the criticisms of mental health care for Aboriginal people that had emerged during that period to prompt the aforementioned reports. However, acquiescence to the priest's plan was not forthcoming, at least not immediately. The priest's recommendations, while broadening the range of options, simultaneously complicated any agreement on how best to intervene. On the one hand, at this time and in this place, would it not be appropriate to provide a response that addressed both the immediate needs of Mary's safety, and the broader political and moral imperatives to support Aboriginal self-determination via deference to a genuine and seemingly comprehensive community-initiated, community-based, and community-led plan? However, because Mary had described her plan and showed us the means by which she intended to implement it, was it not our professional imperative to remove her to a place of safety where she was no longer a threat to herself or others? This impasse could not persist indefinitely and a decision as to how best to proceed would have to be made; a decision that would provide a very public display of our exemplary and unusual mental health intervention.

### **1.2.1 A Background to Indecision: Contextualising Professional Hesitance and Uncertainty**

These were not the first forays into the realm of Indigenous mental health, nor the first expressions of the need for greater attention. Nurcombe (1970) had noted the inability of mainstream mental health services to meet the needs of Indigenous clients, while a decade later, Australian ethnopsychiatrist, John Cawte (1980), characterised the plight of Indigenous Australian people within his profession as occupying “*the nether world of Australian psychiatry*” (p.12). A quarter of a century later, psychiatrist Ernest Hunter (2004) proposed in an editorial titled, ‘*Commonality, difference and confusion: Changing constructions of Indigenous mental health*’, that the concept of Indigenous mental health remained a site of contestation on many levels. Hunter had explored this contention and the idea of changing constructions in earlier and subsequent works (e.g. Hunter, 1997; 2007) and acknowledged Brady’s (2004) observation that what are taken to be official representations of Aboriginal health tended to emphasise their cultural difference from the Australian mainstream, constructing Indigenous people as exotic, while de-emphasising the presence of natural or prosaic practices that might be seen as common across cultures. Hunter (2004) noted that an emphasis on difference pervaded the contemporary construction of Indigenous mental health and the systems established to enact this view resulting in a context that, “*even by the standards of Indigenous health, is a tensely contested arena*” (p.1). He argued that changing constructions had determined not only what was regarded as Indigenous mental health conceptually, but had structural and procedural implications impacting how services were organised, delivered and staffed. These constructions exemplified deeply held beliefs about the nature of wellbeing and illness, and informed the roles professionals should play with regards to Indigenous people and their mental health. In this sense, Mary’s story was emblematic of attempts to resolve questions about service provision and self-determination that characterized changing times and changing constructions within the arena, and the tensions and conflicts that accompanied such shifts.

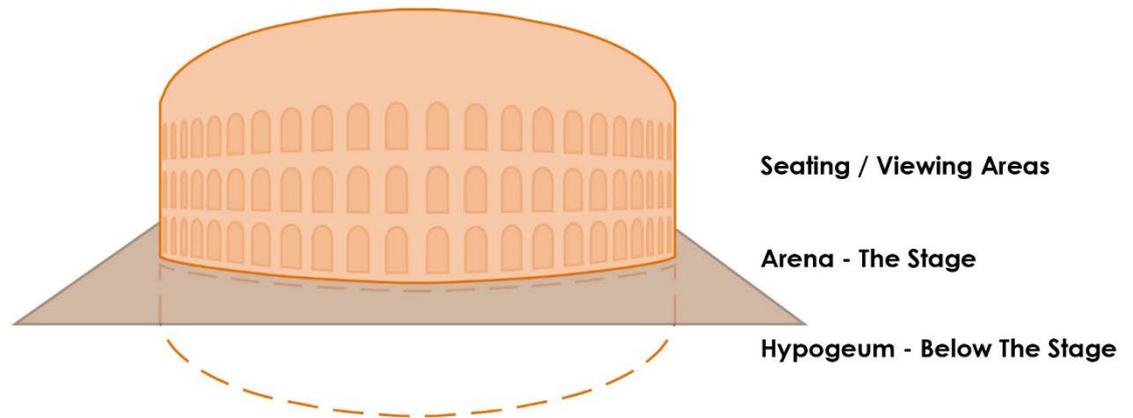
### **1.2.2 Nominating the Arena as an Integral Interpretive Metaphor and Heuristic Device**

From the outset, Hunter's (2004) use of the term '*arena*' had struck me as an unusual descriptor to apply to an endeavour concerned with the amelioration of suffering and mental distress. An arena in its colloquial sense, seemed a site unlikely to foster any degree of relaxation or relief, at least for those engaged in the combative activities for which an arena was purposely constructed. During lectures where I have made reference to this investigation, audience members' associations of the word '*arena*' also invoked notions of contest and competition, bloodshed and battles. The word '*arena*' evoked images for most, of combatants who would quite literally fight for supremacy, if not survival, in a purpose built space such as a sporting stadium. An often mentioned example of such a site was the Flavian Amphitheatre, or as it is more popularly known, the Roman Colosseum. The Colosseum was also my strongest association with the term, prompting me in the formative stages of this investigation, to delve further into its characteristics, and the activities conducted there. This investigation yielded several interesting features of the Colosseum as a physical structure and as a metaphorical device.

### **1.2.3 Deconstructing Arenas as Multilayered Sites**

The stage of the Colosseum consisted of wooden boards covered with sand, and it was this sand, or *arena*, that constituted the origin of the term more commonly used to refer to the overall structure. Figure 2 illustrates how the arena, in its original usage, referred to the stage or floor upon which ensuing activities took place. Furthermore, structures such as the Colosseum were built in such a way as to better orchestrate and prolong the pageantry of the conflict, permitting the release of additional combatants or obstacles from its recesses. For this purpose, beneath the arena were subterranean areas, or *hypogeum* (below the earth), that housed resources that could be strategically drawn and deployed to support the spectacle above. The hypogeum housed cages to hold gladiators and wild beasts destined for the show, hoisted upwards by mechanical elevators to appear on the arena.

An additional feature of *cryptoportici* (covered galleries or corridors) permitted movement beneath the arena, out of sight of the baying audience assembled in the seating above. These corridors were added by Emperor Commodus who used them to pass directly into the amphitheatre and his privileged vantage point (Maso, 1992).



*Figure 2. Illustration of the Flavian Amphitheatre. This Figure highlights the visible and less visible features of this arena. The seating is located above the floor of the amphitheatre, while below the arena, the hypogeum housed resources set for release into the viewing area above.*

Structurally then, the arena was constructed in such a way as to enable the entrance of particular persons to particular, privileged viewing areas, while others would be managed or confined until such a time as to warrant their appearance on the arena. The Colosseum was purpose-built to highlight the visible, surface spectacle upon the arena, while obscuring from sight the subterranean machinations and means that supported the conflict above. Human and other resources were housed out of sight, and strategically released to promote, prolong and augment the publically visible spectacle.

#### **1.2.4 Arenas as Strategic Sites of Human Interaction: A Sociological Perspective**

Although the term ‘arena’ was gleaned from its use in relation to Indigenous mental health, the heuristic value of arenas as examinable sites of

human interaction and social movement was recently proposed by sociologist James Jasper. He describes an arena as, “*a bundle of rules and resources that allow or encourage certain kinds of interactions to proceed, with something at stake*” (Jasper, 2014, p.14). Arenas may be simple or complex, and connected or disconnected from each other. For example, there may be several stakeholder groups associated with an aspect or aspects of the Indigenous mental health arena, operating separately or in unison with regards to a particular stake in the arena. Arenas may also be emergent, stagnant or in decline, suggesting their transitory nature as sites of human interaction and contestation. In other words, Jasper highlights both the influence and fragility of arenas in their structural and metaphorical sense, as fleeting or more stable sites worthy of examination for the political and other human activities they house.

Populating arenas are what Jasper (2014) terms ‘*players*’, or those who engage in strategic action with some goal in mind. Simple players consist of individuals, while compound players are teams of individuals comprising loose, informal groups, organisations, or even nations tentatively or seemingly united behind some purpose. Mental health, for example, involves numerous professional groups (Bower et al., 2004), with the National Practice Standards for the Mental Health Workforce (Commonwealth of Australia, 2013) identifying five professions that contribute significantly to the mental health workforce: mental health nursing, social work, occupational therapy, psychiatry and psychology. These groups would be considered as compound players in Jasper’s terms, denoting their status as large, organized and professional group designations. One need not be Indigenous in order to work in the arena of Indigenous mental health and in fact, the presence of Indigenous people in roles remotely or directly acknowledged as supporting Indigenous mental health is a relatively recent phenomenon.

Jasper’s (2014) conception of arenas emerged from his investigation of social movements, including protest movements of various kinds, and has led to his assertion that in order to understand how protest arises, unfolds, and affects (or does not affect) the world around it, research needs to begin with catalogs of the players on all sides. Such catalogues need to be extensive and include the multiple goals and capabilities players have at their disposal.

Research also needs to identify the goals and means over time, as well as the changing catalog of players. We should consider that players and arenas are always emerging, changing and recombining. The dynamic nature of arenas makes them sites in which it is possible to witness the rise and fall of simple and compound players. The Indigenous mental health arena can be seen as having birthed and farewellled many such groups.

While Jasper's (2014) work was encountered late in the research process, it provided methodological affirmation, and greater nuance to the lexicon of terms invoked to describe the players and activities in the arena of Indigenous mental health. It also served to render this work more clearly as an examination of ideational and structural conflict, dynamic contextual phenomena and larger scale social movements, while at the same time validating the examination of simple and complex players. For these reasons the 'arena' remained a central organizing metaphor for the ensuing investigation.

### **1.2.5 *Panem et Circenses*: The Arena of Indigenous Mental Health as a Site of Service and Distraction**

While my initial interest in the arena metaphor proved stimulating, I needed to consider whether I had imbued the term with a meaning similar to that intended by its author. It was prudent to resist my parochial embellishment, and to understand its use as intended by Hunter (2007). Fortunately, I had worked with Ernest Hunter during my employment at community mental health, and he replied favourably to my request to elaborate on his use of the term. Hunter's (personal communication, March, 2012) response indicated a shift from his original use of the term in the eight years since its first usage:

*I certainly still feel that the metaphor of the arena is apt, but it has in some senses changed, or at least those in the stands have changed. By that I mean that an arena is a space where things are contested. Thus, that level of the metaphor relates to tensions between those engaged, the contestants. In my original thinking those were groups who in one way or another claimed authority or sought for influence in that space. However, if you continue the original metaphor and*

*think of how the arena evolved in Roman times, it later became a space for displacement, that is, that the entertainment of the arena was used during the Imperial period to divert attention, 'give them bread and circuses!' In this sense, I would now argue this arena is a place where certain problems take on the appearance of being addressed, whereas the underlying manifest social ills remain unaddressed.*

Hunter's (personal communication, March, 2012) thoughts on the arena had developed since his initial use of the term. Its original nomination recognized the stake participants had in establishing authority and influence, while his latest consideration emphasised the sociopolitical functions of the activities conducted within. The reference to '*bread and circuses*' translates in Latin as '*panem et circences*' (Juvenal, Satire 10.77–81) and in relation to the activities of an arena, refers to a superficial means of appeasement whereby an audience would be placated or distracted from their concerns about society beyond the arena's walls, through gifts of food and entertainment. More than a mere physical structure, the arena was a site of both provision and distraction, operating to a short term agenda of crowd control and social stability. The arena offered a spectacle demanding attention, while simultaneously misdirecting the audience from their otherwise impoverished circumstance, and the reasons for that circumstance. In this sense, the arena and its activities performed a service for those invested in the longer-term consequences of distraction, and the avoidance of scrutiny and potential social unrest.

Hunter (personal communication, March, 2012) had come to consider not only the combatants on the arena floor, but the purpose of the contest for various audiences. The questions of appeasement and distraction in the Indigenous mental health arena is an interesting one, along with what constitutes '*bread and circuses*', who are the providers and recipients of said distraction, and what purpose does appeasement of this kind serve? Hunter's revised analysis suggested activities were performed that gave the appearance of care and concern for the public, but delivered them a similar, unsatisfying circumstance once their participation in the arena has ceased. He had used a different metaphor previously to describe this evasive process in relation to the unkept promises of Indigenous mental health policy:

*With each transition the chrysalis portends something  
marvellous – real outcomes – but delivers, instead, much the  
same old caterpillar.*

(Hunter, 2004, p.95)

### **1.2.6 Conflicting Cultural Perspectives in the Arena of Indigenous Mental Health**

Hunter (2004) was not the only author to emphasise conflict in relation to constructions of Indigenous mental health. Psychologist, Joseph Reser's (1991) analysis in, '*Aboriginal mental health: Conflicting cultural perspectives*', contended that at the beginning of the 1970s, not a lot could be concluded about the nature of Aboriginal mental health. This was due to the mainly categorical data that was kept for mental health problems generally, and the associated critique of this kind of categorisation of Aboriginal mental health on the grounds of cultural and contextual inappropriateness. According to Reser, the difficulty in proposing a robust overview of Aboriginal mental health was due to an introduced system of defining mental health imposed on an Indigenous social and cultural landscape with pre-existing definitions, explanations and reparatory actions of their own. This imposition cast cases of mental illness and social and emotional wellbeing problems in a light that failed to acknowledge broader health determinants, or Indigenous epistemologies and ontologies. In doing so, problems were regarded as the fault of the subjects of inquiry, and not as an artefact of the conceptual and material apparatus informing how they were regarded, diagnosed and treated (McMahon, 2007). The prevailing discourses were those of the introduced mental health professions of the time, operating in often unfamiliar geographical and social terrains. The corollary of this process was the establishment of mental health systems that were not only based on introduced cultural constructions of mental health and illness, but prescriptive of the roles and activities permissible in those constructions.

### **1.2.7 Responding to Critical Assessments of the Arena: The Emergence of an Indigenous Mental Health Movement**

The critical assessment of mental health service for Indigenous Australian people gained traction as a result of several substantial investigations. Focus began to be placed upon the investigative systems that had not only documented the plight of Indigenous Australians, but were now increasingly implicated as a determinant of that compromised status. The inquiries made broad ranging recommendations as to how systems and personnel needed to change in order to better meet the health, and mental health needs of Indigenous Australian people. Thus, at the commencement of the 1990s, outreach and community-based engagement were touted as strategies within a raft of necessary priority amendments. Mary's story is locatable within this broad ranging evolution of the Indigenous mental health system, embodying both the promise and uncertainty of those changing times.

A concurrent priority concerned how Indigenous people might come to occupy more substantive positions within existing and emergent Indigenous mental health resources. To this end, counselling and mental health training for Indigenous people was deemed prudent as one means of responding to the consequences of various historical traumas and contemporary disadvantages. The ambivalent regard held by some Indigenous Australians for mainstream resources encouraged the training of Indigenous people to provide mental health service for other Indigenous people. As one of a small cohort of Indigenous people who had studied psychology, I was invited in 1993 to be involved in the development of a counselling and mental health course auspiced by the Centre for Aboriginal Studies (CAS) at what was then the Curtin University of Technology<sup>2</sup>.

My involvement in that early course development exposed me to the perspectives of Indigenous people seeking to study counselling, and in the course of field visits to their communities, I received insights into the contexts in which our university- based curricula were required to have meaning. The need to develop responsive and relevant resources created other tensions, particularly when they required us to think and operate on the edge of what the

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<sup>2</sup> I reflect on several features of this period in an essay included as Appendix B.

institution deemed as suitable to address academic criteria, what diverse Indigenous communities identified as their needs, and what various mental health disciplines permitted us to include. For example, we were restricted in the degree to which we could promote our courses as training people in psychology or nursing, having not been accredited to do so by their regulatory bodies. Not that we were attempting to train psychologists or nurses. Our quest was to equip Indigenous students with meaningful skills that they in turn could use to good effect in their own communities as Indigenous counsellors or Indigenous mental health workers – designations which at the time and to an extent, still today – continue to confound, complement and challenge the conventional array of mental health professions.

During and subsequent to this role, my attention was drawn to the needs of Non-Indigenous students and practitioners considering, or already engaged in work with Indigenous Australian people. The 1990s were characterized by the emergence of an influential critical discourse around Indigenous mental health that placed many of the prevailing roles and service priorities into a state of flux. Conventional approaches and professional conduct now faced increasing scrutiny, while input from Indigenous Australians was actively sought within prevailing and developing systems. Indigenous people were increasingly conferred the mantle of '*expert*', while professional expertise was troubled, relegated in many cases to a position whereby its appropriateness for Indigenous people was not only questioned, but touted as an instrumental determinant in the poor health status of Indigenous people (Eckermann et al., 2010).

Many conversations around such matters occurred in the boardroom of the CAS at meetings of the Psychology and Indigenous Australians Interest Group. While embodying the critical impetus of the emergent Indigenous mental health arena, it offered a more accommodating space in which questions and concerns, fears and anxieties could be expressed – mainly by those Non-Indigenous psychologists who felt troubled by their own rising awareness of the reconstruction of themselves and their profession through a critical postcolonial frame. Non-Indigenous psychologists described their experiences and questions around '*what to do*' or '*how to be*' with Indigenous Australians, with their goodwill and desire to be useful counteracted by an at

times debilitating fear of doing the wrong thing, or of becoming the disempowering and insensitive presence they desperately sought to abolish (see Kowal & Paradies, 2010; Kowal, 2011). Common to all was the wish for guidance and in some cases affirmation that their involvement would be regarded as valid and that their involvement would, or could, be seen as useful.

Other players spoke from a different position and were not so convinced of the need to focus on Indigenous mental health, questioning the emergence of this offshoot of psychological endeavor as antithetical to a singular human psychology, and divisive to the construction of a united Australian identity. This position did not necessarily exclude their wish to be involved, but their involvement was described in reluctant terms due to what was felt as an imposition and threat to their views on psychology, mental health and the prevailing status of Indigenous Australian people.

In the intervening period now spanning over two decades, and after participating in what must now amount to many thousands of conversations with, and about, Indigenous mental health, mental health professionals, mental health students, and the interface between them, the same issues, needs and questions remain central to the conversations I continue to engage in on an almost daily basis. This is despite what have been major investments in service terms, and a burgeoning emphasis on developing a culturally competent mental health workforce responsive to the needs and aspirations of Indigenous Australian people. The mental health of Indigenous Australian people has over the last two decades of my engagement, become an area of interest and growth. It has also been described as a site of contestation - a crucible to those unresolved and enduring tensions between Indigenous and Non-Indigenous Australians discernible in the broader Australian context.

Rather than seeking to control for the parochialism that my particular participation has yielded for me, I acknowledge my position as a consequence of my experience in this environment. This sees my account of the arena as having occurred during a period of upheaval and transformation, and by virtue of my various roles, I have interacted with various other participants in that context. The aims and objectives of this investigation, like myself, are an inextricable consequence of those interactions and the questions that emerge from them. Chapter Two expands the view of the arena provided in this

Introduction. It adopts a historiographical regard for the literature, and examines both earlier, and more contemporary constructions of the Indigenous mental health arena.



## 2. CHAPTER TWO

### LITERATURE REVIEW

*A book is more than a verbal structure or series of verbal structures; it is the dialogue it establishes with its reader and the intonation it imposes upon his voice and the changing and durable images it leaves in his memory. A book is not an isolated being: it is a relationship, an axis of innumerable relationships.*

Jorge Luis Borges (1899 – 1986)

#### 2.1 Chapter Two Overview

In this chapter I review two sets of literature. The first section: ‘*Construction Begins: Writing about Indigenous Mental Health*’, surveys literature relating to the development of the concept and practice of Indigenous mental health in Australia. It incorporates material gleaned from a range of disciplines to provide a broad historical overview of the ideas that have influenced the social construction the arena. The place of psychology and psychologists receive specific mention in this consideration, although their presence is but one of many disciplines that have sought and gained influence in this realm. The second section moves the focus to ‘*Responses and Repercussions*’. Here, an overview of contemporary features of the arena including policy imperatives, educational strategies and Indigenous community perspectives are provided. These offer a perspective on the ways Indigenous mental health has been written about in 21<sup>st</sup> century Australia.

Borges’ observation is pertinent in the context of this investigation as it acknowledges how particular renderings of history establish an often strategic and deliberate relationship with the reader. As a caveat to Borges’ assertion however, it is relevant to note that any review is both enabled, and restricted by the corpus of available literature. As a means of examining the development of ideas, it is confined to the records of those able to record them. Oral cultures,

pre-literate societies, or those without access to the technological expertise, or means of production and dissemination may find their representation limited. Often, they are written about by those with access to those resources, and thus relationships are established at the behest of those authors and their particular stake.

## **2.2 Constructing Begins: Writing About Indigenous Mental Health**

The review adopts a historiographical regard for the literature, meaning that the emphasis was on the ways that Indigenous mental health has been written about, including the debates, ideas and approaches that have proved influential in particular renditions. A historiographical approach constitutes a summary of the historical writings on a particular topic, setting out in broad terms, the range of debates and approaches to how the topic has been written about. It involves the study of the way history has been and is written, and may identify prominent authors in this regard. Historiographical review is more than reportage, and like Borges' assertion, it asks us to consider how what is written informs us about accounts of historical events.

### **2.2.1 A Tale of Duty and Demise: Documenting a Rapid Descent into Madness**

In their book, *'The Psychology of Aboriginal Australians'*, Kearney, De Lacey and Davidson (1973) note the longstanding scientific interest shown for Aboriginal Australians, nominating it as a compulsion that every early scientific and non-scientific visitor comment on some aspect of Aboriginal life, be it psychological, moral or spiritual. The most prominent and documented perspectives were those of Non-Indigenous investigators who offered assessment and opinion of the Aboriginal race, configured through their particular interpretive frames. Epstein, McDermott, Meadows and Olsen (2007) describe the qualities of the view of mental health transported and supplanted into the Australian context at the commencement of the colonial era. Its features stemmed from religious and intellectual contestation and upheaval across much of the European continent over two centuries.

Positivism had emerged as an intellectual position in the Enlightenment Period, a cultural movement of intellectuals in the seventeenth and eighteenth centuries that privileged reason rather than faith, tradition or revelation, as the way of understanding and reforming the world. This applied to practices that were viewed as supported by superstition, or enacted under the guise of State or church sanctioned abuse. Mental phenomena were central considerations in this debate. Madness proved troubling to rationality, and this had a direct impact on how the mad were regarded and treated. Primarily, was madness a transitory state amenable to intervention, and could the mad and irrational be returned to a state of rationality? Religious interventions had focused on providing moral treatment in settings conducive to its uptake, with patients placed in environments that encouraged behaviour in line with accepted social standards. Alternatively, the belief that progress would occur on the basis of scientific study gave increasing influence to medicine as a scientific practice, and hope that psychiatry as a branch of medicine could provide specialist medical treatment of the insane. The virtues of the moral vs. medical debate found in favour of science and mental illness was subsumed by the medical profession in the late eighteenth century (Scull, 1989; Epstein et al., 2007). The emergent psychiatric construction foregrounded the medicalization of mental health and within this frame, mental disorder acquired the status of 'illness' to be conceptualised, diagnosed and treated as other somatic ailments. Asylums became sites of confinement for the irrational and mentally ill, and services were aimed at their treatment and medical rehabilitation.

However, adoption of a positivist, medicalized view was neither immediate nor comprehensive. Despite the imprimatur of medicine and scientific methodologies, it appears as if no single, agreed upon course of treatment existed. Instead:

*Tensions and contradictions evident in these attempts that highlight the mix of motives and beliefs as to the nature of mental illness and the rights and responsibilities incumbent on those who intervened.*

(Epstein, McDermott, Meadows & Olsen, 2007, p.7)

### 2.2.2 With a View to Indigenous Australian people

Over 130 years ago, Aboriginal virtues were generally regarded as primitive and intellectually limited, as were their prospects within a burgeoning Australian nation. Early colonists found little to render the landscape or its inhabitants familiar, and instead constructed their observations of difference as indicative of the deficit and diminished capacity of the ‘other’. Academic observation depicted the state and status of Indigenous people with a certain detached eloquence:

*Without a history, they have no past; without a religion, they have no hope; without the habits of forethought and providence, they can have no future. Their doom is sealed, and all that the civilised man can do... is to take care that the closing hour shall not be hurried on by want, caused by culpable neglect on his part.*

(Woods, 1879, p. xxxviii)

The demarcation of difference between Indigenous and Non-Indigenous people was linked with other pursuits. ‘Difference’ was fundamental in determining the relative worth of both new and original occupants of Australia according to criteria of civility, morality and intelligence reflective of one’s place on increasingly influential ideas of social evolutionary hierarchy. Elkin (1963) noted the place of Aboriginal people in the development of scientific knowledge in Australia that, “*the ‘lower’ the latter [the Aborigines], the easier it was to justify their displacement and even their disappearance.*” Attwood (1996) remarked that in the context of a new nation, “*Australian history only began with Europeans, and so not only ignored the Aboriginal past but also erased the indigenes*” prior presence.

Indigenous physicality was regarded as an exemplar of primordality, rendering them occupants of the lowest rung of the human evolutionary ladder, and a distant precursor to civilised man. Anthropologist Walter Baldwin Spencer noted that Aboriginal people were a mammal in the making, crude and quaint not unlike the platypus and the kangaroo (Spencer & Gillen, 1899). The ‘*Aborigine as fauna*’ motif would persist over the ensuing decades in the psychological literature. Early observations constructed the Aborigine as a

highly specialised creature comprised of unique adaptations to the Australian environment – a primitive representative of the earliest stages of human development.

To explain their relatively poor performance on tests of cognitive and manual capabilities, Bostock (1924) invoked comparison of the Aboriginal thought processes to the laborious functioning of the old-fashioned printing press, able to imitate in a rudimentary manner, but lacking the capacity to perform more complex functions. Comparisons such as this reinforced the image of Aboriginal people as an evolutionary relic and highlighted their relative lack of sophistication compared to their European counterparts. From that perspective, to understand the native was to gain insight into how more advanced civilisations were, prior to their development of an enlightened rationality.

Observations from the field of mental health could be seen as also helping to distinguish the Indigenous from the colonizer, while reinforcing the prevailing social hierarchy. Deference to instinct became the key explanation for the puzzling behaviours of Aboriginal people, a characteristic that would also be used to explain their lack of improvability. Woods' (1879) summation above, saw Aboriginal people cast as the unfortunate cause of their own inevitable disappearance, unable to resist, repel or reside within an encroaching civilisation. Thus, within the earliest literature that focused on the mental capacities of Aboriginal people, the emergent narrative was one that predicted that the challenge of adapting to new environments and lifestyles would prove overwhelming and contribute to their eventual demise (Smyth, 1878).

An evolutionary discourse that constructed Aboriginal people as uncivil and incapable, proved influential over ensuing decades in defining their capacities as inferior and their future as futile. The frame also cast the civilised man's moral obligation to care for them. This fatalistic view also highlighted the imperative to document their inevitable departure, a message that, paradoxically, validated and permitted many of the questionable research practices of the period. Duty in this context appears to have been in the service of science and for the benefit of mankind, with Indigenous people a creature requiring analysis and cataloging. Within this construction, the authority to speak about and on behalf of any facet of Indigenous peoples' lives was

increasingly acquired by the professions and their respective disciplinary representatives (e.g. Morgensen, 2012).

### **2.2.3 Early Appearances of Indigenous Australian People in the Mental Health Literature: Domestic and International Representations**

Investigating the '*dawn of Aboriginal psychiatry*', Duke (2007) examined accounts by colonial doctors (pre-1901) and Federal mental health doctors, of the mental features of Aboriginal people. He surmised that there were scant references, and no published material regarding Aboriginal patients until a presentation by Manning in 1889, 78 years after the first psychiatric asylum was opened in New South Wales in 1811. Murray (2007) contends that prior to that meeting, Aboriginal insanity had not been considered in any depth. Manning's presentation utilized the prevailing inferior image of Aboriginal people to foreground his assessment of their mental status and capabilities. He observed that insanity was extremely rare among Aboriginal people in their primitive and uncivilised condition, and explained this finding by invoking a savage, yet innocent time when evolution was free to operate naturally. This included a description of how Aboriginal people dispatched their insane, violent, or aggressive community members by slaughtering them, melancholic types were allowed to commit suicide; while the demented and helpless were left to die. Corroborative evidence came from the observation that a similar regard for the insane was observed in other savage races and thus, Manning also argued that the Aboriginal race also suppressed mental disease by abiding by the principles of the survival of the fittest. He theorized that the vices of civilization, including the introduction of alcohol and the significant changes wrought by colonization on their traditional lifestyles, contributed to the marked increase in cases of Aboriginal insanity upon which he was reporting. However, the reason for their demise remained Aboriginal peoples' limited adaptive capacities that were insufficient to prevent their social and psychological decline.

The promulgation of an evolutionary discourse meant that Manning's Aboriginal insanity narrative became accepted wisdom by the early part of the 20<sup>th</sup> century (Murray, 2007). The construction of primitive madness was also

of interest internationally, and in this regard, reports from Australia were instructive. Miller (1984) identified a list of auspicious European thinkers from the 1820s through to the 1960s who utilised in one form or another, constructions of Aboriginal knowledges of social and religious organisation in their work, noting George Hegel, Karl Marx, Sigmund Freud, Emile Durkheim, Marcel Mauss, Frederick Engels, Caetano Mosca, A.R. Radcliffe-Brown, Ruth Benedict, Talcott Parsons, Claude Levi-Strauss and Clifford Geertz amongst them. Such a distinguished cohort prompted Miller to speculate that Aboriginal people had been the most important Australian exporters of social theory and cultural production to the northern hemisphere over the preceding century.

'*Totem and Taboo*' (Freud, 1938) based much of its speculation regarding psychological development on the ethnographic work completed by Spencer and Gillen (1899) titled '*The Native Tribes of Central Australia*'. Freud was not known to have studied Aboriginal people in situ, relying more on work emanating from Australia to inform his psychic evolution thesis:

*Primitive man is known to us by the stages of development through which he has passed...through our knowledge of his art, his religion, and his attitude towards life...We can therefore judge the so-called savage races; their psychic life assumes a peculiar interest for us, for we can recognise in their psychic life the well-preserved, early stage of our own development...I am choosing for this comparison those tribes which have been described by ethnologists as being the most backward and wretched: the aborigines of the youngest continent, namely Australia ....*

(Freud, 1938, pp.15-16)

Similar expectations were investigated to the north of the continent amongst the Islanders indigenous to the Torres Strait region of Australia. It has been argued that the work of Haddon and the Cambridge anthropological expeditions to the straits comprised the first ever examples of cross-cultural psychological experimentation (Kearney, DeLacey & Davidson, 1973). The capabilities of Murray Islanders, were compared with those of British subjects with a view to adding evidence to the prevailing racial hierarchies. When

Islander performances on tests failed to confirm the hypotheses, interpretations of the results that amended aspects of theory but not the underlying assumptions of the broader evolutionary discourse, were proposed.

The evolutionary discourse was parsimonious in two respects. First, it helped frame Aboriginal treatment of their insane as a natural consequence of their primitive nature while reinforcing the prevailing view regarding Aboriginal culture as primitive and uncivilized. This in turn supported the assertion of an evolutionary ladder of human development that had become popular in explaining and validating racial differences, particularly amongst those seen as occupying a status atop the higher rungs. The decline of Aboriginal people was able to be interpreted as evidence of their failure to adapt, rather than as a consequence of an introduced array of unfamiliar and debilitating social determinants. Instead, their demise was nature's way of determining the relative fitness of the various protagonists seeking occupancy on the Australian continent.

Secondly, the perspectives of the *'professional'* and the *'popular'* appear bound together from the commencement of Australia's colonial history, and at the commencement of Australia's mental health history. Consequently, those professions associated with mental health came to hold power over description, diagnosis, and prognosis, while (re)producing and reinforcing constructions of Aboriginal people found in the popular evolutionary narrative. Aboriginal people could do little more than fare poorly and it was all that a progressive Australian community could do to document and salve their passing. Emphasis on the virtue of *'smoothing the dying pillow'* (Bates, 1938), and the duty of scientists and others to do so, normalised a fatalistic regard for Indigenous Australian people, while obscuring the human agency and institutional imperatives now critiqued as culpable for that demise. Such pastoral care was not viewed as discriminatory nor prejudicial when cast in terms of duty. Nor was it tantamount to racism if one was merely exemplifying the virtue distinctive of one's privileged place in the evolutionary hierarchy. Within this construction, it was a moral obligation of the civilised man and woman to document the state of those less equipped, and to care for those less fortunate - a view that was both confirming of the action and affirming of the

civility of missionaries, officials and researchers who undertook this righteous duty.

Documenting the features of Aboriginal people emerged as a priority of the medical, anthropological, ethnological, psychological and other professions for whom it was seen as an obligation to record their passing lest, “*once they have perished, it will have been an opportunity lost to us*” (Bostock, 1924). It was incumbent on them to take the full measure of the Aboriginal lest future generations judge him (the doctor) poorly for not having committed to this task. Bostock himself, would go on to describe 64 cases from Claremont (WA) and Gladesville (NSW) asylums, becoming one of a cadre of medical researchers interested in articulating the maladaptive capacity of Aboriginal people.

Those responsible for the measurement of mental capacity acted as producers and interpreters, filters and conduits of information regarding Indigenous people. In the absence of direct contact, it was through the professional and popular media that the public gained their knowledge about them, and by fulfilling this duty, the professional was conferred the mantle of ‘*expert*’ over the information parlayed to a broader domestic and international audience. Their role as concerned observer necessitated contact on the one hand, yet permitted it to be conducted in a detached manner. Scientists were cast as objective participants, fulfilling their moral duty of care to a dying race, and scientific duty to provide future generations with an insight into the unfamiliar and savage features and habits of these people. While serving to build a corpus of knowledge about them, the process of inquiry also normalized the apparatus through which knowing was validated and disseminated. The mantle of expert and subject were established, and their place, and use within the broader society, and their various institutions, were increasingly formalized, normalized and validated.

#### **2.2.4 Early Imperatives: To Categorise and Compare**

Whereas Elkin (1963) had proposed that the construction of the Aboriginal race permitted their disappearance within the emergent Australian nation, others have argued that features of Aboriginal mentality were used in

ways that enforced the notion of a relative hierarchy of human development. Murray's (2007) analysis of Western medical interpretations of Aboriginal insanity in the late 19<sup>th</sup> century reveals an account of a people for whom the stress of progress was deemed overwhelming to their meagre skills to cope. She contends that within the prevailing practice of racial classification and ranking, Aboriginal insanity was framed in a dichotomous relationship with white madness. She argued that the demarcation of Aboriginal people as the inferior '*other*', meant that interpretations of Aboriginal insanity served to make the white madman more complex and civilized when compared to his Aboriginal counterpart who inversely, became more simple and childlike.

Hogg (1924) had characterised Aboriginal mental patients as more childlike, more bestial, more perverse and less rational than their white counterparts, while Bostock (1924) noted that the Aboriginal had not reached an evolutionary stage in which the neuroses and certain of the psychoneuroses, hysteria and the phobias could exist. White madness was elevated by comparison, as more sophisticated and complex than Aboriginal insanity. The broader social assumptions regarding the civility of Aboriginal and non-Aboriginal people was thus incorporated into early constructions of the relative sophistication of their psychologies. Murray speculates that this assertion permitted white madness to lose some of its negative taint due to the exceedingly worse examples observed within Aboriginal culture.

Murray (2007) argued that this destabilised the opposition between reason and madness while preserving racial hierarchies. The racial hierarchy developed and applied within the clinic reflected the social order beyond them. The technology and terminology of the medical sciences added professional credence to what were more widely held and generally accepted views of Indigenous people. Therefore, the claims of Aboriginal inferiority were not necessarily considered as prejudicial of Aboriginal people, but became increasingly regarded as a matter of fact. This practice could be seen as both utilising and extending the vocabulary of the hegemonic discourse regarding Aboriginal people whereby a passage between the two contexts – broadly characterised as the social and the professional – was rendered unproblematic. Arguably, one could rely on the available, prevailing conventions regarding constructions of Indigenous people in either context with little critique or

question. The evolving mental health infrastructure could be seen as separate to, yet representative of the prevailing social regard for Indigenous Australian people. Thus, early constructions of Indigenous mental health provided a site in which the fascination of mental health professionals with the diminishing prospects of Aboriginal people could be operationalised with relative impunity, and prosper unchallenged across social and professional realms. Conflated with the evolutionary, medical and scientific discourses of the time, Indigenous mental health could be seen as a specific site in which the prevailing worldviews of inferiority and civilisation were operationalised, investigated and tested, permitting theories of evolution to be researched and broadcast by the professions. Readers of the associated literature would also come to have their relationship with Indigenous people established via the impression they received of them through such scientific and popular channels.

The quality of this regard was not solely a reflection of the Australian context. Thomas (2004) examined doctors' writing from the *Medical Journal of Australia* from 1870-1969 and asserts that the dominant ideological perceptions of Indigenous Australians in this period resonated and reflected scientific and empiricist traditions utilized by Europeans to oppress and obliterate the cultures of others whom they had invaded. Thomas argued that the professional journal was a chief means of reinforcing and disseminating such a position, serving to debilitate and reduce Aboriginal people to the status of a defeated and compliant people, constrained by white condescension.

### **2.2.5 Other Trails: An Historical Examination of Early West Australian Mental Health Records**

The work of West Australian historian Phillipa Martyr, provides an important caveat to the preceding narrative. Martyr (2010) investigated how the diagnosis and treatment of lunacy in Western Australia intersected with questions of Indigenous control by British Whites. Of particular interest was the question of how the diagnosis and committal of Indigenous Australian lunatics compared with that of Whites in the same period. Drawing from the publicly available records in the State Records Office of Western Australia, Martyr (2010) made several observations in relation to the application of White

law to Indigenous persons between 1880 and 1950. Her findings urge a nuanced regard for the construction of Indigenous mental health in this formative period.

The diagnosis of insanity was a collective process in nineteenth-century Western Australia (Garton, 1988). There appears to be no singular nor consistent narrative that encapsulates a uniform response to Martyr's (2010) questions. Instead, her analysis paints a fragmented and unclear picture, or what Martyr describes as a "*kaleidoscopic image of Indigenous lunacy*" – shape-shifting, elusive and sometimes disappearing altogether (along with its subject) into mistaken identity, misdiagnosis and guesswork. Rudimentary policy offered a degree of guidance and recourse for those responsible for the mental hygiene of the early colonies, however, accounts of its application yielded an idiosyncratic collection of diagnostic processes, and requests for service, with the diversity of accounts impacted by the social and geographical circumstance of each applicant.

Martyr (2010) described the diagnoses of Indigenous lunacy as frustrating and protracted, due in part to the contribution of various authorities that included police, medical practitioners, local magistrates, Justices of the Peace and relatives. Paradoxically, collateral information permitted comprehensiveness, while promoting confusion. According to Martyr, when the subjectivity of assessment was compounded by failure to observe due process, the branding of a person as a lunatic in nineteenth and early twentieth century Western Australia became rife with opportunities for carelessness and abuse. It is conceivable that there existed differing ideas of Indigenous lunacy amongst the rural constable, the remote area medical officer, the station owner and the magistrate, compounded by a prevailing uncertain regard for Aboriginal people more generally. Her work instils within this story, Aboriginal characters who for the most part, appear proactive within the fledgling mental health infrastructure established and developed within Western Australia. Martyr's research provides evidence that in addition to the discriminatory regard discernible in the professional literature, in practice, Aboriginal people enjoyed an equality under the prevailing mental health Acts. Government officials were sometimes unsure if Indigenous people should be treated under the Lunacy Acts although it does appear that once this ambiguity

was resolved, authorities maintained consistently that Aboriginal people had an equal right to treatment and care.

Aboriginal people were documented as having availed themselves of the Lunacy Act. Lunacy laws were generally utilised as a form of social control and a means by which to (re)establish law and order. Martyr (2010) cites evidence from remote Western Australia whereby Aboriginal people used lunacy laws to remove unmanageable persons from a family or community. Reasons for such action included the fear for their safety, and concern about nuisance behaviour in the community. Lunacy laws could be used to remove a troublesome person from the district by having them certified as insane and sending them to the city to a site of restraint. The prevailing law was not restricted to those seeking action to ensure community safety. In at least three cases, (one in 1852 and two in 1903), insanity pleas by Indigenous men charged with murder were effective in having their death sentence commuted.

Although drawn from a small number of cases, Martyr (2010) discerns both inconsistency and equality under the law. Culture and context seems to have been considered in some cases, with Aboriginal people providing collateral information to support or diminish claims to lunacy. While other analyses of early research and writings construct a detached regard by professionals, and the subservient stance of Aboriginal people, Martyr's research indicates that introduced resources (e.g. mental health laws) were not shunned entirely, nor was the colonisers' world entirely impermeable nor incomprehensible to Indigenous people. In doing so, Martyr's analysis problematises the myth of incommensurable relations between Indigenous and non-Indigenous Australians during this period of colonial history, and adds nuance to accounts that otherwise fail to consider the engagement by Aboriginal people with the resources of a burgeoning colonial context. The characterisation of officials and laws as entirely discriminatory is also undermined, so too the assumed incapacity of Indigenous people to navigate these introduced systems to their benefit.

While evidence exists to indicate the collaborative construction of lunacy, less clear is the role played by Indigenous people in informing concepts of mental health. Major works of the history of mental illness in colonial Australia barely mention Indigenous Australians, let alone provide an

analysis of their situations. While Aboriginal people appeared to avail themselves of broadly available legislation, Martyr (2010) notes that Indigenous Western Australians may have had their own ideas but these are not recorded except in the very occasional voice heard second hand in official documents. Until her recent archival research, there appears to be no previous narrative exploration of the Indigenous Western Australian lunatic upon which to draw from the period.

### **2.2.6 Further Claims of Conflicting Cultural Perspectives**

Reser's (1991) overview of Aboriginal mental health drew a complementary assessment of the methodologies involved in its construction. According to Reser, the problem with early surveys into the mental health of Indigenous Australian people included vagueness around methodology and procedure, and a reliance on the perceptions of white staff and on another culture's classification and diagnostic scheme to inform interpretations. Discounting clear discrepancies between Indigenous and Western labels and criteria served to minimise the capacity for Indigenous frames of reference to be used or acknowledged. Instead, cataloguing of culture-specific diagnostic categories: fear of sorcery syndrome, mimetic illness, and shared depressive illness for example, were made to fit into conventional categories codified by the International Classification of Diseases. Thus, mental health assessment continued the broader social practice of describing Indigenous people in introduced terms.

Reser (1991) suggested that numerous follow-up articles based on these flawed surveys, did not appreciably advance cross cultural understanding of Aboriginal mental health. Instead, the repetition and subsequent export of these 'facts' saw them gain prominence and influence in psychiatric circles domestically and internationally. Reser (1991, p.221) noted that at the end of the twentieth century, Aboriginal mental health problems loomed large on the health agendas of state and federal government bodies but understanding of these phenomena was impoverished, politically driven and "*straitjacketed*", by prior inadequate frameworks for understanding the cultural realities of Aboriginal people.

### 2.2.7 Unsettling the Establishment: The Emergence of an Indigenous Mental Health Movement

According to Hunter (1997), Indigenous mental health began to receive specific systematic attention in a context wherein the regard for Indigenous health generally was undergoing significant change. This was prompted by the findings of several major inquiries into the state and circumstances of Indigenous Australian people including those mentioned as part of my own introduction to the arena. These were in general, lamentations over the state of Indigenous health in comparison to the wider Australian population, critical analyses of prior treatment, and statements of Indigenous preferences aimed at highlighting the mistakes of history so as to prevent their repetition.

Table 1 *A half century of developments in Indigenous mental health (from Hunter, 1997)*

<b>Decade</b>	<b>Interaction</b>	<b>Psychiatric Frame</b>	<b>Relationship</b>	<b>Indigenous Frame</b>
<b>1950s</b>	Persistence and survival	Psychopathology of the exotic	Fascination	Alien category
<b>1960s</b>	Protest	Ethnopsychiatry of remote Aboriginal Australia	Observation	Imposed category
<b>1970s</b>	Protest	Social disadvantage frame	Speculation	Rejected category
<b>1980s</b>	Protest/ Professionalism	Historical and political frame	Consultation	Appropriated category
<b>1990s</b>	Professionalism Resurgent process	?	Collaboration	Culturally informed category

Hunter (1997) associated changes to the construction of Indigenous mental health with specific reference to his profession and its regard for

Indigenous people. Hunter proposed a set of competing frames that had structured the view of psychiatry towards Indigenous Australian people and vice-versa. These frames, outlined in Table 1, nominate the mutual regard held between the Australian psychiatric profession and Indigenous Australian people between 1950 and 1990. These were seen to conflict, rather than align, suggesting an intercultural context characterised by distance, suspicion, curiosity and antagonism. The 1950s was dominated by an ethnographic fascination with issues of mental illness for Aboriginal and Torres Strait Islander people, who, according to Hunter, were still regarded as the '*exotic other*'. Emerging narratives portrayed an often contrary and oppositional interpretation of colonisation, referring instead to invasion and its attendant genocidal processes, a marked counterpoint to the predominantly celebratory discourse through which Australia was proclaimed '*the lucky country*'. Such shifts constituted starting points from which Indigenous people established a foothold that assisted in their emergence from an imposed obscurity in order to assert an argument for services that stood the best chance of providing sympathetic health care. The arena of Indigenous mental health reflected this broader unsettlement of the prevailing Australian culture with regards to its recognition of Indigenous people. In terms of the broader historiography of Indigenous mental health, this era marks the commencement of the arena period. It is a period during which the prevailing construction was challenged for its treatment of Indigenous Australian people, and its construction of their mental health. This specific critique reflected the broader re-examination of Australia's colonial history, a move that meant that a competing version of history, its events, and their impacts on Indigenous Australian people were gradually placed into the vista of the Australian public, and necessarily, into the attention of the mental health professions.

Protest by Indigenous people and their Non-Indigenous supporters was spurred by their experience of colonial interactions as dismissive of their meaningful presence in a nascent Australian culture. The overriding features of the interactions between psychiatry and Indigenous Australian people emerged from protest on the part of Indigenous people, and a movement towards a different professionalism on the part of psychiatry. The 1970s witnessed a groundswell of activity by Aboriginal mental health professionals to establish a

voice and a place in matters concerning the mental health of Indigenous Australians constituting what some have identified as the commencement of an Indigenous mental health movement (Rickwood, Dudgeon & Gridley, 2010).

Closer examination of the social determinants of Aboriginal mental health became another hallmark of the 1970s, a perspective that supported a newly stated view of Aboriginal health aligned with that of the World Health Organisation (WHO) (Lutschini, 2005). This view stressed effectiveness, appropriateness, prevention, and social justice as the cornerstones of holistic conceptualisations of health. Emergent definitions also established a position apart from the prevailing hegemony, and differences between Western and Indigenous approaches to health were often depicted as polarised and irreconcilable. The National Aboriginal and Islander Health Organization (NAIHO) composed a definition in 1979 that would prevail into its subsequent incarnation as the National Aboriginal Community Controlled Health Organisation (NACCHO). The statement proved foundational a decade later as the basis of the landmark National Aboriginal Health Strategy (National Aboriginal Health Strategy Working Party, 1989):

*Aboriginal health means not just the physical wellbeing of an individual, but refers to the social, emotional and cultural wellbeing of the whole Community in which individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and this brings about the total wellbeing of the community.*

'Aboriginal health in Aboriginal hands' encapsulated the *raison d'être* for the NACCHO, its growing number of affiliates and Aboriginal Community Controlled Health Services (ACCHS). Their significance grew to constitute more than health service providers. Their broader community role saw them assume a position as strategic sites of social action and Aboriginal community development. Organisations such as NACCHO became sites meaningful

beyond their title as sites of Aboriginal resistance and survival in the face of preceding and ongoing colonial forces:

*Thing is that we own the bloody thing and it is something that we can't, I can't explain – about the ownership and the pride that it actually brings...we used to be blamed for being the same as the mainstream, well, I can tell you, the ACCHS service activity reporting has reflected that we're nowhere near the same as mainstream. Mainstream would love to do some of this stuff, but they can't. I don't know why, but that's why we're here...*

(Puggy Hunter, 1999)

Clearer statements about the preferred construction of Aboriginal mental health were also forthcoming. In 1979, an Aboriginal mental health group was formed with a Steering Committee for the National Aboriginal Mental Health Association. The Association produced a declaration, presented to and supported by those in attendance at the inaugural Aboriginal Mental Health Conference held in Brisbane:

*We declare that mental health problems in Aboriginal society are at least as common and as serious as in any of the society in Australia.*

*We declare that Aboriginal society does not enjoy the services for the relief and care of mental illness enjoyed by other groups.*

*We hold that psychiatric services planned to assist people of European descent are not suited to relieve the distress of Aboriginal people.*

*Therefore we express the need to develop with urgency Aboriginal services to meet the needs of Aboriginal people suffering from mental illness.*

*We maintain that these services should be conducted for and by Aboriginal people with proper links to other health services.*

*We recognise that services are provided for Aboriginal problems of the body, but that mental health problems go overlooked and ignored.*

*Therefore we pledge ourselves to the National Aboriginal Mental Health movement, designed to promote professional and vocational development in this field.*

Holistic constructions of mental health (and health generally) were offered in opposition to what had been experienced as imposed mental health categories. The appropriation of a holistic construction of mental health rejected what was perceived to be the illness focus of the prevailing disease model. The move to an increasingly distinctive construction of Indigenous mental health served to reinforce the long-established Indigenous/ Non-Indigenous binary. Brady (2004) observed that in order to support these differentiated identities, it was necessary to bypass the heterogeneous histories in the West of alternative traditions in which nature, the spirit, and the balance of psyche are all part of health and healing. Instead, the Non-Indigenous domain was partitioned as malevolent, monolithic and antithetical to the Indigenous realm. The emerging narrative on the differences between Indigenous and Non-Indigenous participants recast the formerly virtuous surveyors as the deliberate and knowing producers of Indigenous disadvantage and it is this construction that was increasingly broadcast in inquiries, reports and discussions about the health and status of Indigenous Australian people.

### **2.2.8 The Ebb and Flow of the Indigenous Mental Health Movement**

In 1980 a second Conference was held on '*Aborigines and Mental Health*' sponsored by the Australian National Association for Mental Health and the National Aboriginal Mental Health Association. The Conference title was, '*Hitting Our Heads Against a Brick Wall*', a vivid image referencing frustrations felt about the preceding conference, its facilitation and constituency, and the paucity of change since. However, the 1980s were not entirely devoid of progress in the direction called for by groups such as the National Aboriginal Mental Health Association. Indigenous mental health began to be talked about and acted on systematically at the very time that Indigenous health was defining itself in opposition to the understandings and approaches of mainstream Australian society (Hunter, 2007). Significant amongst these position statements, '*The National Aboriginal Health Strategy*'

emphasised separateness and distinction from the mainstream in its construction of Indigenous approaches to mental health (National Aboriginal Health Strategy Working Party, 1989). An emergent community controlled sector in Aboriginal health embraced this model as did the Commonwealth Government, foregrounding the emergence of Social and Emotional Wellbeing (SEWB) as a holistic Indigenous construction, distinctive in its reference not only to mental illness, but to wellness in its broadest sense. SEWB was preferred by many Indigenous people because it included all aspects of life: social, emotional, economic and physical factors (Emden, Kowanko, deCrespigny & Murray, 2005), and permitted the consideration of a broader set of social determinants as relevant to the wellbeing of Indigenous people, and as explanatory of the causes of their relatively inferior health status compared to mainstream Australians.

SEWB constituted a preferable framework through which Indigenous people could better engage and more actively contribute to constructions of their mental health. This included its use as a symbol of resistance to the predominantly medicalized and pathologising imperatives of previously introduced constructions of mental health. Mental health and SEWB were more clearly ascribed with political significance that in turn exerted influence on the structures and resources seen to flow as a result of particular affiliations. Hunter (personal communication, March, 2012) observed that the States adopted a stance that was generally defensive and dismissive of the Commonwealth. Conceptual and ontological differences resulted in tensions between local community controlled organisations funded by the Commonwealth, and State-based mental health services that maintained an allegiance to conventional understandings of mental health.

Mary's scenario was illustrative of this friction, with the State health auspiced mental health team seeking to operate in a community based context increasingly fluent in their deployment of a Commonwealth supported SEWB framework. Hunter (personal communication, March, 2012) noted that the adoption of different constructions brought State and Commonwealth authorities into conflict, with tensions trickling down to matters of operation and funding. State based mental health services adhered to relatively conventional medical understandings and were generally dismissive of

endeavours based on the Commonwealth framework. As an Indigenous mental health professional, I was keenly aware of what my professional and employer background compelled me to advise, however I was conflicted by my awareness of the symbolic and practical implications of supporting community self-determination. In sharing this aspect of Mary's story in classes and workshops, I describe a state of paralysis as I struggled to resolve these competing options. I also invoke the image of a tug-of-war in which I felt like I was the rope - stretched between competing notions of professional and cultural allegiance.

Shortly afterwards, I moved into the field of tertiary education. Here I noted that educators were required to design and implement curricula based on the model espoused by their funding body. This in turn would channel graduates towards or away from employers, depending on their preferred model and their acknowledgement of the qualifications of interested graduates. Graduates of an Indigenous mental health course therefore, could be hamstrung when it came to seeking employment, depending on whether their targeted employer recognized the construction of mental health in which they had been trained. The State and Commonwealth stake in Indigenous mental health saw increasingly differentiated curricula emerge, and with that specification, the construction of nuanced avenues along which Indigenous and non-Indigenous personnel would be directed towards their uncertain engagement in the arena. Paradoxically, the provision of greater educational opportunities brought with it greater graduate uncertainty as each cohort needed to be mindful of their potential employer and their preferred approach to Indigenous mental health. In addition to funding and resourcing, at stake was the claim to the better construction of Indigenous mental health. Not only were battles pitted at the State and Commonwealth policy levels, from my perspective as clinician and educator in this context, the fight for cultural intellectual supremacy raged between Indigenous organisations and individuals concerned with both the correctness of their view on the best ways forward, the outcome of which determining their ongoing viability as providers within the arena. The 1980s and beyond witnessed the increasing empowerment of Aboriginal and Torres Strait Islander health organisations. This was an agenda facilitated by a shift towards the consideration of Indigenous people in a social, political and

historical context, rather than from their positioning as the '*exotic other*' for whom fascination was the predominant interactionary frame.

As indicated in Table 1, the movement to collaboration, and of a regard for Indigenous Australians as knowledgeable informants into the etiology and amelioration of their mental distress is a relatively recent phenomenon. It was not until the 1990s that a tentative nod to the possibilities of collaboration between Indigenous and Non-Indigenous players gained momentum. Notable in this change was the emerging presence of Indigenous people as collaborators, and not merely as subjects and patients of the mental health professions. Several collaborative frameworks have been noted by other authors including self-determination for Aboriginal people, a blending of Aboriginal and Non-Aboriginal models of mental health and intervention to improve the quality and cultural sensitivity of mental health services, and the provision of discrete systems specifically for Indigenous people (Dudgeon, Grogan, Collard, & Pickett, 1993; Sambono, 1993). Paradoxically, whereas emphasis on difference and separateness had previously foretold the demise of Indigenous peoples, within an emergent collaborative relationship, it was now proffered as an argument for the provision of health services by and for Indigenous people themselves.

At the time of its publication, Hunter (1997) was unclear as to the quality of the frame likely to be adopted by the psychiatric profession post-1990. Hunter noted that self-determination, quality of life, and wellbeing were terms that had only recently entered the vocabulary of mental health professionals working in Indigenous settings. He described their presence and impact in the mental health lexicon, suggesting that these ideas are "*unfamiliar and handled with uncertainty, and at times, temerity*" (p.6). Hunter also noted that confrontation with such ideas and their implications for practice with Indigenous Australian people, was now unavoidable.

The commencement of the 1990s saw mental health professions such as psychiatry display a modicum of reflection, prompted by inquiries such as the Royal Commission into Aboriginal Deaths in Custody (RCIADIC, 1991), the Report of the National Inquiry into the Human Rights of People with Mental Illness (Burdekin, 1994) and the Stolen Generations Inquiry (Human Rights and Equal Opportunities Commission, 1997). Each investigation made critical

assessments of the conduct of mainstream services for failing in their responsibilities to Indigenous mental health patients. Along with the depth of their analyses, a significant feature of each was the exposition of the links between Australia's colonial history and its enduring consequences on Aboriginal and Torres Strait Islander health and SEWB (Zubrick et al., 2010). The grounding of contemporary deficits in terms of their historical precursors exemplified the shift to an emphasis on social determinants, and remains de rigueur in accounts of Indigenous health, and mental health specifically.

While these inquiries demonstrated both interest and need, little had occurred to progress the agenda of the National Aboriginal Mental Health Association until the National Aboriginal Mental Health Conference, a meeting that in 1993 that drew together more than 900 Indigenous and non-Indigenous stakeholders. Key recommendations from the conference targeted the creation of Aboriginal mental health workers positions to be employed in both Aboriginal community controlled medical services and State Government services. Services related to grief, loss and separation were emphasised as were the needs of children and youth. Land rights and its relevance to SEWB were discussed in terms of the importance of providing healing places on country. Recognition of the specific importance of Aboriginal cultural practices with respect to death and grief, including the need for ceremonies, attendance at funerals and the importance of burial in one's own country, were viewed as exemplifying cultural sensitivity to grief and loss. Self-determination was an important guiding principle in models of service delivery that were developed and controlled by Aboriginal people, including a network providing psychological and welfare services, similar to that of community health services that were seen as largely inaccessible to Aboriginal people. Such recommendations addressed what authors such as Reser (1991) had argued about the majority cultures' attempts to come to terms with Indigenous mental health in Australia and served to underscore the problematic nature of majority culture psychiatric models and paradigms in facilitating useful service for Indigenous Australians.

### 2.2.9 Psychology Reflects

Kearney et al. (1973) provided a detailed and sympathetic perspective in their edited collection of works describing the psychology of Aboriginal Australians. They noted that cross-cultural psychology to that juncture had developed in two major fields – the first concerning the study of cultural differences, the second with the investigation of universality of behavioural and other phenomena. Kearney et al. observed that within the '*different but equal paradigm*', preference had been given to investigations of the first field at the expense of the latter, indicating that the priority was given to making observations and explanations demarcating psychological differences between Indigenous and Non-Indigenous people. While their anthology consisted of psychometric assessments and additional comparative observations of intelligence, capabilities and motivation, also apparent was an admission by the editors of the emergence of a facet of cross-cultural psychology that sought to understand Aboriginal Australians not as objects of sympathy or fascination, but as human beings who had developed in a different cultural framework. The sentiment reflected the broader move towards considerations of context that had served to stoke the aspirations of the Indigenous mental health movement. Within psychology, this change coalesced with the emergence of the interest in cognitive styles as an explanation of psychological differences, and marked a shift in worldview towards contextual and cultural considerations of mental phenomena.

While movement towards considerations of Aboriginal psychology were observed, this course was not assured. Statements emanating from Australian psychology maintained a relatively conservative position. A discourse of Indigenous inferiority remained a potent vehicle in the psychological literature, with activity in the area considered unremarkable. According to Day (1977, p.68):

*There is in Australian research in psychology no 'movement', 'school of thought' or set of problems which set it apart from research in other countries. While the psychology of the Australian Aboriginal has been a subject of some very good work and the behaviour of the Australian monotremes and marsupials has been investigated, such research does not constitute a large part of psychological research.*

Kearney et al.'s (1973) work had staked a position askew to the predominant Australian psychological agenda. For all its good intent however, the document and its approach was symbolically, and academically, an outlier within the broader corpus of literature. More typical of the view held of Aboriginal people in relation to psychology, could be seen when eleven years after Day's aforementioned (1977) evaluation, and in the year of Australia's bicentenary as a nation, the '*Aborigine/ fauna*' motif would again appear in a significant statement about Australian psychology. In 1988, a chapter titled '*Psychology in Australia*' was produced for the Annual Review of Psychology to coincide with Sydney's hosting of the 24<sup>th</sup> International Congress, the first time the honor had been bestowed to the Southern hemisphere. In it, two references were made to Aboriginal people. The first (highlighted below) appears in the third sentence of the chapter as part of the introductory section titled, '*Historical and Social Context*':

*In 1988 Australia celebrates the bicentenary of the establishment by the United Kingdom of a settlement in Sydney to provide a prison for criminal outcasts. Subsequently, a fortunate combination of the settlers' initiative and the considerable natural resources of the country resulted in the rapid establishment of an affluent, literate, democratic, highly urbanized society. The European settlers have lived in uneasy proximity with the aboriginal population who inhabited the continent for at least 20,000 and possibly 40,000 years in a relationship marked by population decline, misery and resentment on the part of the aborigines. Today, 200 years after the European settlement, there has developed a flourishing network of research and training facilities in universities and colleges and of public and private facilities for the application of psychology to issues in public life, education, commerce, social welfare, medicine, and individual adjustment.*

(Taft and Day, 1988, p. 376).

This sentence appears curious, wedged between an otherwise celebratory account of triumph over adversity and of much having been achieved in the psychological realm from humble beginnings. Aboriginal people are introduced as a group with whom settlers have always had uneasy relations however European achievement had not been stymied by their

brooding Indigenous neighbors. Whereas settler initiative underpinned their subsequent success, Aboriginal people by comparison had fared considerably worse, felt considerably worse, and maintained a singular disdain for their European counterparts. The plight of Indigenous Australian people made for an uneasy juxtaposition of failure in the face of success. Aboriginal people either by choice or design appear as an aberration, having failed to prosper in an otherwise fruitful postcolonial scenario. Their resentment, solely owned, was intimated as a contributing factor to their plight, if not a defining characteristic of their response to it.

The second reference to Aboriginal people appears towards the middle of the chapter, indicating that cross-cultural research was prompted “*more by the recent immigration to Australia than by the presence of an aboriginal population. Just as the Indigenous fauna have been relatively neglected by psychologists, so have the indigenous people.*” (Taft and Day, 1988, p. 395). Aboriginal people had effectively been written out of psychology’s history and its future, placed at its margins along with other non-human fauna. Their presence in the scientific literature was constructed as antithetical to the needs of a modern, progressive society, superfluous to the interests of psychological endeavour, or at least amenable as secondary research subjects by comparison with a more salient migrant population. The deficiencies of Aboriginal people could also be seen as making the achievements of mainstream Australians greater by comparison, a variation on the aforementioned use of Aboriginal insanity to bolster the relative quality of their Non-Indigenous counterparts.

### **2.2.10 Psychology Resists**

The International Congress occupies a significant place in the movement of Australian psychology towards a different consideration of Indigenous people. It was a point at which Australian psychologists were jolted into thinking deliberately about the plight and place of Indigenous Australians within the profession. The impetus for this change was something visceral, and perhaps fitting within the notion of the arena. In short, there was a fight – or at the very least, the makings of an altercation. At the closing ceremony of the International Congress, a community psychologist from New Zealand

questioned what he regarded as a lack of Indigenous Australian content. Apart from a photographic exhibition in which Aboriginal subjects were featured in some of the images portraying Australian Psychology's history, their presence was virtually non-existent. According to Gridley, Davidson, Dudgeon, Pickett and Sanson (2000, p.88), the delegate was "*all but ejected by security guards*" and the fracas became:

*...an incident that alarmed local community psychologists who were embarrassed that it took an overseas psychologist to alert the host psychology body to the program's shortcomings, and concerned at the treatment of their guest colleague. Nevertheless, this event acted as a trigger for a number of Australian psychologists, suggesting that the time was right for action.*

The Board of Community Psychologists sponsored a symposium on the Psychology of Indigenous people at the 25<sup>th</sup> Annual Conference of the APS, a forum that saw the first-ever presentations by Aboriginal speakers within that gathering. Another initiative was the establishment of the '*Aboriginal Issues, Aboriginal People and Psychology*' interest group in 1991 at the 26<sup>th</sup> Annual Conference. The Group gradually took over from the Board of Community Psychologists as APS's principal advocate on Indigenous issues (Rickwood, 2014).

While changes were being made in the profession, Reser (1993) observed the dearth of knowledge of the Indigenous psychology of Australia, particularly Indigenous accounts and explanations of behaviour or cultural meaning systems relating to mental health and wellbeing. However, this did not prevent discussion of an Aboriginal psychology course being developed specifically for Aboriginal students as one means of responding to the increasingly acknowledged poor mental health status of Indigenous Australians. In the early stages of this investigation, I examined this proposal, citing sociohistorical factors that contextualized the idea, and competing ideas that led to its demise (Garvey, 2012; see Appendix B). I suggested that the proposal to develop a specific course in Indigenous psychology was an idea of the times, embodying Indigenous empowerment in an increasingly receptive

environment. However, the idea demanded an ascribed status as separate but equal to established psychology curricula, and provoked a range of dismissive responses from within the profession that ensured the idea did not progress beyond an aspirational statement. It was perhaps, an idea of the times, but a step beyond that which the prevailing construct was capable of supporting, or that the establishment was willing to entertain.

### **2.2.11 Psychology Re-imagined**

In 1997, Rob Riley presented the first-ever Aboriginal keynote address to the APS Annual Conference. The speech consolidated that which had characterized the Indigenous mental health movement since the 1970's, and staked an optimistic position in its delineation of the ways in which psychology could respond to the needs of contemporary Aboriginal communities. The tone, while challenging, conveyed a message of hopeful collaboration framed within a social justice discourse. Here, the implication that psychology commit to advocating on behalf of Indigenous Australian people was proposed. Riley (1997, p.16) offered an invitation to the profession and its representatives:

*To the members of the Australian Psychological Society I would say, 'join us in this quest'. What part can the discipline of psychology and you as psychologists play in the pursuit of social justice? How many psychologists have an understanding of Aboriginal people? How many of you in the audience have an understanding of Aboriginal culture, history and contemporary issues?*

Riley's (1997) remarks were based on a series of views, reminiscent of those outlined by the National Aboriginal Mental Health Association nearly two decades prior:

*The Aboriginal concept of health is holistic*

*Self-determination is central to the provision of Aboriginal health services*

*Culturally valid understandings must shape provision of Aboriginal health (and mental health) care*

*The experience of trauma and loss contribute to the impairment of Aboriginal culture and mental health and well-being*

*The human rights of Aboriginal people must be recognised and enforced*

*Racism, stigma, adversity and social disadvantage must be addressed in strategies aimed at improving Aboriginal mental health*

*The strength and centrality of Aboriginal family and kinship must be understood and accepted*

*The concept of a single homogenous culture and/ or groups is erroneous*

*Aboriginal people have great strengths including creativity, endurance, humour, compassion and spirituality.*

Riley's (1997) address offered a nuanced and thoughtful assessment of the state of Australian psychology with regards to its relationship with Indigenous Australian people at the end of the 20<sup>th</sup> century. Tellingly, it highlighted to the potential for a renewed and reconfigured commitment, while simultaneously warning against complacency that, in Hunter's (2004) terms, eschewed the appearance of the same old caterpillars. For Riley:

*The discipline of psychology needs to be open to change but more so it needs to be dynamic. And be prepared to change. The signs are positive, as I have acknowledged. But so many obstacles remain and still much needs to be done. We cannot allow ourselves to become complacent nor limit potential simply because we think we have done enough.*

(Riley, 1997, p.17)

The end of the 1990's carried with it the groundswell of the Indigenous mental health movement into the 21<sup>st</sup> century (Rickwood, 2014). This was a period characterized by an increasingly present, and increasingly powerful Indigenous voice that sought to reform the Indigenous mental health arena. 'Power' at this point was more exploratory than effectual in that the questions being raised in and about the established professions now had traction within an emergent Indigenous SEWB framework. An effect of this shift was that it

targeted not only the quality of services, but the very assumptions upon which they were based. Different ideas and different players could be seen as entering the arena and, unlike previous attempt within preceding decades to manage their influence, they were not as easily dismissed.

### **2.3 Responses and Repercussions: An Enduring Picture of Complexity and Contestation**

The following section provides an overview of developments within sites relevant to the current investigation. These are framed in terms of *'Responses and Repercussions'*, alluding to their connection to the preceding historiography.

#### **2.3.1 Contemporary Indigenous Mental Health Imperatives: Targeting a Great Many Gaps**

The assessment at the commencement of the 21<sup>st</sup> century was that the gap between research knowledge and its practical relevance remained huge; a chasm that impacted subsequently on the uptake by service providers, policy makers and Indigenous community sectors (Tsey et al., 2007).

Ethnopsychiatric research had fared no better, and after twenty five years, had not resulted in an accurate or valid picture of the nature of mental health problems, or a genuine understanding of the constituent features of positive mental health for Indigenous people. Indigenous people remained identifiable primarily as subjects of, and subject to the application of Western medical conceptualisations of mental health and illness (Hunter, 2004).

Elaboration of the comparative inequality of mental health over the last decade has foregrounded the emergence of the aspiration urging Australians to *'Close the Gap'* between Indigenous health status and that of the general Australian population (Downing & Kowal, 2011). According to the Australian Institute of Health and Welfare (2010), Indigenous people were almost twice as likely to be hospitalised for mental and behavioural disorders than were other Australians in 2008-09. Indigenous males were 5.8 times more likely and Indigenous females 3.1 times more likely to die from these disorders in 2001-

05 than were their Non-Indigenous counterparts (ABS, 2008). In terms of specific disorders, the death rate for mental and behavioural disorders due to psychoactive substance use was 14 times higher for Indigenous males aged 35-44 years than for Non-Indigenous males in that age group. The rate for Indigenous females in this age group was 12 times higher than their Non-Indigenous counterparts. In 2003-07, death rates from intentional self-harm were between 1.5 - 3.5 times higher for Indigenous males and females living in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory than for their Non-Indigenous counterparts (Steering Committee for the Review of Government Service Provision, 2009). Indigenous people die from suicide at much younger ages than Non-Indigenous people.

The reasons for the gap are legion, with the recent turn to social determinants analysis permitting the examination of longstanding historical precedents, as well as more proximal causes. Through this rubric, Indigenous people are said to suffer due to differences in both quality and quantity of disease, the etiologies of which are located amongst the ripples of colonial disruption that continue to unsettle Indigenous lives and lifestyles. In the absence of co-ordinated remediation, it is forecast that historically sourced transgenerational trauma will continue to impact future generations ad infinitum (Kowanko, de Crespigny, Murray & Groenkjaer, 2003), maintaining the gap as an enduring legacy for Indigenous Australian people in contemporary Australia (National Mental Health Commission, 2012), and as a site of interaction for mental health and other professionals accordingly.

Walker and Sonn (2010) surmise that the ineffective implementation of mental health policy for Indigenous Australians, is attributable to the silos within government agencies and services, to the boundaries between different health professionals, and to services and organisations that are unresponsive and inappropriate to the needs of Indigenous individuals, families and communities. Socialised within these particular silos, practitioners may be blinded to the inappropriateness of their actions or deliberately racist, depending on the propensity of those particular avenues to interaction to construct the goals and roles of interaction in particular ways. In either case, Walker and Sonn argue that poor service results from a deliberately naïve

failure to understand and appreciate the pervasive, transgenerational impact of colonisation upon Indigenous individuals, family and community health, and mental health and wellbeing. Acknowledgement of Indigenous expertise as central to considerations of mental health comprises a relatively recent shift in policy emphases. Activities demonstrative of these principles while identifiable, remain for the most part, aspirational.

The National Mental Health Commission (2012) reinforced the position that Aboriginal and Torres Strait Islander leaders must be at the centre of thinking and decision-making about Aboriginal and Torres Strait Islander health and mental health. Its report, *'The First National Report Card on Mental Health and Suicide Prevention'*, featured the emotional and social wellbeing of Aboriginal and Torres Strait Islander peoples so that a direct voice was given to the Indigenous community to express their reality and concerns, their way. The Report Card explained how subsequent editions would feature different communities however, the mental health of Indigenous Australian people would be an ongoing specific focus in order to:

*...contribute to the improvement of the lives of all people living with a mental difficulty - Aboriginal and Torres Strait Islander peoples, non-Indigenous Australians and new arrivals in our communities.*

(National Mental Health Commission, 2012, pp.22-23)

One of the imperatives identified in the report was that Australian governments must start thinking about Aboriginal and Torres Strait Islander peoples' mental health in different ways. Investment in culture and communities to support social and emotional wellbeing, supporting self-determination and partnership should form part of an overall response including, but not restricted to the provision of culturally safe medical, psychiatric, psychological and associated professional practices. This clarification encouraged a shift away from top-down policies and programs in favour of those led by communities. The National Report Card emphasised the need for engagement and partnership between departments specifically and more broadly associated with mental health outcomes including education and

housing. Furthermore, partnerships were sought between high-level representatives including those from the Aboriginal and Torres Strait Islander Mental Health Advisory Group and The National Indigenous Drug and Alcohol Council. Williamson et al. (2010) concur by stating the importance of obtaining Aboriginal input, and that of Aboriginal Community Controlled Health Organisations into mental health policy and service provision. The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 reinforced this commencement point stating:

*For thousands of years traditional healers have nurtured the physical, emotional and social wellbeing of their people. To increase understanding and encourage collaboration with mainstream health services and the wider community, in some communities, traditional healers have forged partnerships with health professionals and practitioners of western medicine. It is widely accepted that combining traditional treatments and western medicine is necessary for the wellbeing of the whole Aboriginal and Torres Strait Islander person, which leads to patients being more satisfied with the health services they receive.*

(Commonwealth of Australia, 2013, p. 22)

While the need for the clear articulation of mental health in policy and practice remains an emphasis, so too is the provision of services that provide just and fair, high quality treatment within a culturally respectful and non-discriminatory health system, free of racism and appropriate to the needs of Aboriginal and Torres Strait Islander people. Such qualities are seen as fundamental to providing a health care experience that improves the patient journey while in the system, and health care outcomes for Indigenous people and their communities (Commonwealth of Australia, 2013). The National Mental Health Policy 2008 (Department of Health and Ageing, 2009) for example, acknowledged Australia's Indigenous heritage and how the rights, culture, self-determination and the importance of the land to the Indigenous population are vital to their social and emotional wellbeing. Statements such as this exemplify the consideration of Indigenous mental health as an entity, a part of, *and*, apart from mainstream mental health.

At times, this delineation has seen Indigenous mental health attain its own space and status as distinct and unique, requiring its own set of statements regarding priority and direction. For example, drawing on principles outlined in the landmark publication '*Ways Forward Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*' (Swan & Raphael, 1995), the Social and Emotional Wellbeing Framework 2004-2009 (Social Health Reference Group, 2004) identified guiding principles that emphasised many of the ideas generated from the aforementioned National Aboriginal mental health conferences. Emphases were placed on the need to recognise culturally valid understandings of mental health that in turn would shape services, guide assessment, care and management. The broader historical context was also identified as a necessary precursor to understanding the particulars of a given intervention. These transformations were supported by a human rights discourse that elevated Indigenous voices in discussion of mental health interventions designed for them. Furthermore, within the distinction between Indigenous and Non-Indigenous positions, the claim that diversity of Indigenous people be acknowledged was deemed paramount. Underpinning these provisions was the call for acknowledgement that Aboriginal and Torres Strait Islander peoples have great strengths, creativity, endurance and a deep understanding of the relationships between human beings and their environment.

The emphasis on a separate consideration of Indigenous mental health however, receives different treatment in other policies. Some see Indigenous mental health subsumed as one of several non-mainstream special interests. Here, the needs of Indigenous people are coralled with those of other groups deemed to require unique assistance. For example, The National Standards for Mental Health Services (Commonwealth of Australia, 2010) locate Aboriginal and Torres Strait Islander people amongst a range of other groups including the culturally and linguistically diverse, the religiously or spiritually different, the gender or sexually non-normative, the physically and intellectually disabled, the old and the poor.

### 2.3.2 Psychology Responds

Vicary and Andrews (2000) noted that there had been little systematic activity aimed at increasing the skills and knowledge of non-Aboriginal clinicians, while Vicary and Bishop (2005) noted a dearth of studies that provide mental health practitioners with practical insight into Aboriginal perspectives and experiences; in particular the beliefs held that relate to psychotherapy, mental health and non-Aboriginal counsellors/ therapists. While activity was regarded as limited but present at the turn of the century, Davidson (2000) noted that a major discursive shift within the profession had been a slow one from Western scientific narratives to a social justice narrative – the catalyst for which could be traced back to the aforementioned International Congress of Psychology (Garvey & Bishop, 2015).

The Guidelines for the Provision of Psychological Services for, and the Conduct of Research with, Aboriginal and Torres Strait Islander People of Australia (Australian Psychological Society, 2003) comprised part of the profession's attempt to respond to the emerging narrative. Buoyed by such gestures, Ranzijn et al. (2007) held an encouraging regard for psychology to play a crucial role in addressing Indigenous disadvantage. Ranzijn's group have focused on cultural competence for Non-Indigenous psychologists, support for which has seen the establishment of a critical mass of committed people supportive of maintaining the momentum of this particular social movement within the Australian psychology arena.

While understanding has grown in some areas such as psychological assessment, the capacity to undertake the appropriate knowledge transfer from the literature to the field of practice has not (Drew, Adams & Walker, 2010). Access to systematic research in these domains is limited (Westerman, 2004) although the release of profession specific publications such as the special issue of the *Australian Psychologist – Australian Indigenous Psychologies* (2000), *Working with Indigenous Australians: A Handbook for psychologists* (Dudgeon, Garvey & Pickett, 2000), and those with a broader target audience including, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (Purdie, Dudgeon & Walker, 2010; Dudgeon, Milroy & Walker, 2014) are indicative of consolidation in this regard. Notable too, is the authorship of these landmark texts, comprising

Indigenous and Non-Indigenous contributors, and examples of collaboration on a range of mental health related issues.

Harnett (2012) noted the impact that establishing working relationships between psychology staff members and willing Indigenous community members can have on diminishing the barriers to increased Indigenous content in course curricula. Harnett identified incremental change resulting from such partnerships however, concerns remained about the extent to which courses were informed by Indigenous knowledge and perspectives. The Australian Psychological Society (APS) has recently sought to improve its support of Indigenous psychology students as part of their Reconciliation Action Plan (RAP)<sup>3</sup> (Australian Psychological Society, 2012), and initiatives such as the Australian Indigenous Psychology Education Project that seeks to develop curricular approaches to increasing cultural competence and Indigenous participation in psychology education and training (Dudgeon et al., 2013). As of March 2015, the APS committed to raise awareness of its ongoing contribution to helping close the Indigenous mental health gap (Australian Psychological Society, 2015).

### **2.3.3 Shifting the Focus from the Client to the Practitioner**

Such commitments exemplify a revised approach to professional development that sees practitioners encouraged to look to their own thoughts and behaviours in order to examine and articulate that which they bring to the therapeutic or researcher encounter. Long running training programs in cross cultural mental health training have as their foundation, the process of reflection on the cultural, social and historical origins and contemporary meanings of culture in psychiatric theory and practice (Kirmayer et al., 2008). Focus is placed on the personal and professional identity of the clinician as this is one constant across encounters with people from different backgrounds. Kirmayer et al. believe that clinicians who understand something of their own

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<sup>3</sup> The Australian Psychological Society Ltd. prepared a Reconciliation Action Plan (RAP) to make explicit the steps the organization is taking to address the inequalities experienced by Aboriginal and Torres Strait Islander people. The RAP was developed by a diverse working group with the plan articulating the APSs' commitment to building respect, relationships and understanding between Indigenous and other Australians to close the gap in mental health and wellbeing outcomes.

cultural background and how it contributes to their values, perceptions and personal style are in a better position to learn from the clinical encounter with others, an assertion echoed in the Indigenous mental health context. Once they can work in culturally appropriate ways, Non-Aboriginal practitioners might be in a better position to make meaningful contributions (Dudgeon et al., 1993; Garvey, 1994; Sue & Sue, 1999).

Cultural competence has emerged in the Australian context as a rubric through which mental health professionals and organisations can better align their service with the needs of Indigenous Australians (Westerman, 2004; Garvey, 2007; Ranzijn, McConochie & Nolan, 2009). Cultural competence has been defined as a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations (Tong & Cross, 1991). It is focused on the capacity of health systems to improve health and wellbeing by integrating culture with health service delivery. It is also a concept privileged by the broader Australian university system as a means by which to prepare its employees, and construct its systems to better meet the needs of Indigenous Australian people (Universities Australia, 2010).

Lederach (2003) suggested that cultural competence is more than a set of specific techniques, it involves how we see the world. Education concerning cultural competence should attempt to provide different interpretive lenses through which we might usefully identify and navigate social conflict. Cultural competence development involves enhancing student and staff knowledge and understanding of Indigenous Australian cultures, histories and contemporary realities and awareness of Indigenous protocols, combined with the proficiency to engage and work effectively in Indigenous contexts congruent with the expectations of Indigenous Australian peoples.

For workers engaged with Indigenous Australian people, it is:

*...critical that workers discover if their clients are of a particular culture. If workers discover that their client is Aboriginal then culturally competent practice indicates that a different approach is necessary in working with Aboriginal children and families.*

(Victorian Aboriginal Child Care Agency, 2008).

A culturally capable health workforce requires an understanding of the health issues impacting on Aboriginal and Torres Strait Islander peoples in order to deliver effective treatment (Queensland Health, 2010). The aspiration is that all employees should be able to demonstrate fundamental cultural knowledge, skills and behaviours in order to deliver quality health services to Aboriginal and Torres Strait Islander people.

Koolmatrie and Williams (2000) argued that the history and politics of a nation cannot be separated from mental health issues and that the past has to be acknowledged before proper healing can begin. They advised that the roles Non-Indigenous professionals might play in Stolen Generation healing for example, must be characterised by a cultural sensitivity that entails a recognition of and responsibility for the unjust and devastating policies of the removal of Indigenous children from their families, in addition to a willingness to learn and understand the cultural and political history of the Indigenous people of his country. Koolmatrie and Williams contend that this occur not only in their role as professionals, but as contemporary Australian citizens. Notably, this recommendation reflects two core observations of this research in that acknowledgement be given to the socialization received by participants within and external to the avenues they navigate towards the arena, and that their engagement be considered in terms of their roles as both mental health professionals and agents of social transformation.

Despite the ascendancy of cultural competency as the titular imperative in cross-cultural education, and the numerous sites/ levels at which competence is theoretically measurable, it is difficult to demonstrate a direct link between a cultural competence intervention, and health status improvements or cost savings (Nguyen, 2008). Nguyen suggests that the existence of potentially confounding variables, and the methods by which cultural competence has traditionally been measured, as accounting for the lack of rigorous evaluation applied so far to cultural competence initiatives. The same assessment applies to related cultural training activities in terms of their lack of demonstrated effectiveness (Downing, Kowal & Paradies, 2011). While Universities Australia (2010) recommends that Indigenous cultural competency be embedded into all university programs, questions remain as to whether

informational and attitudinal change for students will be reflected in interactions with Aboriginal clients and contribute to improved health outcomes. They direct that studies on attitude change be accompanied by research into knowledge translation, particularly on the construction of culturally secure practice in clinical settings.

Ranzijn, McConnochie, Nolan and Day (2007) observe that Indigenous cultural competence tends to be regarded by institutional decision-makers as a fringe, or luxury activity. They identify that the promotion of cultural competence must not only focus on developing resource materials, but needs to work towards positioning it as core business for psychology. In this regard, their vision is that successive generations of psychology graduates will be better able to work as partners with Indigenous people to bring about long overdue social justice.

#### **2.3.4 The Inner Life of Students: Mixed Responses to Considerations of Indigenous Mental Health**

Students approach the prospect of learning about Indigenous Australian circumstances in a variety of ways ranging from unbridled enthusiasm, ambivalent and pragmatic resignation, to anger and incredulity at what is seen as an unnecessary imposition to focus on a specific group's concerns (Garvey, 2007). The latter reaction is similar to a position described by Kowal and Paradies (2005) as coalescing around the question, '*why bother?*', a position that if left unaddressed may result in the emergence of passive or direct resistance to the material, if not resentful disengagement from it. For some students, the value attached to Aboriginal content in programs may be impacted by its perception as a '*soft science*' as opposed to evidence-based '*real science*', with some students categorizing the former as irrelevant (McDermott & Sjoberg, 2012).

In her examination of the uncomfortable emotional responses experienced by White students in college classes exploring the psychology of race relations in the United States, Tatum (1992) identified experiences of guilt, shame, anger and despair, as well as movement towards more productive positions. Helms' theory of White racial identity development posited

movement through a sequence of stages towards the emergence of a nonracist white identity, a framework critiqued by Rowe and Bennett (1994) who in contrast, proposed an explanation for the change in racial attitudes based on cognitive dissonance. Rowe and Bennett's approach allowed for variation in the strategies with which individuals dealt with discomfort whereas Helms' framework took a more prescriptive stance with regards to student identity development. Williams (2000) suggested that regardless of the framework, the common ground upon which each theory was built is the premise that students must deal with their emotional responses to the information they receive. Navigation of emotional discomfort seems necessary in order to move through either stages or development, or phases of dissonance.

From an Indigenous student's perspective, Williams (2012) described how retaining some kind of identity while trying to conform to a rigid discipline loomed as significant challenge to her studies. In classroom settings, she noted that her Non-Aboriginal appearance was used to diminish her cultural background. Her decision to retain and profess her Aboriginal identity raised other tensions including the concern that she would be stereotyped as an '*Aboriginal psychologist*', whereas her preferred construction was that she be regarded as a psychologist who was also Aboriginal. Williams expressed that it would be helpful if more academic staff and clinical supervisors had an appreciation of the conflict she experienced between being an Aboriginal person and a psychology student. Harnett (2012) concurs with the view that increasing Aboriginal student numbers in psychology courses is only appropriate if the courses are relevant and the learning experience is safe. Mulholland et al. (2008) contend that a systematic approach to studying student attrition from health related courses is required domestically and internationally, with an understanding of the causal variables underpinning attrition rates needed to target how different groups experience the relationship between education and their broader circumstances, as well as between the theoretical and clinical elements of their education.

### 2.3.5 Navigating the Transition from Classroom to Workplace

Outside the classroom, Kramer (1974) described school-bred values that conflicted with work-world values as constituting '*reality shock*'. The experience had the effect of leaving graduates who face the discrepancy between their education and the real world with a sense of groundlessness (Duchscher, 2001; 2003). Duchscher (2009) offered a theory of '*transition shock*' that outlines how the new graduate engaging in a professional practice role for the first time is confronted with a broad range and scope of physical, intellectual, emotional, developmental and sociocultural changes that are expressions of, and mitigating factors within the experience of transition. According to Duchscher, transition shock is the most immediate, acute and dramatic stage in the professional role adaptation for the new graduate. What it means to be a professional and the movement towards that role from a solely conceptual understanding, requires the neophyte to navigate the practice context that has, until that time been entirely theoretical. The stress associated with this transition may be compounded by requirements of the professional role that require the graduate to consider cultural difference and to adjust one's practice accordingly.

Much of what troubles newcomers to the arena concerns not just what they are meant to know, but how they are meant to be. This is where concepts of cultural competence and cultural security support both aspirations however, students still leave the classroom with varied self-assessments of their readiness for practice. This has led some to argue that workplace identity does not precede, but rather follows from practice, instantiated in micro-interaction (Kessler & McKenna, 1978; West & Zimmerman, 1987), and this may leave students confused as they navigate their transition from the classroom to the workplace. Uncertainty in this regards may prompt behaviour likely to ward off scrutiny, lest their self-anticipated inappropriateness be spotted and exposed. It is not uncommon for newcomers to camouflage or disguise their presence, or to act in ways designed to minimize the discomfort of their arrival. It is also conceivable that the anticipated challenging reality of the workplace is sufficient to pause, if not entirely halt their progression towards it.

### **2.3.6 “*New and Fleeting Shadows*”: The Entry and Exit of Mental Health Professionals**

While attracting people to work in the arena of Indigenous mental health is one concern, reducing the attrition of those who commence is another. Hunter (1995) used the term “*new and fleeting shadows*” to describe the movement of mental health professionals in and out of Aboriginal communities when their contract, or idealism ended. Hunter suggested that engagement with Aboriginal clients and communities, usually in crises, was an overwhelming challenge for many professionals because it forced them to recognize their impotence to promote change beyond crisis response and addressing chronic mental illness. Confrontation with the realities of work in some Indigenous communities posed questions for the professional as to their role, place and influence to be a health care provider, as well as straining their personal capacity to endure amidst community tensions beyond the clinic walls.

Hunter (1997) asserted that relations between mental health professionals and members of Indigenous communities were informed by significant differences in mental health conceptualisation and articulation. Distance and disengagement were also informed by Indigenous peoples’ assessment that they are where they are due to the historical intervention and interference of white professionals. Their residual anger was thus visited upon those who had inherited the mantle of administrator and protector (Hunter, 1995). Maintaining a presence in such sites required the professional to navigate their construction in the here and now, as well as the then and there (see also Kowal & Paradies, 2010; Kowal, 2006; 2011; 2012; 2015)

In their examination of workers’ learning needs regarding mental health and young Aboriginal people, Hillin et al. (2007) identified that participants expressed a significant concern around their learning needs for Aboriginal youth in rural and regional locations, compared to their concerns for youths based in metropolitan areas. The identified lack of skills and knowledge underpinned an associated lack of confidence and feelings of not being equipped to work with Indigenous youth in remote and regional locations. Harnett (2012) observed that staff members from a psychology school resisted engagement with Indigenous people because they did not feel confident about

Indigenous issues. This hesitance is mirrored by service providers in remote areas of the Northern Territory for example, who report having low levels of confidence in managing and treating mental illness with their Indigenous clients (Nagel, 2005).

### **2.3.7 Indigenous Community Constructions of Mental Health: Stigma or Saviour?**

The Aboriginal and Torres Strait Islander Research Agenda Working Group (2002) and the National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group (2003) noted that past research and psychiatric frameworks have left a legacy of mistrust between mental health clinicians, researchers and Aboriginal communities that more recent ethical guidelines are attempting to mitigate with a view to better research relationships in the future. Despite the highlighted differences between Indigenous and Non-Indigenous beliefs and understandings around mental health, translation of this to resource development and models of working has lagged, contributing to stigma and fear of mental illnesses, lack of understanding and support of consumer and family needs, and emphasis on crisis management (Haswell-Elkins, Sebasio, Hunter, & Mar, 2007).

Bailey (2005) expressed numerous concerns emblematic of a skeptical Indigenous regard. The title of her conference paper, *'You're not listening to me! Aboriginal mental health is different - Don't you understand?'* conveyed frustration directed at those responsible, yet not responsive, for constructing such services. She argued that Aboriginal mental health is not necessarily defined as a sickness or disease by Aboriginal people, although it is sometimes misdiagnosed as such by medical professionals. She asserted that this is due largely to the poor understanding of such professionals of Aboriginal culture, highlighting the relative inequality in proportion and quality between Indigenous specific and mainstream service provision. The priority for Bailey lay in the construction of Aboriginal Mental Health services that would provide the much needed practices and understandings as well as provide culturally appropriate methodology, ethics and protocols to ensure the provision of highest quality services are provided for the Aboriginal

community. The consequences according to Bailey are obvious, or rather, should be obvious, and it is the latter circumstance that adds to her frustration. Fundamental to Bailey was the commencement point that Aboriginal mental health was different, and that the failure to acknowledge this as the starting point of service design for Aboriginal people, is reason for their subsequent failure. From this position of difference, Bailey notes that mainstream health care services and health authorities provide extensive services, compared to Aboriginal health which lags in terms of quantity and quality. The concomitant absence of culturally appropriate action also serves to obscure current and future gaps in Aboriginal mental health service and delivery.

In terms of how Indigenous mental health, and Indigenous Australian people might be more accurately rendered, Tsey et al. (2007) critique the noted deficit construction of Indigenous disadvantage, calling instead for the inclusion of everyday perspectives that serve to add critical and banal nuance to depictions of Indigenous Australian people as a collective, and as individuals (see also Garvey, 2007). Too often, essentialised images overlook crucial facts that Indigenous communities, like all societies, mainly consist of people trying their best to go about the daily business of living a meaningful life. Furthermore, no matter how desperate the situation might look to the outsider, communities often have pockets of exceptional strength, resilience, creativity and innovation. What may also be missed in accounts highlighting difference and disagreement, are encounters of co-operation that transcend the aforementioned divisions, and pre-empt examples of partnership and collaboration. Often, this involves a re-telling of the plight of Indigenous Australian people in a postcolonial context, so as to emphasise their active resilience. Addressing this portrayal, are accounts that, while not underplaying the statistical gap or consequences of history, seek instead to trouble the essentialised image of Indigenous people as helpless or hopeless victims of the wrath of colonization. Responses to colonisation are recognised to include more adaptive and functional acts, although reference to these are usually made in terms of resilience demonstrated in spite of, rather than thanks to, colonising practices. Tsey et al.'s account, imbues Indigenous people with an authority and credibility often disregarded in accounts that otherwise characterise Indigenous people as the cause of their own misfortune - a

mythology that supports the respective roles of outside expert and Indigenous beneficiary.

Haswell-Elkins et al. (2007) highlighted the pervasiveness of historical precedence to confer on Indigenous Australian people a wary regard for service. They contend that despite the repeatedly identified need for culturally meaningful service, very few mainstream services can claim to have met this call. Aboriginal families described feeling unable to access mental health services for fear of government authorities becoming involved and children being removed (Williamson et al., 2010). This '*hangover from way back*' meant that for some Aboriginal people, approaching services was seen as a dangerous option that could potentially exacerbate the problem. An example of the strength of this fear and mistrust can be seen when Indigenous people avoid engagement with a potentially useful service in dire or life-threatening circumstances. Haswell –Elkins et al. (2007) acknowledge that the problems in communication, individualistic healthcare approaches and mistrust have already been clearly addressed in policy and descriptive research. Their argument is that services, clinicians and researchers need to move beyond the rhetoric of transformation, and translate policy into practice. Doing so is central to improving service outcomes that enable greater understanding and measurement of better and useful data.

A meta-synthesis of peer-reviewed qualitative research examining Indigenous Australians' worldview of mental health and disorders, identified that further research is required to examine the narratives utilised by Indigenous Australian people around coping and caring, and by what means Western or traditional responses are mediated within these communities.

Ypinizar et al. (2007, p.476) argued:

*...these questions require further empirical research to enable more sophisticated understanding of Indigenous people's constructions of mental health and mental disorders and to apply this knowledge to effective service delivery both for those experiencing mental disorders, their carers and their communities.*

## **2.4 Evolving Priorities in Indigenous Health Research**

An overview of the site of Indigenous health research is pertinent in light of the Aims and Objectives of this investigation, and serves to augment and exemplify many of the themes discussed so far. In this respect, the material examined in the following section may be considered as an adjunct to the literature review and a specific site in the cultural interface of Indigenous mental health. Its presence here articulates the context in which the investigation was conducted, and foregrounds the methodological choices made to navigate that venture.

### **2.4.1 A Longstanding Interest**

Elkin (1963) identified four broad, overlapping phases of research activity with Indigenous Australians drawn from his examination of anthropology, which, along with psychology and psychiatry, presented the vanguard of research into the mental health of Indigenous Australians in its formative stages. Elkin contended that research was more incidental than organised for the first century of Australia's European colonisation. According to Elkin, early research was characterised by descriptive studies aimed at documenting the unique circumstances and features of Indigenous Australians. Towards the end of the 19<sup>th</sup> century, research and researchers became more interested in compiling and collating information about Indigenous Australian people. The early 1900s saw a phase of individual field projects, pre-empting a phase of organised yet under resourced research activity.

A more organised and systematic agenda appears to emerge at the commencement of the 20<sup>th</sup> century, underpinned by a concern for the fading presence of pristine Indigenous populations. Efforts were made to research those Indigenous people not yet tarnished by an encroaching civilisation, necessitating the extension of the research frontiers to sites more likely to provide suitable exemplars. Focus was placed on examining 'untouched' tribes with the associated urgency to do so before it was too late. This took research further inland, extending the breadth of interest and scope of research into new frontiers. The First World War meant research personnel and funding lapsed in

numbers during this period. Subsequently, Government and university auspiced research characterised the emergent model. Elkin (1963) commented on the research context of the times, surmising that interest was ultimately tempered by a prevailing social and political climate that served to influence the availability of human and other resources to enact such imperatives. Here Elkin invoked the view that scientific examination of Aboriginal people was part of that endeavor's broader obligation, while lamenting the paucity of financial resources and academic kudos attached to that particular pursuit.

Stanner (1969) was critical of the places constructed for Aboriginal people from which they might speak, and, of the role of professionals and researchers in maintaining an architecture of exclusion. The conduct of the researcher and their obligations to science were thus placed under a scrutiny that critiqued constructions of Aboriginal people and their consequences. Stanner framed the activity and products of research not merely for what they said, but also what was excluded in the emerging scientific narrative of Aboriginal Australians. The conduct of researchers too was questioned, with 'duty' and 'obligation' critiqued for its detachment from the beneficence, or lack thereof, to Aboriginal people, and its place in promulgating the construction of a marginalised Indigenous group. The construction of Aboriginal culture as primitive was accompanied by the denial of coevalness, and this view characterised much of the study of Aboriginal people well into the 20<sup>th</sup> century (Atwood, 1996). This construction would later be amended from one that relegated Aboriginal culture to prehistory, to one that sought to suspend it in a timeless vacuum (Beckett, 1988). The change would expand the role of researcher from one of recorder, to that of rescuer for whom preservation of those attributes of Aboriginal people and culture deemed to exemplify their pristine, traditional state was paramount.

#### **2.4.2 An Expansive Industry: Constructions of Indigenous Mental Health Research**

Significantly, the Aboriginal mental health movement was at the forefront of challenging long-held expectations around health research with Indigenous people. Notable amongst the events serving to galvanise an

alternative approach was the ‘*Mental Health Our Way*’ Conference, a meeting at which Bailey (1993) described the scenario whereby Aboriginal people enjoy none of the immediate or long term outcomes that might be expected from being the most researched group in Australia. According to Bailey, involvement in research was an uncertain and risky prospect for Aboriginal people, neither guaranteeing change, nor an accurate portrayal of their circumstance. Instead:

*...we are subjected to a constant procession of academics, researchers, government agents, anthropologists, archaeologists and sociologists who come to our door requiring information. As sure as one leaves, another arrives. We rarely see the report, and often too late. We sometimes get quoted out of context or not at all, to our detriment. And there are no improvements in our conditions or benefits for our efforts.*

(Bailey, 1993)

Within this construction, she noted the position of Aboriginal people as dependent on government assistance, while Non-Aboriginal researchers:

*...have either tidied up their files, made a decision on our behalf, made a scientific breakthrough, attained doctoral status, published their opinions, become experts in the field, provided a consultant’s report, moved onto another job on the basis of their knowledge in Aboriginal affairs, proffered a whole new theory, gained a new prestigious portfolio, attracted lucrative publicity, gained political kudos, altered legislation, made an impressive speech, attacked our credibility, denied our Aboriginality, advised us as to what we should be doing, or created another problem for us on which we will soon be consulted. Quite an expansive industry!*

(Bailey, 1993)

Bailey’s (1993) synopsis pointed to several features of practice critical to research with Indigenous people, framed by her assessment of the relationship between Indigenous and non-Indigenous Australians as being fundamentally unequal. She draws on the resulting binary characterised by the subordinate, subservient Aborigine going ‘*cap in hand*’ to a selectively

benevolent non-Indigenous government, to highlight the inequities of the industry and the inequality of benefit derived therein. Bailey identified a scenario of mutual need – one satisfied by begging, the other by bullying. Discourse emphasising difference and deficit between Indigenous and Non-Indigenous, black and white, uncivilised and modern appear to be as significant a contribution from research endeavours, as were any of the findings made under this assumption. Paradoxically, interest in the make-up of humanity, served to excise and discriminate against some of its supposedly original members, while valorising notions of civility and discovery.

Reviewing the course of research activity confirms that notions of difference were sown early, and served a variety of needs. In the view of many Indigenous people, the expansive industry seemed to favour and benefit researchers in a cyclical process whereby the raw material of Indigenous experience is mined, problematized, and re-mined to build the academic credentials of prospecting academics. Consequently, and as a result of such focused critique, those involved in the Indigenous health research industry have become an increasingly scrutinised group – an outcome of the aforementioned wariness held by Indigenous people resulting in a newfound influence over where, how and by whom the endeavour expands.

It is unclear by the conclusion of Bailey's synopsis whether reconciliation was sought, or whether it is more likely that never the twain shall meet (Kipling, 1892). Indeed, the language of reconciliation would not appear in the broader Australian vernacular until 1996 with the inaugural National Reconciliation Week giving focus to '*reflect on achievements so far and on what still must be done to achieve reconciliation*' (Reconciliation Australia, n.d.). Bailey's critique was thus consistent with the times - one less concerned with reconciliatory overtones and more squarely aimed at voicing a critical Indigenous perspective concerned with exposing the myth of mental health research beneficence for Indigenous Australian people.

There is a corpus of knowledge regarding prior research activities concerning Indigenous Australian people and Indigenous people in other colonised contexts that goes some way to explaining this skeptical regard. Bailey's (1993) observation embodies this position to an extent, and at the time of her presentation was typical of critique levelled against many institutions

and practices that had been seen to impact deleteriously on the social and emotional wellbeing of Indigenous Australian people. Bailey's synopsis of the place of research and the intentions of researchers engenders a degree of mistrust reported by Indigenous peoples from other colonised locations. Maori academic, Linda Tuhiwai Smith's (1999, p.1) oft quoted maxim that provides international support to the specific concerns of research mental health research involving Koories:

*...the word itself 'research', is probably one of the dirtiest words in the indigenous world's vocabulary. When mentioned in many indigenous contexts, it stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful.... The ways in which scientific research is implicated in the worst excesses of colonialism remains a powerful remembered history for many of the world's colonized peoples.*

Central to Smith's transformative agenda is the requirement that research be conducted in a way that permits the rewriting our position in history by retelling our own stories and versions our way for our own purposes as Indigenous peoples. Laycock et al. (2011) concur that the historical analysis of research practice in relation to Aboriginal and Torres Strait Islander peoples has failed to demonstrate the return of benefit to those who have been researched. Nor has research been a value-free process, instead it is never truly separated from, nor neutral to the spirit and thinking of the time. Hegemonic research practice, much like the aforementioned construction of health and illness, is discernible as an activity that embodies the values and worldview of its constituent communities. It is telling from Bailey's portrayal that despite an incessant stream of researchers interested in the lives and lifestyles of Aboriginal people, little appears to be shared or known about these visitors. Their attributes appear bound to the endeavor in which they were employed, conflated with a seemingly mercenary-like zeal to use Indigenous data as the catalyst for their own professional advancement. They are not cast as unwilling participants in Indigenous health research, and according to Bailey (1993), had much to gain by their involvement.

This mixed regard for research epitomises much of the prevailing research context in which this investigation was conducted. The status of research activity is not necessarily positive, and instead remains central in a broader array of colonial activities that have, in the minds of many Indigenous people, been of little benefit for them. Overtures seeking the involvement and endorsement of Indigenous communities are increasingly scrutinised, an activity seen by some as emblematic of a more general imperative to investigate the regulation of outsiders to Aboriginal country. Martin (2008) contends that acknowledging the agency of Aboriginal people in regulating outsiders, confronts those myths of Aboriginal people that characterise them as powerless and hopeless in the face of their inevitable assimilation, while reinvigorating an image of Indigenous custodianship.

Humphrey (2001) argues that efforts to reform the practices of mainstream Indigenous health research since the 1980s have oscillated between taking concrete steps towards changing research practice, and placing too great a reliance on written guidelines and positive rhetoric. The rhetoric has evolved quickly to serve two functions; the first, to signal change, and the second to mask inaction on the part of broader institutional arrangements regarding research on Aboriginal health. Debate over the constitution of ethical guidelines has not, until recently done much to address the highly conventional conceptualisation of research embedded within existing research protocols. A case perhaps of *panem et circenses* in the arena of Indigenous mental health research?

Haswell-Elkins et al. (2007) acknowledge the complex challenges that arise when cultural, historical, health, status, worldviews and power constitute the interests of research, particularly where there is disparity along these measures between clinician/ researcher and Indigenous client. While revisions of ethical guidelines may point to change, they are in and of themselves, no guarantee of better research practice, nor suitably enlightened non-Indigenous researchers (Humphrey, 2001). What then might the purpose of revised ethical guidelines be if not to improve research, nor transform researchers? While it may still be too soon to judge the impacts of this latest iteration of research and ethical guidelines, interim observations such as those offered by Humphrey resonate with those of Hunter and his cautious assessment of amendments to

the Indigenous mental health arena. Thus, the present research proposition remains contested as a consequence of the lag between aspirational and actual cultural change.

### **2.4.3 An Exciting Time to be a Researcher: The Place of Research and the Role of the Researcher in 21<sup>st</sup> Century Mental Health Research**

Tsey et al. (2007) note that despite research contributions towards the detection, cure and management of disease and illness among Indigenous peoples, huge gaps persist between knowledge of social determinants of health and wellbeing and their translation to practical relevance and uptake by service providers, policy makers and Indigenous community sectors. In light of this overview, Laycock et al (2011) forecast a somewhat counterintuitive, if not optimistic outlook by nominating the current context as an exciting time to be involved in Indigenous health research. Stewart et al. (2010) note the considerable momentum in national policy to direct research in Aboriginal and Torres Strait Islander health towards intervention research that can find real-world solutions to persistent health issues. The changing emphases of the research paradigm have become increasingly concerned with the conduct of research for, and with Indigenous collaboration, guidance, and beneficence.

Changing times have also heralded responses not only to the critique of what kind of research is valued, but also the kinds of research conduct that are valued by the targets of research inquiry. Fuentes (2004) points out that what constitutes a benefit may vary by culture and this point is well illustrated in Bailey's (1993) remarks about beneficence and the Indigenous mental health research industry. The articulation of benefit to participant groups and individuals has become an explicit feature of ethical standards relating to Indigenous health research. The imperatives of conduct of health research amongst Indigenous Australian populations is that it should be relevant, effective and culturally respectful (Marmot, 2011). Combined, these three pillars would better support the provision of research amenable to answering questions relating to health that would in turn enable Indigenous Australians to live the lives that they would choose to live (Jamieson et al., 2012).

While augmentation of the ethics of health research to specifically address the contexts of Indigenous people has occurred, widespread acknowledgement of such changes has yet to be realised for all Indigenous people. Hesitation and suspicion still characterises the response of many Indigenous people towards the prospect of having research done on, or disseminated about them. This was evidenced in many of the research yarns conducted and declined as part of this project, requiring an appropriate form of response such that the particular concerns could be addressed. The current framing of Indigenous health research however turns the critical observations of authors such as Smith and Bailey, into unavoidable and necessary ethical challenges requiring clear thinking around whose questions, answered by whom, for which audience and for whose benefit? It is fitting that the examination of Indigenous health and mental health research raise issues relating to beneficence and involvement. These concerns were at the forefront of considerations of ethics, methodology and methods, and it is these matters that are discussed in Chapter Three.



### 3. CHAPTER THREE

#### METHODOLOGY

*Language is a ford through the river of time. It leads us to the dwelling of those gone before; but he cannot arrive there, who fears deep water.*

Vladislav Illich-Svitych (1934 – 1966)

#### **Contextualising the Abrupt Entry**

*It had been a long day.*

*A full day of appointments at the clinic and in the community meant that the drive home was anticipated with greater than usual zeal for the trio assigned to provide mental health service in this rural Indigenous community. Not that this was an altogether unpleasant setting one wished to escape. On the contrary, its location between mountains and sea made it appear like the many tourist hamlets that dotted the North Queensland coastline, close to, but far enough from the city to make its conveniences and vices accessible should one possess the means of transport. The afternoon sea breeze helped move some of the humidity, providing welcome relief from the typically tropical environment. The setting provided a very different backdrop to the usual four walls of the community health centre, and a very different context for providing mental health service.*

*How this place came to be, to be here, and to be populated by its current residents was a much longer story that belied the idyllic tourist vista. Below the surface, the community persisted as a legacy of the treatment of Aboriginal people, merely an hour or so away from the city, but a world away from that progressive and increasingly cosmopolitan space. Established as an Aboriginal mission over one-hundred years earlier, this community had proved suitable as a catchment and training facility for the many people who would come to be housed and educated on its grounds – some voluntarily, others coerced under the various Acts controlling the movement of Aboriginal people since the State's inception. With over 2500 residents descended from over 30 tribal groups, the influence of prior and ongoing church administration remained strong, as did a significant secular administration constituted by local, State and Federal stakeholders.*

*The land had not been empty prior to the mission, nor had it been devoid of activity or meaning. Its location meant it was (and continued to be) a site for shelter and sustenance, and a gathering place on which to make observance to cultural obligations, ceremony, conflict resolution, and other business. Not too far beneath the current gloss was a much older story of people moving on, over and through that territory. In the present day, descendants of the original occupants continued to press their claim for native title - a relatively recent form of legal recognition of geographical and cultural connection. For them, the struggle reflected the reclamation of status bestowed by ancestral mandate, muddied and marginalised since by the influence of colonial influence but never fully relinquished in the hearts and minds of those now seeking redress.*

*Application however, does not ensure acknowledgement.*

*Disentangling one hundred or more years of others' occupation, and others' influence in order to show a clear and undisputed lineage of tradition can be a difficult, if not impossible post-colonial proposition. Not so here as one of the benefits of scrutiny, management and confinement, was that the systems set up to do so, were also good at accounting for the activities and resources devoted to that purpose. This, along with their records as medically, sociologically, psychologically and anthropologically researched people, ironically perhaps, provides a data source able to be utilised to support their claims in a process of cultural rejuvenation and affirmation.*

*Evidence however, does not ensure acknowledgement.*

*Patience was required in order to wait for the appropriate processes to run their uncertain course towards confirmation or dismissal. The era of Native Title provided some of the possibility, but none of the surety, representing for some a perilous avenue along which the details of their claims to ownership and identity would be cast into intense public scrutiny from those seeking to confirm or validate their actions. The idyllic surrounds belied these tense undercurrents.*

*Visitors to this community may have been oblivious to this inconsistency, while those with roles requiring their ongoing presence, may have had trouble escaping them.*

### **3.1 Chapter Three Overview**

The emphasis on how Indigenous mental health has been written about, and how people speak about it, resonates with Illich-Svitych's ode to language as a conveyor of cultural constructions, permitting visitation with various historical and contemporary contextual vistas, and their connection to ideas

that come to supplant, supplement and support them over time. This notion features in the excerpt from Mary's story above whereby the abrupt entry described at the commencement of the thesis, is given some background, particularly with regards to how Mary's community had come to be, and where it wished to go.

In consideration of longstanding interest in Indigenous health research, and the more proximal issues intimated above, the bases of a generative research agenda are proffered within an overarching transformative paradigm. This required a methodology considerate of, and responsive to prevailing construction(s) of the Indigenous mental health arena, while providing the analytical and speculative means with which to identify and propose scenarios for change. The epistemological bases of social constructionist inquiry are examined, along with the features of an iterative and abductive research process. Data collection methods and participant selection strategies are then addressed. Causal Layered Analysis (Inayatullah, 2004) is explained as the principle organizational and interpretive tool, while the tenets of Charmaz's Grounded Theory (2008; 2009) and substantive theorizing (Wicker, 1989) are explained in terms of their role as guides to theory development.

### **3.2 Speculation, Generation and Transformation: Conceptualising the Investigation Within a Transformative Paradigm**

The interest in multiple perspectives led initially to the conceptualisation of the investigation as an interpretivist endeavor (Cohen & Crabtree, 1999). Interpretive inquiry recognises that there are multiple interpretations of meaning, and that understanding is situated and value laden. All interpretations are drawn from inquiry that focuses on difference, multiplicity and multivocality (Gadow, 2000). Interpretivist positions are founded on the theoretical belief that reality is socially constructed and fluid, and that what we know is negotiated within cultures, social settings, and relationship with other people. This perspective asserts that validity or truth cannot be grounded in an objective reality. Instead, what is taken to be valid or true is negotiated and there can be multiple, valid claims to knowledge. What

is established and conveyed as valid reflects and reinforces the morals of a social site, discernible in the discourse of the research community (Angen, 2000).

It is incumbent on the researcher to remain conscious of the social context and emphases identified by participants so as not to stray from these in any speculative analysis. While the researcher is able to draw on an array of methods to access and make sense of people's experiences and the meanings they have for them, interpretive approaches rely heavily on naturalistic methods including interviewing and observation, and analysis of existing texts. These methods encourage dialogue between the researchers and participant in order to collaboratively construct a meaningful reality. Meaning is not subject to confirmation, instead emerging from intersubjective approach of the research process (Cohen & Crabtree, 1999). This feature of interpretive inquiry meshed well the exploratory aspirations of the research and its regard for the centrality of multiple participant perspectives derived from particular cultural and social settings.

However, further consideration of the research aims and aspirations meant that it was appropriate but insufficient to merely consider the array of perspectives in a relativistic sense. An interpretivist paradigm would be insensitive to address concerns relating to power and authority within the arena, and thus a means of conceptualising the data in a way that acknowledged the socially constructed hegemony of multiple perspectives as a basis for understanding and social change was sought. Lederach (2003) contends that in cases where parties share an extensive past and have the potential for significant future relationships, and where the episodes (of conflict) arise in an organisational, community or broader social context, simple resolution approaches may be too narrow. Though they may solve the immediate problems, they miss the greater potential for constructive change. This is even more significant in context where there are repeated and deep-rooted cycles of conflict episodes that have created destructive and violent patterns. In such cases, avenues to promote transformational change should be pursued. Morgensen (2012, p.805) concurs, adding that, "*By exposing normative knowledge production as being not only non-Indigenous but colonial, they denaturalize power within settler societies and ground*

*knowledge production in decolonization*". He claims that, "*Indigenous methodologies thus demand the interrogation of colonial academic procedures*". Thus, a critical approach would be one that permitted speculation as to the array and organization of diverse perspectives competing for authority and influence, while acknowledging the nature of the systems that permit particular kinds of knowledge production.

A transformative paradigm was identified as augmenting the parameters of an interpretive approach by accommodating the examination of power, social justice, and cultural complexity. While sharing many of the social constructionist features of interpretivist inquiry, a central tenet of a transformative paradigm is that power is considered throughout the entire research process (Mertens, 2007). The four basic assumptions of a transformative paradigm are outlined in Table 2.

Table 2

*Assumptions of a Transformative Paradigm (from Mertens, 2007)*

<b>Ontology</b>	There are multiple realities that are socially constructed, but it is necessary to be explicit about the social, political, cultural, economic, ethnic, racial, gender, age, and disability values that define realities. Different realities can emerge because different levels of unearned privilege are associated with characteristics of participants and researchers. Transformative researchers need to be aware of societal values and privileges in determining the reality that holds potential for social transformation and increased social justice.
<b>Epistemology</b>	To know realities, it is necessary to have an interactive link between the researcher and the participants in a study. Knowledge is socially and historically located within a complex cultural context. Respect for culture and awareness of power relations is critical.
<b>Methodology</b>	A researcher can choose quantitative or qualitative or mixed methods, but there should be an interactive link between the researcher and the participants in the definition of the problem, methods should be adjusted to accommodate cultural complexity, power issues should be explicitly addressed, and issues of discrimination and oppression should be recognized.

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**Axiology**

Three basic principles underlie regulatory ethics in research: respect, beneficence, and justice. The transformative axiological assumption pushes these principles on several fronts. Respect is critically examined in terms of the cultural norms of interaction within a community and across communities. Beneficence is defined in terms of the promotion of human rights and an increase in social justice. An explicit connection is made between the process and outcomes of research and furtherance of a social justice agenda.

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Mertens (2007) contends that a transformative paradigm serves several purposes. In addition to providing a philosophical framework, it offers methodological guidance for researchers who work in culturally complex communities in the interest of challenging the status quo and furthering social justice. It also accommodates those voices otherwise disenfranchised from mainstream public discourse and in doing so, necessitates considerations of power in determinations of that which is regarded as neutral and objective (Mertens, 2005). A transformative paradigm is explicitly concerned with advocacy, particularly for those previously excluded or marginalised in research or service delivery evaluation. This revelatory feature meshes well with the research interest to examine multiple perspectives, and is in line with the ethical imperatives relating to research with Indigenous Australian people. Epistemologically, a transformative paradigm urges an interactive and co-constructionist approach to knowledge development. Practically, this requires researcher awareness of the potential need for varied approaches to data gathering and interpretation.

### **3.2.1 Adoption of a Social Constructionist Approach to the Inquiry into the Indigenous Mental Health Arena**

The investigation adopted the position that the arena of Indigenous mental health was amenable to social constructionist inquiry examinable as a strategic product of social activity. Several of the reviewed authors have explicitly, or by implication, suggested that the course of Indigenous mental health has been steered over time by various players, each bringing their own

cultural perspectives to bear on the arena, its participants and activities. The recent turn to postcolonial critique has meant that reviews of the ways in which the arena has developed, increasingly speculate upon how that which is observable about the arena, has necessarily involved the marginalization, or '*othering*', of Indigenous Australian people in that process.

Social constructionism refers to the philosophical perspective that we live in a reality constructed from our subjective experience of social interactions. In this, we are active shapers of our social knowledge, engaged in a reciprocal process of reality construction with others (McKnight and Sutton, 1994). Social constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live (Gergen, 1985). This investigation is particularly interested in the how participants engage in processes of self-construction as a means of constituting and re-constituting their publically available identities across a variety of contexts and for a variety of audiences (Jasper, 2014). Social constructionist inquiry may be conducted retrospectively, contemporaneously, or with a view to construction(s) as they might exist in the future. What is regarded as conventional knowledge may thus be challenged via inquiry into the historical and cultural bases of various forms of world construction (Gergen, 1985).

On this point, the investigation aligns with a contextualist world hypothesis as outlined by Pepper (1942). This worldview eschews the existence of absolutes, positing instead that events only make sense when considered in its context and when multiple layers of reality are taken into account. Constructionist inquiry emphasizes the social element of truth construction, and often constitutes a form of social criticism that suspends belief that commonly accepted categories or understandings receive their warrant through observation and instead, to consider that understanding is the result of an active co-operative enterprise of persons in relationship. The idea that disease, health, mental health and mental illness are considerable as vested constructions is by no means a novel assertion. For example, Ludwick Fleck (1935) developed the notion that medical knowledge was a social construction emerging as the final result of a social process responsible for the genesis and development of scientific fact. Such facts, Fleck argued, do not exist '*out*

*there*' in nature waiting to be discovered via the analytical method applied by objective and interchangeable observers. Diseases for example, were what Fleck argued as '*ideal fictitious pictures*' or morbid units around which explanatory phenomena are grouped, without necessarily corresponding completely to them. He argued that different disease ideals coexist within and between different cultures and that this multiplicity is a consequence of the complex social and contextual nature of the subject (Fleck, 1927).

Fleck (1935) also proposed that scientific facts are not created arbitrarily. Rather, such facts are the province of specifically congregated groups, or '*thought collectives*', each comprised of individuals who share a specific 'thought style'. According to Fleck, thought collectives were comprised of a community of persons mutually exchanging ideas or maintaining intellectual interaction, who by implication, assume the role of carrier for the historical development of any field of thought, as well as for the given stock of knowledge and level of culture. To the already great difficulties associated with the study of normal, healthy living organisms, pathology added exponential complexity (Lowy, 1988). Fleck contended that nature of the subject (disease) worked against the identification of simple causal relationships, and warranted the application of analytical procedures amenable to accommodating complexity over time. This position ran contrary to the positivist stance dominating 1920s and 1930s philosophies of science in many countries, and it is a point of conjecture as to whether that prevailing view prevented a broader consideration of Fleck's proposal at the time.

More recently, Staiano-Ross (2011, p.83) considered disease "*a polysemic, multilayered event, constructed over time and informed by the needs and preconceptions of interpretants who assert they seek only the truth*". In cross-cultural studies, interest in the construction of mental health prior and subsequent to contact with European (and other) ideas and therapies, is shared by scholars internationally (Mehl-Madrona & Pennycook, 2009), and acknowledged by global bodies such as the World Health Organisation (WHO). Cohen's (1999) assessment of the global coverage afforded to the mental health of Indigenous people, identified that a balance needs to be found between the personal perspective and suffering, and the social and historical perspective. Cohen argued that Indigenous peoples themselves must be the

drivers of social and personal change within a variably helpful and hostile continued colonial mentality. Indigenous people must author their own spiritual and emotional wellbeing as a socio-political transformative act to ensure that they do not remain faceless and voiceless in the mental health arena. Cohen's analysis reflected a broader acknowledgement of the place of Indigenous people in determining and describing aspects of, and responses to their circumstances. In doing so, he foregrounds an authority of Indigenous people as invested interpretants, to construct what is meant by health and disease, illness and mental illness utilising the terminologies and discursive resources particular to diverse Indigenous epistemologies and ontologies.

Questions concerning the construction of mental health examine the historical and cultural bases of mental health phenomena, including the resultant frames through which symptoms and states are interpreted. Fundamental to this kind of investigation, is the view that our understanding of events is as much a consequence of how they are framed as it is a result of the events themselves. Frames that pull one's interpretive attention towards particular parts of a picture for example, create very different realities from those focused on the system as a whole (Smith & Berg, 1997). There may well exist any number of frames by which phenomena may be understood, however, Smith and Berg suggest that group members may be unaware of the frames they utilize in order to make sense of group experiences.

### **3.2.2 Resonances with Critical Social Psychology**

The investigation, while interested in the actions of individual participants, sought to understand these features in their broader social and environmental context. Social psychology deals with the factors that lead us to behave in a given way in the presence of others, and looks at the conditions under which certain behaviors and feelings occur. It incorporates a variety of theoretical standpoints to explain social behavior. Cognitive approaches to explaining social behavior focus on our perception and explanation of our own and others' actions. Learning approaches examine the environment's influence on behaviours. Motivational approaches assume the presence of needs that drive behaviour while ecological and biological approaches infer inherent

motivations. Social exchange and equity perspectives conceptualise social interactions as trading relationships while recent branches, cultural and cross-cultural psychology, examines the role of societal and cross cultural forces (McKnight & Sutton, 1994).

Social psychology is a multidisciplinary area that incorporates insights from other branches of knowledge, permitting social psychological explanations of behavior to proceed at individual, interpersonal and sociological levels. Kvale (1992, p.51) stated that social psychological inquiry focuses on “*local and narrative knowledge, on acceptance of the openness of practical knowledge, on the study of heterogenous, linguistic and qualitative knowledge of the everyday world, and on validation through practice*”. Social psychological perspectives have been regarded as an essential complement to economic and political analyses. Economic analyses explain conflict in terms of underlying inequities and injustices, while underscoring the essential trade-offs involved in addressing appropriative behavior in relation to economic stability. Political analyses tend to focus on features of the state and those elements seen as supporting inadequate governance that lead to social unrest, and often, the activities undertaken to redress dissatisfaction and instability. In this discussion, acknowledgment is given to broad sociopolitical factors and include, where mentioned in the literature and interviews, reference to economic and other resource stakes. However, the tenets of psychological perspectives on conflict are applied as the primary interpretive tradition although they, in their explanations may incorporate economic or political elements.

Social psychology’s interests, and the diversity of settings in which social behaviors occur, have seen its applications and uses grow. One such development has been in the realm of social psychology as a critical and transformative approach capable not only of asking questions about social phenomena, but of contributing to social change as a consequence of those findings. From its inception, critical social psychologists viewed and used social psychological perspectives to intervene theoretically and empirically to contest injustice, inspire solidarity, and advance more just social arrangements (Fine, 2012). Fine expresses concerns about methods of social inquiry and whether matters of beneficence extend more towards researcher than

participant. Critical psychology research is value-driven, attuned to issues of power, and oriented towards social change (Goodley & Parker, 2000), with practice and action concerned with creating transformative change (Prillettensky & Nelson, 2002) and asking the question who benefits from this research? (Rappaport, 1990). Critical social psychology purports to be reflexive about its own assumptions, practices and its broader influences. Indigenous psychology in its domestic and international forms shares many of the critical and transformative concerns espoused by a critical social psychology and in broad terms, may be seen to share a kindred emancipatory agenda, with the Australian context confers local social and environmental nuance to the factors contributing to its emergence in this country. These in turn inform priorities and processes identified as significant, and act as a critical site from which to evaluate expressions of Australian psychology as they concern Indigenous and Non-Indigenous people.

Critical work from a postmodern frame focuses on language and communication, adopting sociological perspectives that emphasize the local nature of knowledge claims. In this respect, postmodernism may provide a general ethos and set of discourses and practices through which to regard reality, rather than be considered as a particular historical period (Foucault, 1984). Subjectivities are derived from social and ecological interaction, a consequence, rather than a cause of human action (Hepburn, 2003). There has been a shift away from theorizing on the interior of the individual (e.g. though cognitive mechanisms or consciousness), to the individual's relations in society and the implications of those relations on behaviour. The postmodern question would be not, is this statement true or false, but rather, what makes this statement legitimate, and, what function does it serve? (Hepburn, 2003). Gergen (1994, p.414) offered a consideration of postmodernism within critical social psychology that frames it as an "*invitation to reflexivity*" and "*a process through which to consider realities and selves as local, provisional and political*". In terms of social psychology's broad palette of theoretical and methodological options, this investigation may be categorized as a non-experimental, qualitative design aimed at examining the rich insights of players involved in the arena of Indigenous mental health, and the contextual

circumstances that have influenced and impeded their participation in that space.

### 3.3 Data Collection

From a social constructionist standpoint, the most critical yet difficult task in research is the development of adequate tools and/ or processes that help the participant to bring more of their personally constructed knowledge to the surface. Doing so makes available the valuable heuristic insights that they possess, but may be unable to articulate (Gaines & Shaw, 1980). The tools and processes employed in this endeavor were predominantly qualitative in nature, with their administration evolving in ways conducive to the knowledge elicitation being attempted, and the noted challenges inherent to that context.

#### 3.3.1 Qualitative Inquiry

Qualitative inquiry has its basis in locating participants or subjects in their natural world (Foster et al., 2006), and employs multiple methods, perspectives and interpretive forms of inquiry to understand human experience in terms of the meanings that may be brought to them (Denzin & Lincoln, 2000). Qualitative research permits interpretive, naturalist inquiry into subjective and social experience, how it is created and how it gives meaning to human life (Denzin & Lincoln, 1994). Polkinghorne (2005, p.137) nominates that qualitative inquirers aim to “*build a complex and holistic picture of human experience as it appears in peoples’ lives*”. Quotes, commentaries, and stories add to the richness of the report and to the understanding of what the social interaction of participants has been (Streubert & Carpenter, 1995).

Qualitative methods may be utilized within transformative paradigms to investigate the experiences of disadvantaged people in multiple social contexts where the meanings of those experiences to people is of central importance. Critical qualitative research emphasizes the possibility of change and the creation of a preferred reality, not just a focus on current realities (Guba & Lincoln, 1994; Kincheloe & McClaren, 1994). In this respect, qualitative research is potentially “*an important tool for Indigenous*

*communities*” (Smith, 2005, p.103), creating a space in which to make sense of complex and changing realities by studying the person in context, and by locating the research in the social, cultural, historical and political realities of participants (Denzin & Lincoln, 2005; Patton, 2002).

It is understandable that the promise of qualitative research to explicate the experience of Indigenous people from their perspective, and on their terms, possesses currency in a research context experienced as excluding, misinterpreting or silencing Indigenous voices. Williamson et al. (2010) employed qualitative methodology to examine themes in Aboriginal child and adolescent mental health. Semi-structured interviews facilitated the articulation of themes relating to the mental health of young Aboriginal people and issues related to service access, and implementation. The approach permitted the elicitation of participant’s opinions on these matters as part of an exploratory research agenda.

According to Mertens (2007), the transformative axiological assumption reflects a connection between the research process and use of the findings to further human rights and social justice. The researcher is called upon to consider what use is made of their work, particularly how, or whether the research outcomes can be linked to social justice (Ginsberg & Mertens, 2009). Recent ethical and professional initiatives reflects a similar imperative for mental health and psychological research to embody such considerations and so, in this respect, research conduct is examinable as a practice that either supports transformative analysis, or sustains an unexamined normality. Discussion of how the investigation addresses these imperatives is provided through the various chapter discussions, and then more specifically in Chapter 9.

**3.3.1.1 Historiographical Archival Research.** A historiographical reading of literature constitutes a summary of the historical writings on a particular topic, setting out in broad terms, the range of debate and approaches to the topic. It involves the study of the way history has been and is written. Historiographical endeavour does not study the events of the past directly, but the changing interpretations of those events by individual historians (Lenski, 1956). A historiography identifies the major thinkers and establishes

connections between them and their arguments in relation to the topic and with other thinkers. A historiography should identify where there have been major changes in the way a particular topic has been approached over time. While particular events relating to the evolution of Indigenous mental health are reported as per a traditional historical study, it is the study's interest in the changing nature of ideas regarding the arena of Indigenous mental health that warrant an historiographical analysis. With this inquiry, the tenets of a historiographical regard for archival and other material encouraged a reading of the data that sought not only what was being described, but how phenomena were reported and by whom.

Literature was examined then, not merely for its account of facts or figures although these features were duly noted. Rather questions about how facts were presented and to what purpose, were at the forefront of reading a diverse body of work relating to Indigenous mental health. Identification of changes both conceptually and practically were of particular interest given the first aim of the investigation. Noted as well, were the authors and the interpretive frames which they appeared to bring to their accounts of the arena. A starting point for the literature review was a database operated and maintained by the Indigenous Australian Health *InfoNet*. The appeal of this particular site is its charter to collect and have accessible, the latest research material relating specifically to the health of Indigenous Australian people. Indigenous mental health, and social and emotional wellbeing is a dedicated section under the broad ambit of health and there are over 500 references relating to Indigenous mental health alone, consisting of journal articles, book sections, reports and conference presentations.

A search utilising the phrase '*social and emotional wellbeing*' elicited 75 references commencing with a discussion paper submitted to the NHMRC Working Party on Aboriginal and Torres Strait Islander social and emotional wellbeing (Kanowski & Westerway, 1995). Despite some overlap, a search using the term 'mental health' yielded 500 references commencing in 1970. This cursory note reflects the earlier observation regarding the relatively recent emergence of '*social and emotional wellbeing*' as a descriptor that is now used alongside, and sometimes instead of '*mental health*'. It is unsurprising that fewer publications use the term social and emotional wellbeing, or that its

appearance occurs later in the historiography of the literature. While useful as a platform from which to identify many of the most significant publications regarding Indigenous mental health, the purview of the research necessitated an obvious extension of the search to include international literature, specific professional literature, non-scientific or non-journal based accounts and so on. One consequence of this ever expanding search was the realisation that Indigenous mental health was not regarded or restricted to being a strictly clinic-based phenomenon, nor was it confined to an Australian based examination. Indeed, much of the most recent literature harbours a strongly critical view of this narrow conceptualisation at the expense of more holistic, integrated and expansive constructions. This is neither a strictly, nor entirely Indigenous position, with Non-Indigenous critique of a clinical framing of mental health running concurrently, and in many cases preceding the objections only recently articulated by Indigenous Australians regarding the imposition of medical conceptualisations of mental health on them.

**3.3.1.2 Autoethnography.** Autoethnography is a form of self-reflection and writing that explores the researcher's personal experience, and the ways in which a researcher's involvement influences and informs the research (Genzuk, 2003). As a qualitative research method, autoethnography is useful in facilitating connections between researcher and participants, deepening interpretive analysis of both common and differing experiences, and producing knowledge drawn from compassionate understanding and rigorous reflection (Foster, 2005). Material derived from autoethnographic reflection may constitute some of what is disclosed in the course of the research yarn and in this sense, act as a useful, preparatory exercise prior to engagement with participants.

Articulating my experience was done in order to make explicit those features that impact and informed my engagement with the research process, the selection of and interaction with participants, and the interpretation of data and its subsequent discussion. Their disclosure was not made in order to claim an unbiased objectivity, nor were they provided as a disclaimer to excuse or validate particular points of view. More accurately, autoethnography in the context of this research endeavor constituted a concession to the undeniable,

inextricable, nuanced, useful influence that my experience brought to bear on the interpretive inquiry.

Houston (2007) argued that for the Indigenous researcher, “*burdened with the challenge to perform academically rigorous research and the desire to practice this research respectfully is often overwhelmed with internal conflict*” (p.45). She cites Indigenous autoethnography as a means of navigating such tensions by permitting the acquisition and formulation of knowledge via the combination of storytelling traditions and conventional academic research. This, according to Houston counters the academic journey that often forces the removal of ‘self’ from ‘subject’ and the distancing of oneself from research based in one’s own community. Such disclosure is generally advised in the conduct of qualitative research as a means of demonstrating that the researcher has been sufficiently reflexive about what they bring to the research endeavour, and are sufficiently cognisant as to either not permit known biases to interfere, or, to explicitly acknowledge how they are influential in the interpretive process (Haverkamp, 2005). It also acknowledges the researcher as a co-participant in the research process. As will be discussed further in Section 4.2.1 ‘*Tripping the Snare*’, the conduct of the project served to both clarify many of the biases and presumptions held by the researcher, and to reveal several more of which he was unaware. In this regard, and to paraphrase Tukey (1977), perhaps the greatest value of research is when it forces us to notice what we never expected to see?

**3.3.2.3 Semi-Structured Interviews.** Initially, I had prepared three lists of interview prompts (see Appendix 4) to facilitate a semi-structured interview process. The three lists corresponded to the three groups of interest, Indigenous people, mental health professionals and students and served several purposes. The lists were used as a feature of the promotional presentations about the research, permitting audience members to view the kinds of questions the research was concerned with. In the interest of transparency, this involved displaying all three of the lists, regardless of the group or individual being spoken to. For example, a student could review the questions for both mental health professionals and Indigenous people. Students could then see that the questions were mainly similar, with only slight wording alterations

made to reflect a particular group. Revealing all three lists also became a practical necessity due to the individual participants belonging to multiple groups.

The questions were also supplied to potential participants to aid in their consideration of whether to take part in the research. As part of a transformative axiology, transparency in this context would help address the potential skepticism of Indigenous people towards mental health research. Similarly, non-Indigenous participants would have the opportunity to gain a sense of the scope of the research and content of the interview based on such a preview. Having considered the questions, persons would be better able to self-assess their ability to provide what they would deem as a useful and relevant account. Finally, prior familiarity with the questions provided participants with the opportunity to reflect on the areas of interest as an aid to their preparation for the interview proper, thereby enhancing the likelihood of obtaining richer accounts. Several participants brought their question lists to the interviews with notes made in the margins and referred to these as prompts to their responses.

In all of these cases and at stages prior, during or following the interview(s), the researcher was available to discuss any concerns regarding the questions, or to provide clarification as to their intent or design. Two participants made explicit requests that care be taken with regards to the inclusion of particular components of their responses. These were due to their explicit concern that confidentiality and anonymity be maintained. Several participants took the opportunity to review their transcripts, making written amendments, notes and corrections prior to returning them to the researcher.

**3.3.2.4 Yarning.** In many Indigenous contexts, the invitation to, '*have a yarn*', is a request to have a talk. This talk or conversation can entail the sharing of information between two or more people in an informal or more formal setting. Indigenous people prefer to refer to the process as the telling of our story or stories (Wingard & Lester, 2001). They note that the storytelling that can occur as part of a yarn constitutes potentially useful data comparable to narratives, a concept identifiable in some Non-Indigenous research communities. Yarning has been shown to serve several functions in the context

of research with Indigenous people. Bessarab and Ng'andu (2010) theorized that yarning constitutes conversations of different qualities, and that as a methodological option, represents an appropriate means by which to broach and conduct research activities in Indigenous contexts.

Research yarning is akin to a semi-structured interview, an informal and relaxed discussion through which both the researcher together visiting places and topics of interest relevant to the research study. The interactive capacity of yarning can result in a mutually negotiated and contextually based interview that is conducive to both researcher and participant (Ng'andu, 2004). Yarning is not merely the act of communication. It embodies a process that requires the researcher to develop and build a relationship that is accountable to Indigenous people participating in the research. To do so, researchers must demonstrate genuine interest in listening to participant's stories. Genuine interest, in this context, required flexibility on my part in order to consider the research objective as merely one yarn amongst many. In terms of the '*visiting*' analogy above, one might discover that along the way to exploring places of specific interest to the research, that a scenic route is taken that in isolation may not seem directly relevant, but in the context of the talk, its acknowledgement and acceptance constitutes part of the demonstration of genuine interest.

Over the course of data collection, reliance on, or reference to the probe questions provided for the semi-structured interview, diminished in favour of a yarning style where suited, or an intensive interview in which a more formal and systematic approach was utilised (Charmaz, 2008). The adaptation of the approach emerged in response to the preference of interviewees. A candid pre-interview introduction emerged that explained to the participant that there was a list of questions that I as the researcher was interested in, copies of which had been provided beforehand for their consideration. I then explained that the option to address each question in turn was always available however, over the course of conducting the interviews it had emerged that it was often the request for participants to say a little about themselves by means of introduction that would result in often lengthy accounts being shared. I suspect that on occasions, participants had either reflected on the probe questions and material emanating from this naturally flowed on from their introduction to form a more

fluid narrative. Alternatively, some participants grasped the research scenario as a rare opportunity to share their concerns and experiences with a genuinely interested person. In either case, it was often the case that after only one request (for some background material) that several minutes later, they had in fact addressed several of the subsequent questions in their introduction.

Although conceptualised within the domain of Indigenous research methodologies, the yarning process characterised the conduct of the majority of the interviews for Indigenous and non-Indigenous participants. In the context and flexibility of an iterative research process, yarning permitted the easy transition from salutatory social yarn, to the more formal research yarn, as well as the movement back and forth between the two. Thus, within the context of an iterative process cognizant of transformative epistemology and axiology, responsive means of inquiry were adopted and adapted. Yarning in particular permitted the ebb and flow from informal to formal conversation, and made the deviation from the interview protocol both natural and valid.

### 3.4 Participants

Participants were sought who would offer what Patton (1990) described as '*information-rich cases*', and be '*fertile exemplars*' (Polkinghorne, 2005), referring to their likely ability to offer a rich account of the issues of central importance to the research. Because participants were sought who were likely to enhance the understanding of the topic, their selection was deliberate and purposive. This denotes more than a semantic distinction between the terms '*purposive selection*' and '*sampling*'. It serves to highlight that sampling as it is used in quantitative research, implies that the people selected are representative of a population, whereas purposive selection in the qualitative context seeks to enhance the likelihood of describing, understanding and clarifying human experiences via the collection of a series of intense, full and saturated descriptions. For these reasons, Polkinghorne regarded the term '*selection*' as better encapsulating the method and rationale for purposely targeting participants.

In light of the position identified by Laycock et al. (2011) two complementary sets of concerns require comment. First, while this overview has thus far emphasized aspects of the research context as it pertains to Indigenous Australian people as participants, the novel approach of the investigation meant that the concerns of Non-Indigenous participants required specific consideration beyond the criteria set out by conventional ethics applications. The relative dearth of literature describing the experience of Non-Indigenous participants in research concerning Indigenous Australian people (e.g. Williams, 2000; Garvey, 2007), reflects the concerns expressed over many years in myriad conversations with Non-Indigenous researchers. From these I have been made aware of the mixed feelings people bring to the table, particularly by those schooled about the contextual concerns outlined above. Expressions of the desire to help, are countered by concerns of causing harm. A desire to get involved is undermined by questions as to the appropriateness of Non-Indigenous involvement in Indigenous matters. In short, for many Non-Indigenous researchers seeking involvement in the realm of Indigenous mental health, there is a generally expressed hesitance that serves to temper their energetic wish to engage<sup>4</sup>. It was in the interests of this investigation that Non-Indigenous informants agreed to participate and so the research, and myself as researcher, were required to consider how concerns from Non-Indigenous participants could be addressed in such a way as to permit their substantive involvement.

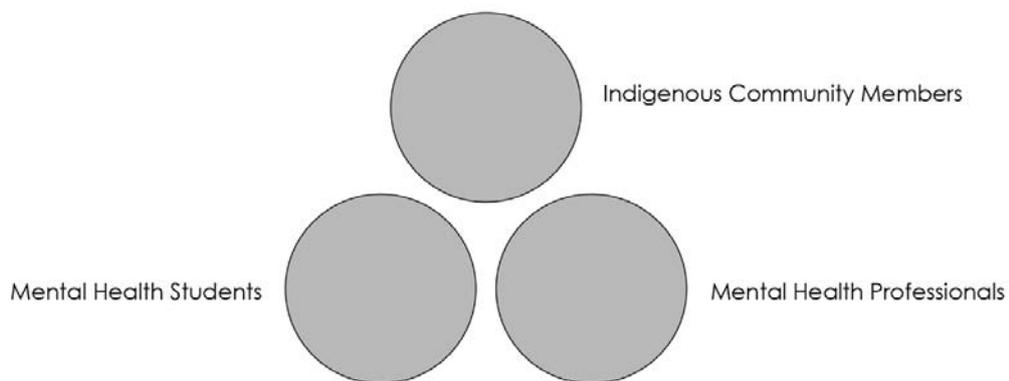
One final issue concerns the conduct of research into Indigenous mental health by other Indigenous persons. Once again, from my experience, and informed by the experience of many Indigenous colleagues, the proposition that Indigenous people be afforded a smooth entrance to research endeavours involving other Indigenous Australian people is not necessarily one answered in the affirmative. In fact, there may be additional tacit layers to the scrutiny bestowed upon potential Indigenous researchers. In addition to the conventional and additional ethical requirements, Indigenous researchers may be confronted by a wariness of them as researchers, augmented by the fact that

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<sup>4</sup> The work of Emma Kowal constitutes a concerted effort to engage with this often neglected, yet critical feature of the cultural interface, adding useful and necessary perspective on the experience of Non-Indigenous players in Indigenous health, and mental health settings.

they are Indigenous and researchers. It is perhaps the novelty of this combination that sees some potential participants recoil in suspicion and thus, it is likely that such inconsistencies need to be addressed in the course of the research endeavor.

The investigation sought perspectives from three groups of participants, Indigenous Community Members (ICMs), Mental Health Professionals (MHPs) and Mental Health Students (MHSs) (see Figure 3).



*Figure 3: Three participant groups.*

MHPs included representatives from nursing, social work and psychology. The perspectives of an occupational therapist and a psychiatrist were also obtained. The project also sought the views of those engaged in research activity. A research role was most often conducted in conjunction with conventional mental health service, although there were several participants for whom research was their primary engagement in the arena. The investigation was also interested in the experiences and perspectives of students enrolled in mental health courses. It sought the views of undergraduate and postgraduate students, with the selection skewed towards those enrolled in undergraduate and postgraduate psychology courses.

I yarned with Indigenous Community Members in the Perth Region of Western Australia although their cultural heritages may have extended beyond this boundary. An Indigenous Australian person is a person of Aboriginal or Torres Strait Islander descent, who identifies as being of Aboriginal or Torres

Strait Islander origin, and is accepted as such by the community with which the person associates (Department of Aboriginal Affairs, 1981). '*Indigenous Australian people*' was adopted as an inclusive term to refer to Aboriginal and Torres Strait Islander people collectively where used in the literature or by participants, or where reference to a specific Aboriginal or Torres Strait Islander language or cultural group was absent. Indigenous Australian peoples retain their cultural identity whether they live in urban, regional or remote areas of Australia, and embody great diversities of culture, language, kinship structure and ways of life (Australian Human Rights Commission, 2012).

Inclusion in the research as an Indigenous participant only required the person to identify themselves as such. Participants were not required to provide proof, or other evidence of their Aboriginal or Torres Strait Islander identity such as a statutory declaration, a practice not uncommon when applying for employment, or for membership of an association as an Indigenous person. While formal evidence was unnecessary, it is relevant to note that culturally valid mechanisms of identity affirmation and corroboration were enacted informally. People were vouched for by others as 'Indigenous'. In addition, individuals would of their own volition, provide a verbal genealogical statement through which they articulated their familial, geographic and/ or Indigenous linguistic affiliations. Story, rather than signature became the means by which a participant's Indigenous '*credentials*' were validated, and although not pressed for by the researcher, were provided as a matter of course, a matter of necessity, and a matter of pride by many of the Aboriginal and Torres Strait Islander participants in the course of our yarns.

In the course of explaining the research project and my request of them to participate, I would refer to a written explanation as a guide in the interests of consistency of my message (see Appendices D and E). In conjunction with the proposed interview questions (see Appendix F), it was the intent of my initial request to clearly articulate the intent, beneficence and practicalities of the research so that potential participants from each of the three groups might in turn agree to engage more fully.

### 3.5 Features of an Iterative Research Cycle

The generative and speculative nature of the investigation meant that interviews were conducted in batches, instead of a single effort. Each batch was transcribed, considered and reflected upon in relation to the investigation's Aims and Objectives. Ideas and leads arising from the consideration of each batch, served to inform subsequent interviews and interpretations. In effect, encounters were not regarded as unrelated, with each round or series of interviews serving to add, challenge or refine the findings from preceding interviews. This constituted an iterative research cycle comprised of the consideration, and reconsideration of new and older findings and interpretations. An iterative shape that can be contrasted with other research processes that employ static sampling, and methods that gather all data prior to analysis. This comprises a more linear process by comparison. Depending on the constraints on a research project, static sampling can be an appropriate approach to data collection however, it also eliminates the researcher's ability to revisit or obtain accounts from additional participants who might correct, expand or signal the saturation of the developing description.

In a transformative paradigm, the issues of understanding culture and building trust are paramount. These priorities address the concerns of an ethics of care and point to the need to regard context as central to achieving a nuanced understanding of complex phenomena. The epistemological assumption leads to a cycle of research that includes the establishment of partnerships between researchers and community members, including the recognition of power differences and building trust through the use of culturally competent practices (Mertens, 2007). The cyclical shape of an iterative research process suits and describes the process undertaken here, one that embodies an approach to data collection and analysis (Glaser and Strauss, 1967; Strauss and Corbin, 1990) that moves from collection of data to analysis and back until the description is comprehensive (Polkinghorne, 2005).

With successive iterations, a description is built up in such a way as to establish a comprehensive account. When new sources repeat what had been learned previously and the collection of more data appears to have no additional interpretive worth (Saumure & Given, 2008) the construction can be

said to be approaching saturation (Glaser & Strauss, 1967). Theoretical saturation is said to have occurred when the researcher can assume that the emergent theory is adequately developed to fit any future data collected (Sandelowski, 2008). The ontological and epistemological assumptions of the project however, make the claim to timeless theory development tentative at best. Instead, the insights developed here provide a useful working model of the arena, but one necessarily amenable to augmentation and correction. This stands in contrast to positivism and deductive logic that strive for the attainment of absolute certainty while offering practical insights into complex social and community based phenomena (Bishop & Browne, 2006).

### **3.5.1 Achieving an Iterative Rhythm: Conducting Research in Context**

The capacity to leave and enter the research space was a topic discussed with colleague, Professor Kim Scott. Speaking of research conduct in Indigenous contexts, Scott (personal communication, July, 2012) raised the notion that researchers must be capable and prepared to navigate the realities and interest of participants, in effect, becoming attuned to the specific and broader circumstances in which a research contribution is made. This requires familiarization with the ebb and flow of human relationships, and availabilities and priorities of participants. Scott referred to this as becoming aware of the ‘*rhythm*’ of the research endeavour, with a view to achieving harmonious interaction, rather than discord with the research context of participants. Glesne and Peshkin (1992, p.28) urged similar humility:

*...remember that unless researching your own backyard, you are external if not alien to the lives of the researched. You are not necessarily unwanted, but, because you are not integral to the lives of your others, you are not indispensable.*

Reflecting on the meaning of research in this way was useful in terms of how I approached participants, and particularly useful during periods when uncertainty over their involvement prevailed. Regard for the rhythms of availability, or the speed with which insight followed from abduction provided lessons beyond the focus of the research itself. It permitted me to reflect on

how I deal with ambiguity and frustration, and the influence these are allowed to have on ethical research conduct. Support and counsel from others was particularly helpful during such periods. A chief insight was the awareness of my own construction as a player within the research endeavor, and the various stakes, needs and emotions that I in turn was required to navigate as a consequence of that position.

### **3.5.2 Ethical Issues Relating to an Iterative Research Process**

A problematic aspect of a guidelines based demonstration of ethical consideration is their tendency to encourage the procedural observance of rules, rather than a more dynamic movement towards fully reconceptualising research practice. Haverkamp (2005) describes this as a form of bureaucratic regulation – a checklist process managed by institutional review boards. Such ‘*check-a-box ethics*’ represent a literal description of the documentation associated with elements of the process through which ethics approvals are sought. For the fledgling research applicant, or PhD candidate in this case, the process can appear, at least in part, as just a hurdle to overcome at the commencement of the project.

This suggests a limitation of the ethics approval process. For all the preparation one is required to do, and in the case of Indigenous health research, required to do twice, there is a degree to which this exercise relies on a best guess of the likely course of the research. There is an element of the unknown and unknowable that the researcher is unable to know or articulate a priori – a feature of the aforementioned research rhythm necessary in community work. Acknowledging the unknown in a pre-emptive ethics application presents a considerable tension, not as an attempt to delineate every conceivable scenario, but rather at a level of consideration necessary to devise a broad ethical framework that might accommodate the diversity of knowable and unknowable encounters possible in the conduct of the research. The ethics underpinning this research might thus be seen as reflecting an approach identifiable as responsive and contextualist, rather than deontological and absolute.

### 3.5.3 Participant Selection

I drew on networks established over many years of involvement in the mental health arena to establish an initial cohort of exemplars. Due to their familiarity, many of the initial participants constituted a convenience sample. According to Polkinghorne (2005), convenience samples constitute the least desirable selection process as the approach is not so much a strategy, as it is the use of people who happen to be available to the researcher. This pseudo-strategy is critiqued for its likely failure to yield perspectives that expand and enhance the understanding of the breadth and depth of the experience of interest. While convenience was a feature of the initial selection process, the mitigating factors as to their suitability came from their positions within, or related to the mental health arena. Their convenience was due to previously established relationships with the researcher, however, they were also likely to be able to provide rich accounts of the arena and hence, their inclusion as fertile exemplars was deliberate and strategic. Participants who would provide information rich cases was the overriding criterion determining their consideration, and not merely their convenience in a proximal or relational sense. This purposive approach was based on their knowledge of aspects of the arena of relevance to the aims of the investigation, their willingness to participate, and the likelihood of negotiating their availability for at least one interview. In other words, the research goals informed the approach made to potential participants while conversely, many people who may have happened to have been around, in a convenience sense, were not necessarily approached.

As part of iterative qualitative research, participants are selected based on the likelihood that they will confirm or elaborate on emerging descriptions, or provide opportunities for the disconfirmation of emerging patterns. The selection of additional participants that may confirm or challenge a set of findings is a means of enhancing the reliability and nuance of those findings. Disconfirmation in this instance prompts the necessary reconsideration of emergent patterns, pointing either to greater nuance within that pattern, or the presence of competing or complementary patterns.

Homogenous sampling involves selecting participants from a particular subgroup whose experiences are expected to be alike, and its purpose is to describe the experience of a particular subgroup in depth. Maximum variation

sampling refers to the selection of participants with divergent forms of experience. This selection process explores the variation within a group in relation to their experience of a subject of interest. This investigation employed maximum variation and homogenous selection strategies, seeking both depth and variation from professionals, students and Indigenous Australian people. This point resonates with Fleck's (1935) observation that diversity exists even amongst those who constitute the same thought community. A further consequence of this approach is that it uncouples assumptions held about the categorical and homogenous nature of groups. That is, (dis)confirmation revealed via an iterative research cycle renders categories less absolute, as nuanced category membership dissolves their nominal boundaries in light of elements that are shared or comparable between groups.

One means of enhancing the likelihood of a broad collection of accounts was to select participants from a range of employment, community and professional backgrounds, and age groups. Appendix G provides a brief summary of each participant, emphasising elements of their personal and professional background, and their personal and professional engagement with the arena. Here we see a representation of participants from across the broad groups of interest. Busche (2001) contended that the relevant environment of each individual is much more complex as it includes individuals and groups both past and present that impinge on the person from outside of as well as within the work environment. Indeed, *“forces outside the work environment, like the family can have much more influence on a person's meaning making than anything going on in the work environment”* (p.2). Busche's contention was considered in the construction of the semi-structured questions employed with each group (see Appendix F). The prompts invited arena-specific comment as well as a broader overview of that person's context.

As selection progressed, the availability of participants whose experiences straddled multiple categories in a nominal sense became more prominent. For example, a mental health professional might also be enrolled as a student, or an Indigenous person might also be employed as a mental health professional. Walker and Sonn (2010) refer to Indigenous Mental Health Professionals as an emerging category of mental health professional. This nomination refers to an Indigenous person working in the Indigenous mental

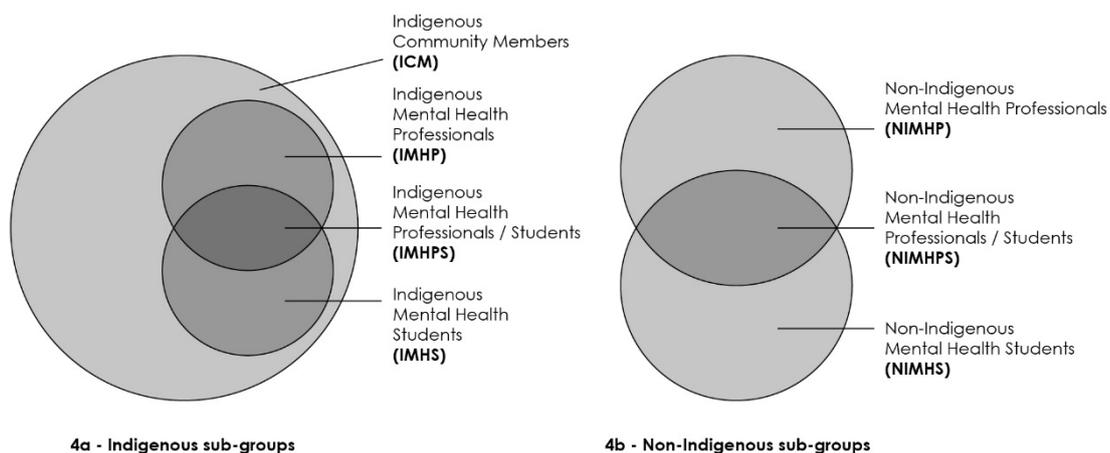
health arena, but not necessarily affiliated or trained specifically in one of the traditional professions mentioned above. Titles attached to these personnel usually refer to the specific issue or site of trauma the person deals with, for example, Stolen Generations Worker, Link-Up Worker etc., or their role and background might form part of their official designation within a mainstream service such as an Aboriginal Mental Health Liaison Officer, or Manager of an Indigenous mental health program.

Moves to recognise those who work with this designation have commenced, whereas Aboriginal Health Workers generally have been hindered by unclear definitions of their roles, resulting in their work not being fully appreciated or valued (Hudson, 2012). Clarification of the roles of Indigenous Mental Health Professionals has been identified as an imperative within the arena, and likely a necessity given the policy emphasis on increasing the proportion of Aboriginal and Torres Strait Islander people employed in the field. Somewhat surprisingly, it did not immediately occur to me that I was also a multicultural participant. Further reflection on my hybrid positioning helped to contextualise my interest in the topic, and explained my ability to give accounts (such as Mary's story) from several perspectives.

Lott (2010) asserts that all individuals are multicultural, and that culture and identity are neither static nor fixed, but are responsive to the demands of context. For the same person, the salience and intensity of a given cultural identity will vary according to the situation, the time and place, the historical moment, social demands, anticipated consequences, personal needs and unknown other variables. Cultural expression(s) will differ based upon personal history and the extent of one's repertoire of cultural resources. Social expressions of culture are also impacted by hierarchies of power and how such hierarchies have managed, and been managed by emergent and dominant cultural priorities. Lott (2010, p.9) argues that, "*we need to fully appreciate the reality that each of us belongs to many different cultures at the same time - and recognize the consequences of this phenomenon for individual behaviour and social life*". Lott's notion of the inherent multiculturalism of all people allows us to ask questions around the kinds of cultural manifestations that emerge within a context such as the tensely contested Indigenous mental health arena. It permits questions about culture to be posed to all participants, and not solely

what may be assumed to be the culturally informed responses of Indigenous Community Members.

Multicultural memberships however, would not ensure an individual's capacity to recognise or speak from multiple positions, nor to immediately recognise or articulate any inherent tension or conflict. I remained open to this prospect, as well as to the possibility that occupation of such hybrid positions might in fact reveal less tension and conflict. In essence, while persons speaking from a single position of interest would provide a particularly nuanced account of that position, those occupying dual (or more) positions could, theoretically, offer a distinctively rich and differently informed description of interest to the research.



*Figure 4: Seven participant groups.*

A decision was made at this juncture to permit persons with simultaneous, multiple group membership, that permitted the inclusion of those whose accounts came from their belonging to more than one category. Diagrammatically, multi-group membership for Indigenous and Non-Indigenous participants was nominated along the lines shown in Figure 4. This presented the opportunity to speak with people about the experience of their multi-group membership, the associated tensions of such membership, and how this in any way contributed to how they both saw and navigated the arena. In essence, while persons speaking from a single position of interest would

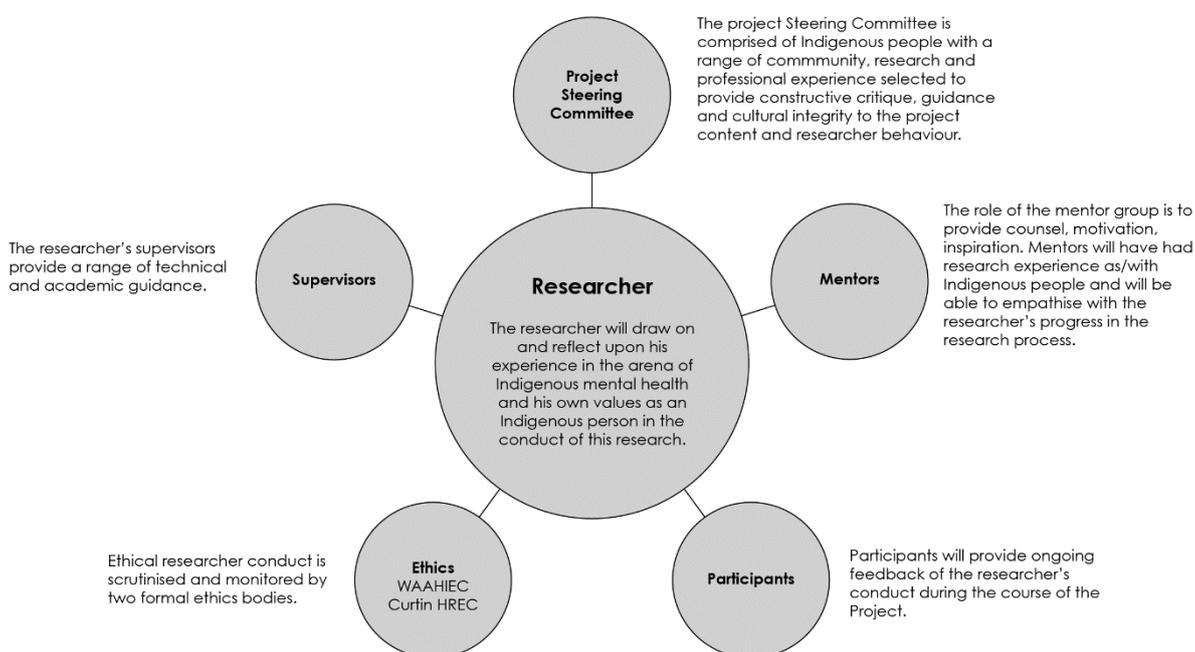
provide a particularly nuanced account of that position, those occupying multiple positions could, theoretically, offer distinctively rich and differently informed perspectives.

### 3.6 Conceptualising an Ethics of Care

The novel emphasis on simultaneously canvassing Indigenous and Non-Indigenous participation meant the project traversed two sets of ethical requirements; the first, the standard procedure addressed in any application to conduct human research auspiced by tertiary institutions in Australia; and the second, an additional process whereby specific consideration is mandated for the ethical conduct of research with Indigenous Australian people. Fisher (2000) described an ethics of care as a duty to attend to people on their own terms, consider their needs, and recognise the interpersonal character of research. The feminist ethics of care and virtue ethics share what Almond (1998, p.120) describes as a “*morality of context*” whereby research participants are not viewed as examples of universal categories, such as ‘vulnerable persons’, who must be protected by application of universal principles. Instead, they are specific individuals located in specific situations that require actions based on care, responsibility, and responsiveness to that context.

The emphasis of an ethics of care resonated with the goals of the research, appearing responsive to critical aspects of the context, including the intention to permit diverse accounts of the arena. They offered a useful ethics mantra to reflect upon when considering the regard shown for participants and others during the course of the research process - ‘*how can and how have my actions demonstrated care in this interaction?*’ - and made conscious my capacity to recognise and respond to ethically important moments (Haverkamp, 2005). The emphasis on individual regard seemed especially suitable in light of the historical context and contemporary misgivings held by many Indigenous people about the conduct of research, and the conduct of researchers with them. Likewise, an ethics of care was appropriate as a guide to behaving with Non-Indigenous participants.

This was facilitated via the employment of a suitably qualified support network, by which one could obtain support and guidance during the preparation and conduct of the research process. Often, in the context of Indigenous health research, such support is realised in the form of a steering committee who are accessed periodically to provide constructive critique and guidance. The current project utilised a variety of reference group and knowledgeable individuals to assist with ethical and other concerns encountered during the research (see Figure 5).



*Figure 5: Sources of ethical, cultural, academic and personal support.*

In line with a care-based approach to ethics, participants in the research were regarded as ethics consultants, informants not only to the research topic, but also on the constitutive interests of the research and peripheral requirements such as the quality of the associated documentation. Not all participants, Indigenous or Non-Indigenous, were used to this degree of involvement and in these instances, care was taken by the researcher to orient the participant to the research project and the kinds of involvement the participant could view themselves as having.

In retrospect, this acknowledgement of the potential ways in which participants might contribute to the conduct of a valid and informed research project relied on an expanded consideration of the roles they might be able to adopt. It has been noted that role expansion of this kind, deployed with ethical intention and/ or naively empowering intent, may threaten a long practised feature of research by blurring the otherwise clearly established demarcation between researcher and participant. The clear division of roles and minimisation of contact between researcher and subjects was viewed as the primary mechanisms by which to protect participants. As Haverkamp (2005) cautions, while mechanisms that seek to divide and distance are incompatible with many qualitative methods, the alternative practices can introduce risks associated with role diffusion, ambiguous expectations for relationship, and the inappropriate exercise of power and influence. Because this may have been an unexpected or unusual request on the part of the researcher, it was also the researcher's responsibility to appropriately clarify the role expectations for each participant. Practically, while their advice was sought, it was neither forced nor framed as a requirement of their participation.

The semi-structured research scenario was framed as an invitation to expand their contribution, rather than as an instruction to do so. Participants could then consider when or whether to address an issue outside of those emphasised in the probe questions for example, mitigating any undue pressure that they may have been required to do so. Haverkamp (2005) notes that in the context of unstructured interviews, the prospect of venturing into unanticipated topics may place participants in unsettling positions, or of breaching a participant's right not to know their own innermost thoughts (Duncombe & Jessop, 2002).

The approach adopted by this project was to regard informed consent as an ongoing, mutually negotiated process rather than as a single event (Smythe & Murray, 2000). Upon reflection, I believe participants appreciated this expressed regard for them as contributors, and were able to interpret what this meant for their contribution in a manner suitable for them as individuals. While the majority of participants were content with the initial overview without any additional discussion of the project or procedures, several did take up the invitation to question me about aspects of the research. Addressing their

questions helped inform their contribution and served the additional benefit of informing explanations of the research provided to subsequent participants. This process helped expand my awareness of the concerns held by others and informed me of those aspects of the research that I had taken for granted as being universally understood. The snare, it seems was made apparent intermittently, however, attention to ongoing feedback made embodying an ethics of care a more conscious and deliberate pursuit enacted in the moment, and prevented its provision as a mere artefact of the research application process.

In preparing the candidacy proposal, I acknowledged the possibility that Non-Indigenous participants may feel uncomfortable speaking openly to an Indigenous researcher. Such response bias may see the respondent answering in ways that they think the interviewer would prefer or in ways not likely to offend her. There is evidence for example, of students expressing markedly different opinions depending on whether an Indigenous lecturer was present in class or not (Williams, 2000). My approach to the potential of such bias was to present myself as interested and non-judgmental in response to participants' contributions, and to encourage feedback if I was lacking in my enactment of this commitment. Care was exercised to couch questions and follow-up questions in terms of requesting additional clarifying information from the participant about their account, rather than interrogating them about their position. The goal in all instances was to approach a quality of interaction that facilitated the articulation of participant constructions of their expectations and experiences of Indigenous mental health.

### **3.6.1 Supporting Ethical Conduct**

There are numerous State, Territory and National based ethical guidelines that directly relate to the conduct of health research with Indigenous Australian people. The *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (NHMRC, 2003) occupy a National status, and were prescribed by the Curtin University Human Research Ethics Committee (HREC). In Western Australia, an additional research review body, The Western Australian Aboriginal Health Ethics Committee (WAAHEC)

(formerly The West Australian Aboriginal Health Information and Ethics Committee - WAAHIEC<sup>5</sup>) is charged with reviewing and approving proposals involving Indigenous participants. The WAAHEC refers applicants to the *NHMRC National Statement on Ethical Conduct in Human Research*, *NHMRC Values and Ethics Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*, *NHMRC Guidelines Under Section 95 of the Privacy Act (1995)*, and the *NHMRC Keeping Research in Track* documents in the preparation of their proposals, and scrutinizes them according to the ethical priorities identified therein.

Jamieson et al. (2012) identify ten principles relevant to health research with Indigenous Australian populations which they argue should be considered from the initial design stage of the project. The essential principles concern community designated priorities founded on a mutually respectful partnership. Flexibility is necessary but must be balanced with a need to maintain scientific rigor. Finally respect must be given to communities' past experiences of research. These principles resonate with a transformative research paradigm of the kind constructed here, with several of these principles directly implicated in the current project. The scope of a PhD however, meant that some of the principles relating to longer term structural and managerial issues were not immediately relevant nor practically feasible. However, their influence was not lost in the formulation or conduct of the research as their imperatives required me to acknowledge the potential and limitations of the project, and to communicate these with participants as a necessary admission that enabled players to make an informed decision regarding their participation and/ or support. This aspect of an ethics of care transforms the impetus from designing technically pristine projects, to one in which the researcher is required to acknowledge, negotiate and address the messiness of an iterative endeavour. Whereas the preparation of an ethics application embodies the promise of ethical conduct, speculative research into the Indigenous mental health arena demanded flexibility and preparedness to engage in ongoing communication around proper and ethical conduct.

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<sup>5</sup> The WAAHEC constitutes a review and authorisation mechanism for health research involving Indigenous Australian people in addition to Tertiary level Human Research Ethics Committees. Reference to the older title, WAAHIEC, is made in Figure 5 denoting the timing of the initial application.

A strategy through which suitably considered research might be implemented involves the scrutiny of specific committees of review whose role it is to examine and validate research proposals involving Indigenous Australian participants. For this investigation, interviews with Indigenous participants were delayed due to concerns from the WAAHIEC about a point of methodology regarding a particular research site. Upon examination, the issue resulted from an unclear statement on my part in the ethics proposal that subsequently raised valid questions from the committee. The process of clarification took several months to address however, once resolved, approaches were then made to Indigenous participants.

### **3.7 Deconstructive Tool: Causal Layered Analysis**

Causal Layered Analysis (CLA; Inayatullah, 2004) emerged as a suitable analytical option permitting both identification and speculation around historical and contemporary issues of tension and conflict, while remaining sensitive to the imperatives of social psychological research within a transformative paradigm. CLA is an approach used in critical futures research to analyse social phenomena by moving beyond what it describes as the superficiality of conventional forecasting methods, and identifying, integrating and layering constitutive worldviews, ideologies, discourses, myths and metaphors underlying what we take to be everyday phenomena. Critical futures research seeks to disturb us from unquestioned, conventional categories of understanding, by asking how it is that a certain category has been constituted in the first place. It seeks to understand what is likely to continue, what is likely to change and what is remarkable about social and structural entities.

Deconstruction in this sense permits us to view how the present has come to be, and how a prediction or preference for the future may be attempted via deliberate engagement with alternative scenarios. Deconstruction relies then on a consideration of the visible and invisible within any given social context. Obtaining the perspectives of multiple participants and investigating tension and conflict are means by which features of what is apparent can be described, and how that which is otherwise hidden, may be revealed. This

provides ‘*distance*’, meaning that we are, as researchers, able to step back from conventional versions of reality in order to speculate about alternative constructions and alternative futures. According to Inayatullah (1998, p.817) distance and depth permit:

*...spaces of reality to loosen and new possibilities, ideas and structures to emerge. The issue is less what is the truth, than how truth functions in particular policy settings, how truth is evoked, who evokes it, how it circulates, and who gains and loses by particular nominations of what is true, real and significant.*

A regard for truth as strategic, constructed and malleable could be seen to facilitate the historiographical component of the research. The capacity for CLA to evoke new possibilities to be speculated upon was also eminently suitable within the broader transformative paradigm. The idea of stakes and players in Jasper’s (2014) terms are also accommodated by CLA’s acknowledgement of the beneficiaries and losers within a particular sociopolitical context. Deconstruction via a CLA could also be seen to involve questions around what is at stake, for whom, and to what ends? Players within prevailing arenas may be catalogued, while players relevant to new or transformed scenarios may be predicted. CLA also acknowledges emotions as central to any construction of reality, and central to the quality of peoples’ participation in it.

As a deconstructive tool, CLA professed several features pertinent to the investigation. These include the capacity to:

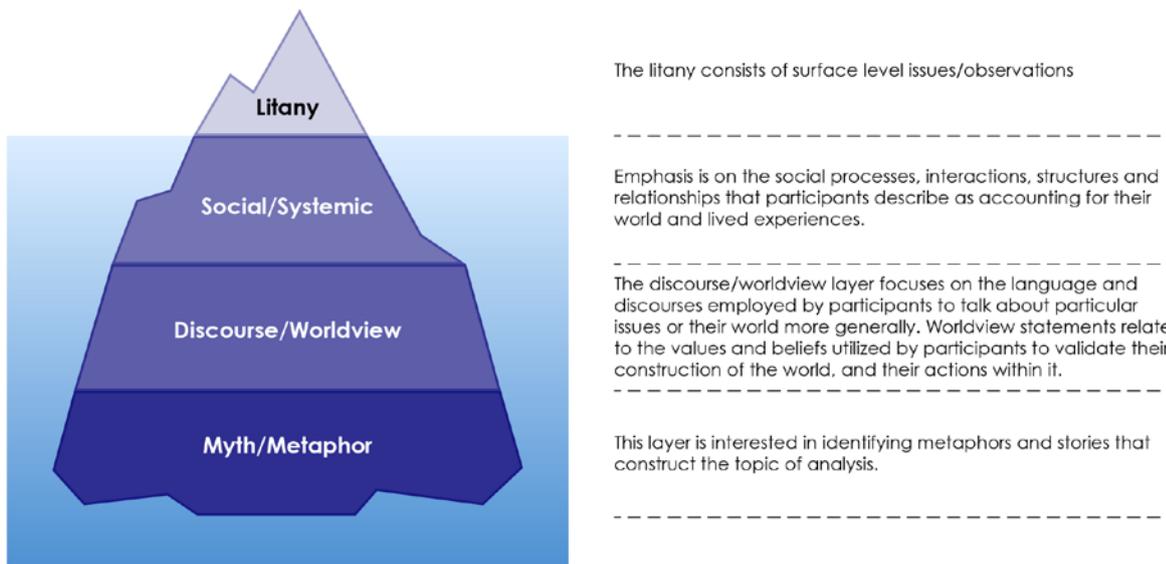
- consider multiple participant positions, with particular sensitivity to sites of tension and difference;
- move debate/ analysis beyond the superficial and obvious, to the deeper and marginal;
- permit consideration of a range of transformative and policy actions informed by alternative layers of analysis;
- construct policy responses that are sustainable and authentically solve problems, instead of merely reinscribing current issues;

- develop organisational leadership and accompanying roles such as problem solvers, managers, leaders and storytellers.

We may discern an interest of CLA to reveal that which has otherwise been obscured in prevailing analyses. CLA's critical emphasis prompts us to consider the conventional or '*normal*', as something remarkable – the embodiment and result of particular historical and other factors. Slaughter (2008) contrasts this depth facility to provide richer accounts of phenomena, with the tendency for conventional predictive approaches to merely skim the surface, or the '*flatlands*' of empirical data. In turn, Inayatullah (2004) contends that the process of framing an issue should not rely solely on the consideration of what he considers shallow data, arguing instead that analysis needs to proceed as a layered endeavour that is deep as well as shallow, and where textured richness and nuance cannot be reduced to the picture produced by simple empirical trends. Depth is also a desirable feature of Indigenous health research that seeks to uncloak the invisibility of assumptions that otherwise escape pronounced concern (Lea, 2005). This is not to discount the pursuit, or value of statistical data, but rather to recognize its place amongst complementary epistemological and ontological approaches.

### **3.7.1 A Whole of Iceberg Approach**

Inayatullah's (2004) conceptualization of the layers of CLA are often represented pictorially via an iceberg, with different segments of that object denoting the layers of analysis (see Figure 6). They are comprised by the litany, social causative, discourse/ worldview and myth/metaphor layers. The discourse/ worldview, and myth/metaphor layers are shaded in this depiction in order to suggest that they are less readily apparent compared to social causes and litany. Their position does not make their examination impossible however, doing so is facilitated by the use of methods amenable to that purpose.



*Figure 6: Stylised picture of an iceberg depicting the analytical targets of a Causal Layered Analysis. The graded shading indicates both depth and relative visibility of the analytical layers.*

A strength of the iceberg metaphor is the demarcation that one is able to make between the visible and less visible constituents of a socially constructed reality, corresponding to those levels either exposed or submerged beneath the water. The notion of the visible and hidden, reflect the earlier comments on the features of the Colosseum, and its facility to display and hide various influential features of the activities conducted in that space. Parker (2012) coincidentally observed that many research endeavours merely represent a view of mental illness for Indigenous Australian people that is “*at the visible tip of an iceberg of significant social and health disadvantage. Effective research strategies to encompass the whole ‘iceberg’ are necessarily complex*” (p. 90). Parker intimates that investigations of the mental health arena must aim to examine qualities of depth, as well as quantities of diagnoses.

Inayatullah (2004) contends that a layered analysis is accomplished through the adoption of a disruptive regard, and the application of certain critical questions that serve to deconstruct phenomena by permitting their examination in depth and from alternative perspectives. Within a scenario,

questions are asked around who is privileged and who gains economically, socially and in other ways through a particular social construction. Questions may also be posed about what version of the future is privileged and which assumptions of the future are made preferable and influential in order to expedite that course. A genealogical feature of deconstruction refers to is interested in the history of paradigms, rather than a continuous history of events and trends. Genealogical deconstruction seeks to discern the kinds of discourses that have been hegemonic in constructing social phenomena and how they are carried, or perpetuated, over time. This permits the examination of the structural manifestations of particular sites (e.g. the clinic, the institution, the hospital), in order to understand the way in which discourses have served to change or maintain particular conceptual constructions (e.g. how has what we understand as '*Indigenous mental health*' come to be?)

Genealogical deconstruction assists in the identification of overlooked, as well as influential discourses, encouraging the consideration of the visible and known, along with that which has been excluded. In this way, CLA encourages the examination of tension and conflict between available and opposing ideas, and permits the construction of differently constituted scenarios to see what could have been, or what could be. CLA posits that the consideration of speculative scenarios permit distance from the present circumstance that in turn permits a deeper assessment of the conventional. Speculative scenarios help frame the present as remarkable, and allow other futures to emerge by seeing what is possible given a different set of mythical, metaphorical and discursive assumptions. Deconstructive speculation also allows the undoing of conventional categories of knowledge by focusing on how certain categories such as '*civilization*' or '*stages in history*' orders knowledge, Alternative scenarios enable us to consider how the ordering of knowledge differs across civilization, gender and episteme. This includes the identification of who is '*othered*' according to particular categorisations, and how a different rendering denaturalises the current ordering, making it particular and strategic, instead of universal and inevitable.

Interpretation progresses by asking questions about which version of the past is valorised, and what histories make the present problematic? In terms of a transformative agenda, CLA permits consideration of the vision of the

future that is used to maintain the present, and conversely, which vision(s) undo the unity of the present? A disruptive regard as outlined by CLA enables the researcher to consider scenarios in historical space as examples of what could have been, or in the present or future, as examples of what can, or could be. Speculation around alternative pasts and futures acts as a powerful deconstructive exercise that serves to highlight how the present is socially constructed, distinctive and remarkable (Inayatullah, 1998). Deconstruction in this sense permits a more comprehensive analysis of how the present has come to be, often at the expense, or to the detriment of other possibilities. It also permits broader perspectives of the future, or potential futures to emerge, made possible by loosening the unquestioned reliance on the current hegemony to determine a singular path forward.

A CLA facilitates the following interpretive and comparative opportunities:

- Vertical analysis: This step involves the application of questions aimed at clarifying the underlying system;
- Horizontal analysis: Horizontal analysis focusses on the social causes and worldviews layers in order to gain a more holistic view of the determinants of the prevailing system. Social, technical, environmental, economic and political perspectives may be incorporated;
- Re-envisioning the myth and metaphor: This involves comparisons of underlying myths that cover the issue, as well as speculation and contrast around alternative myths that cast a different future; and
- Recasting issues and solutions: From the recast story, issues at each level may in turn be recast, including solutions to previously identified problems.

The features of CLA were deemed suitable in assisting with the examination of constructions of Indigenous mental health vertically within a group (an intragroup analysis), and horizontally between groups (an intergroup comparison). Consequently, greater nuance was afforded by the layered intragroup analysis, and intergroup comparisons of similarity and difference.

### 3.7.2 Explanation of the Layers

A central assumption of CLA is that there are different layers of reality and ways of knowing (Inayatullah, 2004). CLA urges consideration of what is 'known' as truth, not as taken for granted and immutable entities, but as the result and expression of a set of visible and less visible influences. CLA argues for the consideration of different epistemological traditions including but restricted to those regarded as popular or mainstream. In tandem with the consideration of other ways of knowing, CLA argues that constitutive of the popular conceptions of an issue and the academic analyses of systemic causes, lie deep worldview commitments, discourses, myths and metaphors. CLA assists us to consider the perspectives brought to bear on social practice by encouraging the articulation of both marginalised and authoritative voices within the hierarchy of the prominent and less prominent expressions. In this respect, CLA draws attention to what have been neglected cultural dimensions of social and other interaction (Riedy, 2008).

It is important to acknowledge that the term '*causal*' is potentially misleading however, if it is taken to imply that each layer is easily connected to the other to provide a seamless account and explanation of causality. Rather, the method should be considered as a metaphor for depth, visibility and interplay, with each of the layers constituting discrete sites of analysis, and as integral components in the nuanced rendering of a holistic story about the arena of Indigenous mental health. The following sections explain the layers of CLA further.

**3.7.2.1 Litany Layer.** According to Inayatullah (1998), the litany layer is the most apparent, obvious and shallow presentation of information. It represents the level of agreed and unquestioned reality, or the uncontested truth requiring little analytical ability to deconstruct it. The litany constitutes the official public, or news media description of an issue, focusing on quantitative trends and problems. Explanations tend to be obvious and presented as unconnected, and are presented as easily verifiable statements that state a generally accepted view of the issue. This quality engenders feelings of helplessness ('*what can I do?*'), apathy ('*nothing can be done*') or projected action ('*why don't they do something about it?*'). Framing issues in this way

means that litany layer presentations are often used for political or other purposes to create a climate of fear and blame.

**3.7.2.2 Social/ Systemic Causes Layer.** The data of the litany are questioned and explained at the social/ systemic causes layer, by identifying the social, technological, economic, environmental, political and historical factors that influence social interactions. Actors are highlighted as well as their systemic linkages, however, while the causes may be questioned, the paradigms that help frame a problem may evade scrutiny (Riedy, 2008). That is, solutions to problems broadcast in the litany, emerge from an analytical frame without critiquing the frame through which the explanations are constructed. Inayatullah (2004) argues that while these explanations are readily accessible and publically available, along with the litany layer synopsis, social/ systemic analyses provide relatively shallow levels of understanding, confined to a conventional examination of systemic and/ or social cause and effect.

**3.7.2.3 Discourse/ Worldview Layer.** The discourse/worldviews and myth/ metaphor layers are seen as comprising the fundamental social understandings and meaning that are used to render social phenomena in particular ways. These constitute deeper held ideologies, and the preconscious, emotive dimensions of an issue. Rather than hold in abeyance, or controlling for worldview, myths or metaphor, CLA layers what it considers to be these constitutive and influential components, a feature that appears highly suitable for work involving disenfranchised groups, or groups for whom a 'voice' has been marginalized. Examining discourse/ worldview and myth/ metaphor provides useful tools for deeply deconstructing social interaction and identifying the constituents and constraints of change. The levels do not rely on the quantitative and systemic parameters of the preceding levels, permitting the researcher to consider the discursive aspects of the arena, and to speculate as to the constitution of deeply held cultural myths and metaphors.

Social constructionism views discourse not as a reflection or map of the world, but as an artefact of communal interchange (Gergen, 1985). The terms in which the world is understood are derived through exchanges, via an active process, a co-operative enterprise of persons in relationship, historically

situated. The emphasis on historically contingent factors permits consideration of changes in conception, socially derived, rather than a reflection necessarily of alterations in the objects or entities of concern. Discourse analysis is an approach rather than a fixed method and there are many schools of discourse analysis. In broad terms, discourse analysis regards language as an action-oriented medium that people use to construct accounts or versions of their social world (Elliott, 1996). Discourse is not assumed to reflect underlying attitudes or dispositions; instead the focus is on the discourse itself, its construction, the functions to which it is put and consequences that arise from those, often different, conflicting and variable constructions (Potter & Wetherell, 1987; Potter, Wetherell, Gill, & Edwards, 1990). Accordingly, the proposed research is interested in how the language of participants and texts a) constructs, and b) permits involvement in the arena of Indigenous mental health. The crucial application of discursive analysis lies primarily in the functions of the discursive strategies employed, rather than as an examination of discourse as a window into the underlying motives of participants.

Discourse analysis permits subject positions to be elaborated in complementary ways so as to avoid the formulation of a monovocal account. Furthermore, good discourse analysis acknowledges the multiple and contested character of the interplay of discourses by showing how different discursive representations are built to interact with and ward off others (Burman, 2004). The capacity for discourse analysis to simultaneously discern power and influence within systems is particularly relevant here. Power in a discursive sense depends in part on the ability to make claims as to the value of particular ways of working and particular ways of knowing. Such claims frame what is then portrayed as accurate and reliable knowledge, while excluding or marginalizing other ways of thinking about health care as alternative in comparison to the discursively constructed mainframe of authoritative contemporary health care (Cheek, 2004).

For the purpose of this investigation, I adopted the perspective on discourse analysis outlined by Inayatullah (1998) that prioritises the conscious and constant consideration of how Indigenous mental health is written and talked about, what versions of reality are influential, and what actions and activities are permitted within those constructions. The approach is not

concerned with exploring the content or meaning of a text, rather, it is about explaining how certain things came to be said or done, and what has enabled and/ or constrained what can be spoken or written in a particular context (Wimmer, 2002). Texts are interrogated to uncover the unspoken and unstated assumptions implicit within them that have shaped the very form of the text in the first place (Cheek, 2004).

Worldview analysis is concerned with the language that people employ when talking about an issue or their world more generally. The language of worldviews relates to what people value, and what they express as their belief about an issue or entity. Worldviews express how people see things and how they explain their response to things. Here, language is not viewed as symbolic of reality, but rather constitutive of reality. It is not viewed as transparent or merely descriptive in a neutral sense. Instead, language and talk in this investigation is regarded as constitutive of purposive discourses that in turn have as their consequence, the particular construction of issues for individual and complex players, their solutions and the contexts in which they sit.

**3.7.2.4 Myth/ Metaphor Layer.** Myths refer to the stories and narratives tell about the topic of analysis. Myths provide accounts of context, players and the quality of their interactions as viewed by particular participants. The identification and interpretation of particular myths requires a consideration of the quality of the story and the role of protagonists, including the storyteller, within it. That is, in their relaying of a myth, the role they play within it may be an explicit feature worthy of consideration.

Metaphor and myth carry with them the capacity to explain and frame that which has occurred, as well as providing the platform from which future action may be construed. The metaphors people utilise to explain their experience, have use not only in explaining their past, but may offer an insight into how they consider their future. The value of a myth/ metaphor analysis has been considered in contexts pertinent to the present investigation. Nagel et al. (2009) identified the important role metaphors and myth can play in the construction of mental health intervention material. Notably, the metaphors utilized by Aboriginal Mental Health Workers took the form of locally known materials such as a dugout canoe, and a four-branched tree as a basis from

which to construct myths constitutive of the targeted mental health message. Familiarity was further enhanced by the use of locally sourced images and photos, and the inclusion of personalized stories that acted to support the locally derived intervention narratives.

Inayatullah (2004) asserts that examining metaphorical constituents in accounts of experience returns the unconscious and mythic to discourses about the future. Deconstructing conventional metaphors and then articulating alternative metaphors, often derived from alternative cultural epistemologies thus becomes a powerful way to critique the present and create the possibility of alternative futures.

Metaphor performs important tasks in human life. King (1975, p.37) contends that “*we have to handle the life of consciousness metaphorically if we want to handle it thoroughly*”. Metaphor is a fictional invention that permits us to give the story of our consciousness, an account of it by inventing something, a thing, an action, a process. Identification and elaboration of metaphors and myths permit a necessary engagement with civilizational trauma that encourage its transcendence, and the construction of myths and metaphors appropriate to spur and sustain a transformed future.

*The essential point about ‘metaphor’ is that it is not primarily a figure of speech found useful for decoration or for persuasive purposes. It is often so used, but essentially ‘metaphor grows out of the way we attend to things. We have to use metaphor to represent truthfully our apprehensions and comprehensions. Our whole language is shot through with metaphoric speech.*

(King, 1975, p.37)

In addition to their descriptive capacity, Briggs (2007) suggests that metaphors of healthcare possess value to stimulate a wider debate around important issues for professions, and the future direction of health services. Indeed, Hunter’s use of the term ‘*arena*’ carried a provocative effect for me and my thinking.

Metaphors provide a shorthand image that can synthesize a variety of dimensions within a single appealing image, facilitating cognitive processing,

while at the same time stimulating potentially generative interrogation about differences and similarities between source and target domains (Tsoukas, 1993). This point reflects the claim of CLA that deconstruction of a scenario, if it is to be sufficiently effective, must enter its mythical layer and articulate its metaphorical roots, and that visioning the future must consider the metaphorical bases upon which structural and other decisions are made.

Galtung (1996, p.13) proposed:

*Deconstructing conventional metaphors and then articulating alternative metaphors becomes a powerful way to challenge the present and create the possibility of alternative futures. Metaphors and myths not only reveal the deeper civilizational bases for particular futures, but they move the creation/ understanding of the future beyond rational/ design efforts. They return the unconscious and the mythic to our discourses of the future – the dialectics of civilisational trauma and transcendence become episodes that give insight to past, present and future.*

The capacity for metaphor to both reflect and support systems is significant and due to this relationship, endeavours aimed at changing the quality or structure of systems would do well to consider the place of metaphor in the analysis.

### **3.8 Approaches to Theory Development**

#### **3.8.1 Abductive Reasoning**

Morse and Field (1996) propose that it is difficult to identify a rigid procedure for carrying out qualitative research prior to the conduct of the study. While broad aims and directions derived from personal and scientific values may be articulated prior to commencement, qualitative approaches allow the research to emerge as part of the research process (Rossman & Rallis, 1998; Taylor & Bogdan, 1998). This approach to research formulation, data gathering and data interpretation employs a process referred to as abductive reasoning (Peirce, 1955). Abductive reasoning, or abduction, is a form of logical inference that goes from an incomplete set of observations to

hypotheses that account for those observation, seeking to find the simplest and most likely explanations. Abduction provides a ‘best shot’ at explanation that permits daily decision-making on the basis of the information at hand. The abductive process can be creative, intuitive and revolutionary as it is not bound by the strictures of conventional deductive reasoning (Thagard & Shelley, 1997). Tentative evidence plays a significant role in the development of new knowledge however, decision making informed by knowledge in this formative state remains based on uncertain alternatives. Indeed, abductive reasoning is characterized by a lack of completeness either in evidence, or in explanation, or both. Thus, knowledge derived via abduction does not constitute ‘*true*’ knowledge for all times and all places, but knowledge that nonetheless serves as a useful basis for action within a prevailing circumstance.

Abductive reasoning has implications for researcher positioning and requires them to be tolerant of doubt and ambiguity as authentic features of multiple social realities that construct a changing and uncertain world. The approach offers less certainty than research endeavours conducted along positivist or mechanistic lines that employ deductive or inductive logic, however, the capacity for transformative thought and action are more viable on the basis of an abductive process.

### **3.8.2 Substantive Theorising**

Abductive reasoning resonates with a substantive approach to theory development described by Wicker (1989). Substantive theorising is said to occur at the intersection of a series of choices that arise when focusing on limited, but socially important domains. Research should be regarded as a process of discovery in which the next step taken depends on what was just learned. Inherent to this process is the requirement for researchers to remain responsive to the developing process in such a way that allows them to pursue promising leads as they develop. Such a regard often leads researchers in unanticipated directions and to the use of a variety of methods that are not necessarily specifiable in advance.

Research should incorporate multiple levels of analysis of sites that include individual and behaviour settings, work group and organizational settings, institution and community settings. Wicker (1989) also argues that methods should be chosen on the basis of their potential to reveal new information on the domain, rather than on dogma proclaiming the superiority of any particular approach. Wicker's position supports theory development grounded in the phenomena about which knowledge claims are made. This includes the consideration of temporal and spatial contexts such that theory is described in terms of where and when things occur. Wicker argues that theorising about socially important domains in context was likely to increase their utility for policy and practice.

The flexibility posited by substantive theorising was deemed suitable in relation to the generative interests of the investigation, allowing a cumulative and responsive research process to develop in the context of an exploratory endeavour. However, my experience of this seemingly unencumbered approach warrants the following caveat. The latitude to explore unanticipated directions must be adopted with caution. That is, while journeying in unintended directions may prove exhilarating, one must monitor the aims of the research, if only to prevent the construction of an altogether parochial or self-interested product, and to minimise the possibility that one (and one's research) becomes disoriented by, or snared within the journey. Thus, substantive theorising requires the researcher to navigate towards a general destination without pre-established signposts or substantial markers with which to gauge the journey's progress. Here, the major resource required are supervisors and support networks who are able to accommodate and question the researcher's account, and more importantly, to act as beacon-like reminders of the inquiry's purpose.

Alternatively, one may reach a point in the research process that highlights a decision to be made as to whether to remain tethered to the formative questions and interests, or to cut the ties in preference to following a new direction prompted by emergent promising leads. My experience of the substantive theorising process was one characterised by the consideration and pursuit of directions that were not part of my initial consideration. In this respect, encountering new domains was a useful and challenging occurrence

offering a fascinating vista of the arena. However, I was not tempted to venture over the horizon to such an extent as to lose sight of what had originally oriented me to the research. The process of substantive theorising in this instance permitted an appreciation of a more complex and nuanced arena that served to confirm the value of the original research interests, while laying open several possibilities for further examination.

### **3.8.3 Grounded Theory**

Strauss and Corbin (1990) describe Grounded Theory as a problem solving endeavor concerned with understanding human action, and does not refer to a single approach or method, but rather reflects a variety of paradigms, including those embodying constructivist concerns. McCleod (2001) proffered three distinct attributes that characterize most emergent grounded theory. First grounded theory embodies an analytical tool that centers on the discovery of new ways to make sense of the social world. Secondly, data collection and analyses emphasize theory generation constitutive of a formal framework for understanding phenomena. Thirdly, emergent theory is always ‘grounded’ in textual material that is analysed by researchers sensitive to potential multiple meanings; a process informed via the researcher’s immersion in the elicited data. The core components of grounded theory studies are analytic categories developed while studying the data, rather than preconceived concepts or hypotheses (Charmaz, 2008). Emergent categories move the investigation towards abstract analyses while simultaneously elucidating what happens in the empirical world.

In this investigation, theory development was informed by the tenets of Grounded Theory proposed by Charmaz (2008) whereby discoveries arise due to the subjective interrelationship between researcher and participant, and their co-construction and interpretation of data. The researcher comprises a central factor in the research endeavor and is not merely present to describe or report as a distant or detached inquirer. For Charmaz, proposed knowledge reflects the interaction between the observer and the observed, and acknowledges that knowledge construction reflects researcher worldviews, disciplinary assumptions, and theoretical proclivities.

In line with constructivist assumptions regarding the influence of researcher subjectivities on data collection and analyses, Charmaz (2008) contends that researchers are required to explicate their positions, situations and interactions and how these influence and inform theory construction. This stance resonates with the features of an Indigenous Standpoint Theory outlined in the Prologue, as an additional safeguard to an overpowering investigator parochialism, and a constructivist grounded theory's requirement that the researcher keep the words of participants intact throughout the data construction process (Jones & Hill, 2003). Charmaz argues that this level of transparency demonstrates the value researchers place on participants to the construction of a grounded theory model.

Investigators follow leads that they have identified in the data, and situate data within settings and scenes, collective meanings, individual interpretations, actions and processes. Rich data reveals participant's feelings, thoughts, intentions and actions, as well as detail of context and structure along the line of Geertz's (1973) conceptualization of '*thick description*'. Rich data afford views of human experiences that social conventions and inaccessibility hide or minimize in ordinary discourse (Charmaz, 2008). Detailed narratives of experience may be recorded and transcribed for further examination and coding, while a complementary recording of researcher observations and collateral information is advised. Descriptions achieve greater nuance when context has been incorporated, rather than being observed as behavior detached from its environment. This can include details of settings prior to and following a significant event (such as a conference, clinic or classroom), and the stated or inferred unstated concerns of various players. Rich data also allow the researcher to trace events, delineate processes and make comparisons within and between participants with in the same or similar sites. Charmaz notes the value of incorporating a personal perspective such as one that describes a situation, the interactions conducted, the affective content and the researcher's perception of the course of events.

### **3.8.3.1 Grounded Theory Development: Procedural Features**

Organisation and interpretation commence with the process of coding the findings. Coding serves to delineate the properties of the category being

described and is facilitated via the application of various questions including, *'what is this data a study of?'*, *'what is happening in the data?'*, *'what are people doing?'*, *'what is the person saying?'*, *'what do these actions and statements take for granted?'*, *'how do structure and context serve to support, maintain, impede or change these actions and statements?'* (Glaser and Strauss, 1967; Glaser, 1978; Charmaz, 2008).

Initial coding helps to separate data into larger and synthesized groupings, or categories constitutive of processes discernible from the data. Process related questions may include, *'what process is at issue here?'*, *'how can I define it?'*, *'under what conditions does this process develop?'*, *'how does the research participant(s) think, feel and act while in this process?'*, *'when, why and how does the process change?'*, and *'what are the consequences of the process?'* In addition to providing theoretical leads to pursue, line-by-line coding allows the researcher to review earlier findings in light of more recently discerned processes, and to discern their explanatory power in various accounts. Conceptual categories may consist of in vivo codes taken directly from respondents accounts, or they may represent a tentative theoretical or substantive definition of what is speculated to be happening in the data. Data collection, coding, categorization and process identification are seen as promoting a more refined and focused approach in each subsequent phase of data collection.

Focused coding is aimed at conceptual development. Here, coding leads to developing theoretical categories that assist in building the analysis from the ground up and, according to Charmaz (2008), necessitates thinking about the data in new ways. Theoretical sampling refers to the process of collecting more data to illuminate theorized conceptual categories. Here, the purpose of sampling is to develop the emerging theory, rather than seeking better representation of a population, or increasing the generalizability of the results. This may involve speaking with earlier participants about experiences not covered in earlier interviews, and by using more focused questions. Theoretical sampling assists in the elaborating the meaning of a category, discovering variations within a category and defining gaps between categories. This feature of Ground Theory integrates well with the features of CLA in that researchers must take the routine and mundane and make it unfamiliar and

new, an interpretive move that permits distance to be taken from one's own and the participant's taken for granted assumptions so that they can be regarded from different vantage points. From here, the task is to make analytical sense of the finding. Applying theoretical concepts from one's discipline is permitted to the extent that they move the analysis along and assist understanding of what the data appears to indicate.

### **3.9 Development of the Analytical and Interpretive Process: Procedural Notes**

Interview and yarning materials were transcribed verbatim and uploaded into NVivo, a software package that enables the organization and analysis of qualitative data (QSR International, 2010). Accounts were subsequently coded according to the type or quality of tension or conflict they were seen as describing. Coding commenced with broad descriptors, for example, '*Conflicts between professional and community members*', or '*Tensions relating to history*'. This process produced a list of nodes into which additional examples were incorporated. The nodes were further organized according to participant group, for example, '*Indigenous Community Member accounts of tensions relating to history*'. The iterative research process meant that interviews were conducted in batches that would then be transcribed, coded and added to the expanding array. During the process of interviewing, transcription and coding, I reflected on the material that was presented in relation to the broad interests of the research. This enabled nodes of a similar quality to be grouped together. This process was employed for a period, resulting in lists of tensions and conflicts organized according to participant groups, and then again in relation to their reference to a particular issue.

However, this approach resulted in an impasse whereby the development of lists focused on the identification of types of tensions and conflicts became unwieldy. Furthermore, this was prior to considering how the deconstructive objectives of CLA were to be applied. My growing tension with the process prompted a retreat from the material, and a reconsideration of the interpretive approach. This revised approach was guided by two simple

questions. The first, '*what are these accounts of?*', and secondly, '*what do participant's accounts permit them to do?*' These particular questions transformed the meaning of the data from being interpretable primarily as accounts of tension and conflict, to instead be read as narratives of movement and paralysis, approach and retreat. From this point, the question, '*what do these accounts permit people to do?*' proved useful in directing how I was then able to interpret each yarn. Accounts could be considered in terms of how they permitted various movements for the participant. Importantly, the movements identified were not necessarily or readily towards the arena. Indeed, some accounts permitted participant movement away from the arena, while some features of participant's narratives permitted them to occupy a state of indecision, described behaviourally as a kind of paralysis.

The broad scope permitted by the semi-structured interviews and yarning approaches saw Indigenous and Non-Indigenous participants providing narratives of movement, and central to these accounts descriptions of tension and conflict. Furthermore, rather than abstracting tension and conflict from its context, the recognition of movement permitted tension and conflict to be regarded as contextualized events, and their navigation on the part of participants, as strategic attempts to resolve, resist or retreat from often paradoxical scenarios offering choices and requiring decisions. The emerging notion of events taking place within broader narratives of movement resonated with the depth sought by a CLA and thus, this renewed approach to interpreting the accounts meant that their identification with the various layers became relatively straightforward. This permitted the interpretation of entire accounts, or portions of them as an illustrative of approach, ambivalence or avoidance. In Grounded Theory terms, this process permitted conceptual categorisation to occur both more efficiently and effectively. These three overarching categories could then be read with a view to their litany, social/systemic, discourse/ worldview, or myth/ metaphor constituency. That is, in what ways did the material collected within these categories reflect these various layers of world construction. In Grounded Theory terms, this could be regarded as exemplifying a process of theoretical sampling considerate of CLA. It was also at this stage that theorizing of the various positions was

enabled. The findings that emerged are presented and discussed further in the following chapters.

## 4. CHAPTER FOUR

### FINDINGS PART 1

#### PICTURING THE INDIGENOUS MENTAL HEALTH ARENA

*...the greatest value of a picture is when it forces us to notice what we never expected to see.*

John Tukey (1915 – 2000)

#### 4.1 A Guide to Reading the Findings

Chapter Four: *Findings Part 1* focuses on how Indigenous mental health, as a concept and practice, has developed over time as a consequence of evolving social constructions, and with an emphasis on recent observations of it as an ‘arena’. Chapters Five to Eight encapsulate *Findings Part 2* that address the second aim of the investigation concerned with how within a site of tension and conflict, people provided and received mental health service, and how their talk constructed and permitted their respective involvements. Chapter Five: *Trails and Tribulations*, addresses the avenues surrounding the arena that act as sites along which the movements of Indigenous and non-Indigenous participants may be charted and deconstructed. Chapter Six: *Thresholds to Entry*, addresses the thresholds identified by participants between avenues and the various sites within the arena, while Chapters Seven and Eight examine tensions and conflicts within the arena, and the navigational strategies described by participants to address them.

##### 4.1.1 Organisation of Chapter Sections

Chapters Four to Eight are comprised of three main components. A CLA summary table is presented at the start of each chapter followed by an elaboration of the various points identified within them. The Summary Tables

provide summative statements that comprise the layer description recommended by a CLA. An example of the formatting is provided in Table 3.

Table 3

*Example of a CLA Summary Table*

<b>Layer</b>	<b>Layer Description</b>
<b>Litany</b>	The litany consists of surface level issues/ observations.
<b>Social/ Systemic</b>	Emphasis is on the social processes, interactions, structures and relationships that participants describe as accounting for their world and lived experiences.
<b>Discourse/ Worldview</b>	The discourse/ worldview layer focuses on the language and discourses employed by participants to talk about particular issues or their world more generally. Attention is paid to how what people say depicts their perspective or worldview. Worldview statements relate to the values and beliefs utilized by participants to validate their construction of the world, and their actions within it.
<b>Myth/ Metaphor</b>	This layer is interested in identifying metaphors and stories that construct the topic of analysis.

A discussion also accompanies each chapter, emphasizing cogent issues identified via the CLA, and including theoretical speculation of the processes observed. These emphases assist in both theory development, and provides a platform for the examination of material in subsequent Chapters. In line with CLA's deconstructive approach (Inayatullah, 2004), commentary from multiple academic and other cultural perspectives are used to explore points raised in participant accounts, and to assist in category identification and theory development in line with the tenets of Grounded Theory (Charmaz, 2008). The effect is one of increasing complexity being rendered onto the arena picture.

**4.1.1.1 Presentation of Interview/ Yarning Material.** Participant quotes are highlighted (*italicised*) for ease of identification, and incorporate a numerical identifier. The number is highlighted, and allows the reader to identify which participant group the speaker is from, and to locate additional

details about the participant included in Appendix G. For example, **IMHP1** indicates that a quote was provided by an Indigenous Mental Health Professional with the participant identifier **1**. Where the same participant provides multiple quotes within a single paragraph, the complete designation is made with the first quote, while subsequent quotes within the same paragraph utilize the numerical identifier only. In addition, '**R**' refers to Researcher, as there are instances where my voice helps constitute the excerpt. These conversational examples are also included to illustrate the quality of various yarns, and the co-construction of knowledge that is seen to emerge within those. Table 4 provides a summary of participant acronyms and their designations.

Table 4

*Participant Acronyms and their Designations*

<b>Acronym</b>	<b>Designation</b>
<b>R</b>	Researcher
<b>ICM</b>	Indigenous Community Member
<b>IMHS</b>	Indigenous Mental Health Student
<b>IMHP</b>	Indigenous Mental Health Professional
<b>IMHPS</b>	Indigenous Mental Health Professional Student
<b>NIMHS</b>	Non-Indigenous Mental Health Student
<b>NIMHP</b>	Non-Indigenous Mental Health Professional
<b>NIMHPS</b>	Non-Indigenous Mental Health Professional Student

While the Findings are presented in such a way as to reflect the quality of the accounts, with the corresponding emphasis of each layer, at times this was neither possible, nor preferable. Quotes consisting of single or multiple sentences were sometimes viewed as offering a thick description that would likely lose some of its impact were it to be disassembled. That is, a quote might be viewed as offering material relevant to multiple layers of the CLA, and so rather than split a sentence or sentences up, a decision was sometimes

made to present the complete phrase. This was done in order to retain the integrity of often large portions of yarns that in total served to relay the participant's perspective on their terms.

## **4.2 Anticipated and Unexpected Pictures**

Tukey's observation regarding the value of a picture resonated with the findings that emerged as a consequence of the methodological and analytical choices made in this investigation. Prior to examining the findings, an account of the decision making process is provided next as an overview of both the substantive and abductive processes employed, and as a precursor to how anticipated and unanticipated features of the picture first came into view.

### **4.2.1 Tripping the Snare: A Critical Reflection on the Analytical Process**

Upon reflection, the cumulative and collaborative processes employed to deconstruct the accounts while providing thoroughness, also invited a tension wherein the temptation to force data into preconceived frameworks amenable to researcher preference was pursued, rather than permitting the categorical data to develop via co-constructive processes. Glaser (1972; 1998) urges grounded theorists to avoid forcing data into preconceived categories before beginning the study, or applying evidentiary rules that in turn may limit data richness. Charmaz (2009) advised against moving too quickly from one empirical site to another as this may yield superficial viewpoints, or hurried or rehearsed explanations. For novices especially, establishing empirical grounding in one arena is recommended before exploring another. Instead, interviews while intensive, are also more likely to yield thick descriptions if they are based on a trust developed between researcher and participant that occur as a consequence of successive meetings. Researchers are also advised to construct interview questions that allow participants to reflect anew on the research topic, and to look for and explore taken-for-granted meanings and actions (Charmaz, 2008).

Reconsidering the question posed of the data, dissolved what had become the confusing influence my parochialism and my efforts to organize

the data according to my assumption of easily discerned and easily organized tension and conflict. I reflect now on employing a quality of assumed expertise to the accounts of those with whom I was conversing – a process not dissimilar to that critiqued as ineffective and disrespectful in the early historiographical analysis of Indigenous mental health. Following a degree of struggle, a conscious decision to tread a different path, via the establishment of a renewed openness to the data, I was then able to extricate the analysis from this particular snare.

Ultimately, it was this return to a very basic question that proved most useful in facilitating a revised consideration of the data, one that in retrospect, was demonstrative of an iterative research process guided by abductive reasoning of a kind recognisable, yet only recognised post hoc. The employment of basic and less parochial questions as part of a new iterative engagement with the information exemplified an evolution of thought reflective of substantive theorising. Instead of rendering previous observations of the data obsolete, this iteration provided a picture that accommodated many of these earlier ideas, enabling them to be reinstated within an emerging theoretical framework. This phase therefore, proved crucial in foregrounding the contextualist nature of the investigation.

Thus, the coding and interpretive process was one characterized by several false starts, with both organisation and interpretation of the data bearing little fruit, but much frustration. The organisational and analytical appeal of CLA did not translate to its seamless application to the data. Instead, a number of attempts were required before a satisfactory appreciation of the findings was achieved, reflecting my own developing grasp of CLA as an analytical tool. Upon reflection, the various interpretive moves recommended by ground theory were attempted too early, a pitfall identified by Charmaz (2008) as characterizing an overeagerness to commence interpretive work prematurely. Reflecting on this mistimed action, I concede that I had fallen prey to the '*snare*' (James, 1890), and had begun to code data into categories that I assumed would provide a straightforward interpretive outcome. However, my parochial interpretation led to a seemingly insoluble complexity that degraded, rather than assisted that process. It is possible that persistence with either of these initial strategies could have eventually resulted in a more

coherent picture, however, in line with substantive theorising, a decision was taken to attempt a different approach. It was only by taking a step back and reinstating an appropriate distance between myself and the data, that I was able to ask better questions of it, and almost immediately observe leads of a different nature. Charmaz has identified such fresh starts and sudden insights as facilitating the '*a-ha!*' moment.

Upon reflection, these earlier processes should be regarded in a different light. Although initially futile, their rejection did provide a means by which to arrive at the ultimately useful approach – a case perhaps of a process of elimination. Furthermore, as indicated by Charmaz (2008), earlier work should be retained even as new insights or approaches emerge. This meant that the work conducted through these initial processes was not lost or disregarded entirely. In fact, some of the material was retrieved and effectively included in the final analysis.

The emphasis on movement permitted interpretation to consider the ways in which a historiographical reading of the literature provided an account of the various movements towards, away from and within the arena. Questions could then be posed of the context in terms how and for whom it permitted particular kinds of movements. Human presence in addition to structural features could be accommodated as facilitators or impediments to particular kinds of movements. This approach provided an imminently more coherent reading of the information that had been lacking in previous attempts to merely characterise tension and conflict.

A shift in analytical perspective, from one focused on examples of tensions and conflict, to one considerate of the movements permitted and enacted through those accounts facilitated important interpretive distance. Rather than a descriptive account of the minutiae of innumerable and unwieldy examples of tension, the amended interpretive process permitted the consideration of tensions within a broader narrative that served to highlight their performance by particular players in particular contexts under certain conditions. Instead of leading to a similarly frustrating impasse, the application of the same questions to each group provided a clearer picture from which to commence the CLA of how Indigenous participants, mental health professionals and mental health students, employ and deploy particular mythic,

metaphoric and discursive resources to explain and validate their various movements around and within the arena. Organisation of the accounts was relatively straightforward, a process facilitated by the question, '*is this an account of approach, avoidance or ambivalence?*'

These three positions were then considered according to CLA. This step provided depth to the analysis by permitting speculation as to the less visible substrate of observable behaviours. For example, I was now able to conduct a CLA of the accounts of ambivalence provided by Non-Indigenous Mental Health Professionals, or, a CLA of approach accounts provided by Indigenous Community Members. Practically, this facilitated a more manageable endeavour when compared to the earlier attempts to apply a CLA to large quantities of data organized around particular types of tension. The third approach enabled my consideration of the data as contextual account of movement through which participants described both the sites and sources of tension, and their varied attempts to navigate it. The emerging picture resembled an organic rendering of the arena (see Pepper, 1942) whereby context and interconnectedness between multiple factors are central features of the emerging picture. Accounts of a similar quality were able to coalesce with others, highlighting similarities and subtle nuances between different speakers within the same position.

### 4.3 Past and Present Features of the Indigenous Mental Health Arena

Table 5 presents a summary of the main features of the Indigenous mental health arena. Following Table 5 are more detailed presentations of material relating to each layer of the CLA.

Table 5

#### *CLA Summary of Features of the Indigenous Mental Health Arena*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• A pervasive imported conceptualization of mental health derived from a Western, rationalist tradition has influenced the structures, roles and authorities relating to</li> </ul>

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<b>Litany</b>	<p>service provision generally, and Indigenous mental health service specifically;</p> <ul style="list-style-type: none"> <li>• The predominant litany is one of Indigenous construction as consumer, and Non-Indigenous as professional. There are however, instances of Indigenous people utilizing the prevailing systems to their advantage, and individuals and larger groups seeking more substantive change;</li> <li>• Recently, constructions of Indigenous mental health have attempted to respond to long held critique of systems, structures and conceptualization that were imported and adapted from early in Australia's colonial period.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• The quality of relationships between Indigenous and Non-Indigenous Australian people occupy places on a continuum ranging from non-existent to cautious to curious. There are some for whom reconciliation is an aspiration, while other view engagement in more pragmatic terms, concerned primarily with the beneficence of the social transaction;</li> <li>• These various qualities are reflected in the Indigenous mental health arena, constructing the arena as a site in which engagement is made likely rather than avoidable;</li> <li>• For some Indigenous people, the transgenerational legacy of institutionalized racism underpins all anticipated and actual encounters with Non-Indigenous services and their representatives, resulting in an array of actions along the lines of avoidance, ambivalence and approach;</li> <li>• For some Non-Indigenous participants, their distressing exposure to such encounters yielded an array of anticipated scenarios, and an array of actual responses along the lines of avoidance, ambivalence and approach.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• The predominant Western, medicalized discourse that had come to characterize mental health in Australia more broadly, has, within recent times been variously rejected, resisted, augmented and embraced by Indigenous Australian people. There are some who reject the notion of any contact with what are perceived as contemporary tools of neo-colonial oppression, while others engage willingly or reluctantly in order to receive service exemplifying varying degrees of cultural competence;</li> <li>• For Non-Indigenous players, a once central and authoritative mantle has become increasingly susceptible to critique. For current Non-Indigenous mental health professionals and students, their construction of the arena is often one resembling an unfamiliar and hostile place whereby their anticipation of critique by Indigenous participants is heightened;</li> <li>• The deployment of righteous and wronged discourse serves to authorize and protect the Indigenous and Non-</li> </ul>

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	Indigenous user from scrutiny and anticipated and actual censure within and external to the arena.
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• The Indigenous mental health arena is, in many respects an unsettled space within which Indigenous and Non-Indigenous participants seek to establish viable presences as either providers or recipients of service;</li> <li>• For some, this journey towards finding a place and establishing a presence involves experiences akin to those associated with rites of passage and other threshold activities;</li> <li>• Participants move towards and away from these transformative experiences and are at times paralysed by them.</li> </ul>

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#### 4.4 Litany Layer

The arena was constructed as an intricate space, sensitive to inappropriate behavior, and strong in its treatment of transgressors. For some, tenure in such a destabilizing context was short lived. For others, the option to leave was less viable, requiring consideration of how they in turn coped with their circumstance. Although introduced conceptualisations of mental health have been a feature of mental health systems since the commencement of Australia's colonial history, their impact on the mental health of Indigenous Australians has only received substantive attention since the mid-20<sup>th</sup> century. Prior to this period, Indigenous mental health constituted a reasonably stable system; a result of the debates about rationality and reason fought primarily between adherents of religious and medical treatment of the mentally unwell. Prior to this period, it has been argued that Indigenous Australian people had established a different quality of reasonably stable system that had seen this continent's original inhabitants endure for over fifty millennia, in a range of inhospitable and at times unforgiving terrains. Australian approaches to the diagnosis and treatment of the mentally unwell adopted imported approaches and supplanted them into a colonial outpost founded upon unfamiliar territory and populated by unfamiliar inhabitants.

The grim status of Indigenous people compared to their colonial neighbours attracted explanatory efforts theorizing their immutable deficits.

Notably, the fatalistic regard for the prospect of Aboriginal cultural longevity invoked sympathetic, palliative concern rather than stimulating preventative intervention. It also foregrounded the imperative for scientific measurement over action aimed at addressing the inevitable scourge of civilisation. Indigenous demise was normalised as inevitable within this discourse that validated dissection and documentation as the urgent tasks.

#### **4.5 Social/ Systemic Causes Layer**

The forced removal of children, social marginalisation, incarceration, and the disintegration of Indigenous cultures constitute sites in which the incremental presence of Indigenous voices have become more apparent and increasingly influential. Despite the litany of deficit and rhetoric surrounding social determinants and unaddressed historical trauma, culturally valid understandings rarely shape provision of services, or guide assessment and care of Indigenous people in mainstream settings. More common it seems, are *'bread and circuses'*, or surface level responses. Recent constructions have been characterized by an increasingly sympathetic regard for Indigenous perspectives, a move drawing various reactions from those invested in the prevailing hegemony, and those interested in its transformation. At stake are claims to authority on matters of conceptualization, categorization and causality of Indigenous mental health, and the psychological and material resource implications of claiming that stake.

The role that services and personnel have played in expediting policy imperatives has served to construct present day professionals as descendants of historical harm, or rendered them guilty by professional association. For some Indigenous people, the question becomes one of how to trust a profession that has been implicated in the cause of their problems. While such a view can be seen as permitting cautionary and protective behaviours, paradoxically, the deployment of an entrenched discourse of mistrust prevents both the possibility that service and personnel have changed, and the possibility that the service they provide might be of some benefit. Research and researchers, as an activity

and actors, comprise players for whom an indelible legacy of mistrust has been ascribed.

#### **4.6 Discourse/ Worldview Layer**

Early within Australia's colonial history, mental health was viewed through an imported lens, blinkered and impervious to the prevailing systems and structures established by Indigenous people over many millennia. As practices and processes adapted to the prevailing context, mental health in Australia established itself as a contributor to the tenets of its European academic tradition, particularly in relation to the influential evolutionary myths constructing a proposed hierarchy of humankind.

The work of research and treatment not only followed the various trends towards mental health internationally, but as a contributor to the burgeoning literature in the field, aided by the presence of a primitive peoples. In the historiographic record, Indigenous people were typically cast as subjects of, and subject to Western scientific interests. Variations on this predominant dynamic are present, though rare. While disputation may have been a feature of the interactions between Indigenous and non-Indigenous players, the emergence of an arena of Indigenous mental health metaphorically and practically, could be seen in the mid-20<sup>th</sup> century, coinciding with an increasingly critical analysis of race relations in Australia more generally, and a growing movement of Indigenous and Non-Indigenous Australians concerned with colonial legacies that had distanced relationships between the two.

Cultural competence, safety, security and capability have become emblematic of the guiding principles seen to facilitate better service for Indigenous people, however they are regarded as overlaying the arena with a constrictive and discriminatory political correctness by those who describe feeling wronged by their prescriptive dictates. For some Indigenous and Non-Indigenous players, the arena was viewed as an uninviting site and their accounts reflected their ambivalence towards engaging others within that site.

Some Non-Indigenous Mental Health Professionals preemptively disengaged by stating their presence was likely more risky than helpful.

While some regard the Indigenous turn as justified, others have critiqued the current measures as a symbolic distraction, or mere bread and circuses directing view away from the substantive issues of Indigenous mental health, prompting claims by some to neo-colonialism purveyed under the guise of engagement and transformation. Others critique this shift towards Indigenous self-determination as unnecessary, regressive and divisive. Following significant inquiries into the health and social status of Indigenous Australian people towards the end of the 20th century, a critical movement emerged aimed at addressing what had been identified as historical and contemporary social determinants of Indigenous mental health. Participation within this realm poses a risky endeavor for many, uncertain and disintegrated by their attempts to navigate a persistently unsettled service context. The stability afforded by a Western, medicalized worldview of mental health has in recent times become unsettled in the face of persistent and increasingly organised postcolonial critique. This has required participants to be reflective upon their personal and professional positions within the arena, prompting some to question their involvement, and others to approach with invigorated intent. A similar challenge confronts Indigenous players who find themselves increasingly at the centre of the contemporary social construction of Indigenous mental health.

#### **4.7 Myth/ Metaphor Layer**

Evidence of shifting characterisations was apparent in the early and recent psychological literature whereby Aboriginal people represent something of a quandary. On the one hand, they were of interest to the colonial gaze as a window into the origins of mankind, and concurrently regarded as a nuisance to the business of a burgeoning Australian nation. Their presence in the historical narrative sees them appear sporadically as an often sorry and slippery subject; a figure of derision invoked to reinforce the relative superiority of their colonial betters. The characterisation of Aboriginal people as incidental

to, and obstructive of the nation's progress, normalised their non-appearance as either significant, or influential figures in that endeavour.

The recently noted dynamism and dilemma in the arena speaks, paradoxically, to the capacity of the arena to disintegrate players, as well as reconstitute them to previously unconsidered expressions of themselves as people and professionals. Into the 21<sup>st</sup> century, the 'arena' remains an appropriate metaphor suggestive of a site of social tension, and intra and individual contestation, movement and resistance.

#### **4.8 Chapter Four Discussion: Conceptualising the Arena of Indigenous Mental Health as a Complex Site of Settlement and Unsettlement**

In line with the contextualist underpinnings of this investigation, an attempt to theorise the qualities of the contexts of the various iterations of the arena was a priority. In addition to its initial metaphorical curiosity, the arena proved useful as a constructed and evolving site within which one might examine the constitution and social interaction of various players over time. Anne Swidler's (1986) conceptualization of settled and unsettled cultural periods proved useful as a means by which to acknowledge and incorporate the arena's changing contextual qualities. According to Swidler, settled cultural contexts are stable and secure, institutionalized and routinized; structuring and enabling activities as if on autopilot. In settled periods, there is little need, or no manifest attention from the people who live inside them to perform accordingly, or to reflect upon their behaviour. A settled culture is defined by traditions and common sense, with human activity concerned with refining and reinforcing the skills, habits and authorized modes of experience normalized therein. There is a reliance on tried and true strategies of action, or "*persistent ways of ordering action through time*" (Swidler, 1986, p.273).

By comparison, unsettled cultural periods are characterized by ideological dispute whereby ideas, rather than habit, are viewed as governing action. Disputation may result in a loosening of previously settled boundaries around activity and action, with differing ideologies forcing a reconsideration of the way things are done, and what is seen as constituting common sense.

Unsettled boundaries move into the foreground of what Gieryn (2008) termed, '*discursive consciousness*', with their location and even their existence becoming a matter for people to navigate explicitly as they reflect on the potentially wide-ranging implications of a novel boundary becoming real. Unsettled boundaries become '*up for grabs*', with the focus on dispute and contestation among social actors each trying to arrange cultural territories and landmarks into a map that best suits their interests and purposes.

Swidler (1986) proposed that it is only in an unsettled state that the intersection of realms of knowledge result in a clash over boundaries. It is only within unsettled cultures that new strategies for action may be achieved however, their long-term influence depends on the structural opportunities for survival given what may be an array of competing ideologies. Settled boundaries by contrast confer a reality existing in a tacit but durable and imposing state that shapes behavior, interpretive understandings, and the allocation of valued resources. The invisibility of settled cultural boundaries also precludes their manifest consideration and argument, whereas the instability conferred by ideological disputation serves to disrupt otherwise accepted roles by calling into question what protagonists are expected to do, and regulating what protagonists are permitted to think.

In the context of this investigation, tension and conflict may be viewed as indications of the disruption to settled cultural boundaries within and external to the Indigenous mental health arena. Participant accounts reflected their disintegration in the face of novel cultural expectations, as well as their attempts to navigate this unsettled space. This interpretation has numerous implications. For example, it highlighted an initial blind-spot for the research. That is, while the research had as its focus the discernment of tension and conflict arising as a result of attempts to engage with Indigenous Australian people, a significant source of tension described by novice and established Non-Indigenous Mental Health Professionals was due to the very systems they were called upon to participate in and represent. At an interpersonal level, while tensions were described about their work with Indigenous Australian people, many accounts emphasised tensions arising within interprofessional relationships between NIMHPS, and interpersonal relationships with those from one's personal and social realms, including family and friends. This

expansion of the sites of tension and conflict added nuance to the anticipated litany of a predominantly '*Indigenous vs Non-Indigenous*' impasse.

Instead, based on the historiographical approach and the accounts of Indigenous and Non-Indigenous participants, it appears as if the balance is ever-changing, particularly within unsettled scenarios that require flexibility on behalf of professional if they are to maintain an effective presence. It is as if one has to become attuned to the rhythms of community and organizational life, and to the players that comprise them in order to function meaningfully in those contexts. For some, this may involve grappling with the tension of vague boundaries, or indeterminate work requirements, and an ad hoc, rather than predictable therapeutic process.

Changing constructions of the arena have also meant that conventional behaviours are scrutinized differently, promoting a destabilizing tension for some Non-Indigenous Mental Health Professionals. This was the case when critique was brought to professional practices that students had been socialized into considering as exemplary. Some reacted resentfully, while others employed covert strategies in order to circumvent what they regarded as the inappropriate expectations of their employer, or excessive demands of their clients. Duchscher (2001; 2009) outlined how new graduates engaging in a professional practice role for the first time are confronted with a broad range and scope of physical, intellectual, emotional, developmental and sociocultural changes that are expressions of, and mitigating factors within the experience of transition. According to Duchscher, transition shock is the most immediate, acute and dramatic stage in the professional role adaptation for the new graduate. It may be experienced as an attack on one's familiar worldviews by nonverbal, physical, and psychological stimuli. The associated discomfort and disorientation may provoke a defense of one's worldview such that it prevents engagement with elements of the unsettling context, while inhibiting the likelihood that one sought to engage with the unfamiliar culture. The attendant defensive posture may be viewed as a protective and stabilising response employed in reaction to, or anticipation of, contextual unfamiliarity. Paradoxically however, it also inhibited contextual adaptation, as most models of the phenomena indicate, the phase of initial shock is one that is mostly transitory, transforming to qualitatively different adaptations.

#### **4.8.1 Paradox and Paralysis: The Uncomfortable Experience of Ambivalence**

Considered in terms of Swidler's (1986) notion of settled and unsettled contexts, it is likely that stressful paradoxes emerge in unsettled cultural periods and contribute to the construction of arena-like sites in which various ideological and practical alternatives are asserted by players in a competition for dominance. With their tendency to permit ideological expression, unsettled periods are characterized by the explicit presence of alternatives that necessitate navigation and confrontation. That is, the awareness of multiple options provides the state in which tension is experienced due to choices having to be made, a scenario less likely in settled cultures wherein persistent ways of thinking and acting have been routinized.

Rappaport (1981) contended that the most interesting aspects of community life are, by their very nature paradoxical. Rappaport argued that a crucial task for the social researcher was to look for paradox so as to discover antinomies in social and community relationships in order to "*to unpack and influence contemporary resolutions of paradox*" (p.1). Antinomy refers to the absurdity and contradiction that is exposed as a consequence of adopting a particular solution or position to the ignorance or neglect of other possibilities. For example, Rappaport explored the antimony invoked when '*freedom*' and '*equality*' are proffered as approaches to address tensions in government, education and health. While both options constitute equally positive values, the adoption of one and the negligence of the other leads to additional conflict. That is, allowing total freedom enables the '*strong*' (in whatever way strength is recognized) to dominate the weak and obliterate equality. On the other hand, enacting strategies based on equality requires constraints on freedoms that necessarily impose limits on certain people. The imperfection encountered via the choice and implementation of either of the alternative solutions comprise antinomy, and is characteristic of what Rappaport termed, a "*true paradox*" (p.3).

Smith and Berg (1997) assert that paradox provides a useful guiding concept that allows conflict to be productively understood. An interest in the

paradoxes inherent in social life and the acceptance of the possibility of alternative perspectives warrants consideration of divergent responses to social problems and social phenomena. In scenarios that see equally clear, logical answers developed by equally clear logical people, the array of solutions can be seen as diverging, rather than converging to a single solution. Dialectical problems will necessarily yield many divergent, rather than one convergent solution, not only over time but even at the same moment in time. By comparison, convergent problems are those characteristic of an inanimate nature. Many solutions are offered that, over time, converge towards *the* right answer. Problems of this nature are either solved or unsolved and there is no reason why in principle, unsolved problems should not one day be solved altogether with better measurement, quantification and technology. Social problems are not necessarily of this type.

Convergent reasoning that encourages actions towards *the* solution will likely become one-sided and necessarily create unintended negative consequences by ignoring the alternatives (Rappaport, 1981). Ignoring the dialectical nature of problems means risking treating it as a convergent problem and failing to acknowledge a variety of possibly contradictory solutions. In order to understand the paradox, both sides of the contradiction need to have attention paid to them. This involves confronting the discovered paradoxes and pushing them in the ignored direction. To 'push' in this context also requires those who are interested in social change to "*never allow themselves the privilege of being in the majority else they run the risk of losing their grasp of the paradox*" (p.3). To do so invites one-sidedness and insensitivity to the dynamic tension associated with the dialectic construction of social phenomena.

While choice requires movement towards one of several options, choosing may prove difficult in practice. Smith and Berg (1997) argue that groups can become stuck because they are enmeshed in paradoxical dilemmas, framed as a continuum of choices in decision-making situations resulting in an inability to make a decision or take action. (Billig et al., 1988; Hampden-Turner, 1990). Busche (1998) contends that paralysis is due to a paradox operating at an unconscious level in the group, or, if the paradox is known, that the group for whatever reason is unable to talk to itself about it.

Vignehsa (2014) utilized the term '*stuckedness*' to describe the taken-for-granted advocacy of the continuance with a practices in organizational and other contexts, even when such performances are counterproductive, not fruitful, or non-generative. Vignehsa contends that greater conceptual clarity is warranted for this phenomenon which sees an enduring reliance on non-generative organizational behaviour, and speculates specifically about stuckedness as a form of governmentality that valorizes self-control in times of prolonged crises. This feature resonates with the proposed conceptualization of tension as a consequence of uncomfortable decision-making within unsettled contexts, a feature resulting in what Vignehsa describes as a sense of existential immobility. This point adds useful nuance to the proposed use of terms such as '*stuckedness*' and paralysis that suggest a more static habitation of that space. Instead, it is perhaps more useful to speculate upon the movements that comprise people's experience and performance of paralysis or ambivalence.

Paralysis can eventuate as groups and their members cope with paradox and specifically with their attempts to change the paradoxical circumstances. Not only is stress experienced in attempts to implement change, but there is a fear associated with the consequences of what might be discovered via that transformation. Kowal and Paradies (2010) examine the troubled navigation attempted by Non-Indigenous participants in health interventions, employing the notion of paralysis to describe an aversion to engagement. I also adopt the term to reflect an ambivalent position towards the Indigenous mental health arena.

#### **4.8.2 Acknowledging Stories of Movement and Indecision**

Participant accounts were interpreted as narratives of movement towards and away from tangible and less tangible features of the arena. For example, an Indigenous Community Member may have described their reluctance to approach a mental health institution or mental health professional; or a Non-Indigenous Mental Health Professional may have described their preference not to work with Indigenous Australian people. Some accounts described an intermediate position characterized by the lack of

movement, involving the often uncomfortable vacillation between two or more choices. For example, a Non-Indigenous Mental Health Student may have expressed both their desire to work with Indigenous people while simultaneously expressing their fear of doing so. Their lack of movement, or paralysis, appears linked to a confrontation with multiple options, and the need to make choices from an often complex array. Instead of a single, defined path, participants found themselves at junctions requiring their consideration of unfamiliar scenarios and uncomfortable emotions. Arguably, such crossroads have become an increasingly prevalent feature of the contemporary Indigenous mental health arena whereby the reasonably settled cultural context prior to the mid-20<sup>th</sup> century, has become constituted by an increasingly present Indigenous critique, and increasingly influential Indigenous voice. Player movement and player accounts were considered as attempts to navigate this unsettled terrain comprised of divergent, rather than convergent scenarios.

Considered in this way, the interplay of description and movement became increasingly clear. In our yarns and as part of the semi-structured interviews, participants were now seen as providing accounts of their movements in relation to various features of the arena. It is also important to note that avoidance and ambivalence are not presented in any of the examinations as an inferior or superior position. Staying away from services and personnel that are racist, destructive or in other ways structurally or symbolically problematic, must also be conceivable as a reasonable and appropriate option, requiring once again the consideration of movement in context. Doing so permits the assessment of avoidance and ambivalence as options that serve to address particular concerns and stakes such as safety and authority. A failure to consider the construction of avoidance and ambivalence in context deprives any attempt for a more nuanced understanding of health seeking, and health avoiding behavior. This is a course of inquiry pursued here and an attempt to understand how particular movements are permitted and warranted within the constructions people inherit, form and share about the arena. When considered in this way, avoidance or ambivalence can be seen as making a different kind of sense, and as understandable as those constructions that promote approach as the obvious and only rational option.

#### **4.9 Picturing the Arena: A Proposal for a Multidimensional Framework**

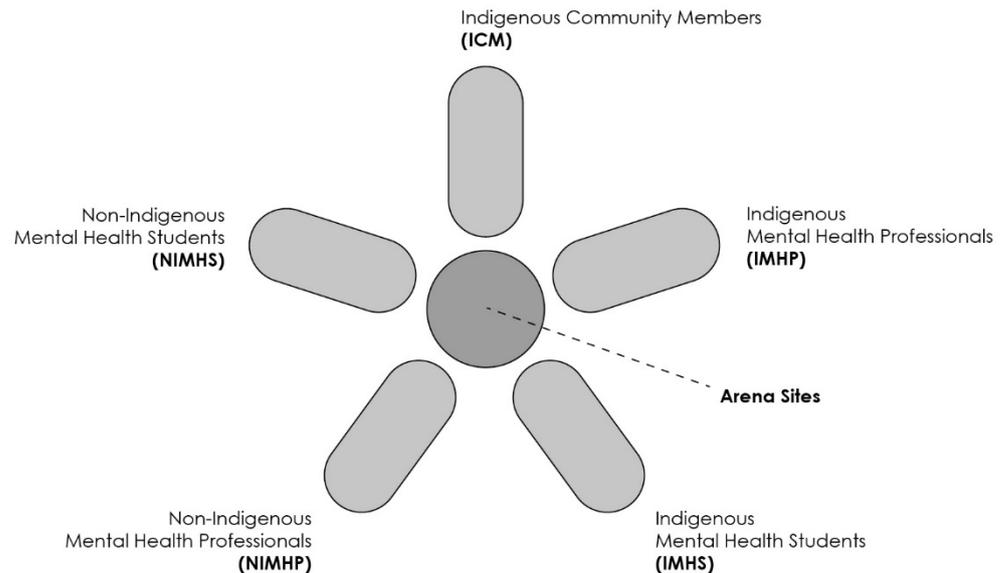
A feature of participant accounts involved their description of experiences beyond, or external to what could be considered as the arena proper. That is, many participants spoke of an area outside the arena, beyond their actual experience within it but constitutive of their anticipatory constructions of it. Hence, the picture of Indigenous mental health is expanded to include what I have termed, '*avenues*', or paths upon which participants moved towards, or away from the arena. These may be professional avenues for example, or the avenue that an Indigenous Community Member in crisis might be compelled to travel in order to receive service. Avenues to service delivery and models of service provision became increasingly formalized for those seeking assistance and those preparing to provide it. These avenues also illustrate how the arena has been constructed to receive participants, and how participants are socialized into particular qualities of entry into the arena.

The present incarnation of the Indigenous mental health arena is neither a homogenous nor singular site. Indigenous mental health involves activity including, but not restricted to clinical intervention. While an initial presumption supposed that the arena referred primarily to the activities within the walls of an institution or the confines of a clinician's office, both the literature review and participants' accounts revealed this view as limited. What is deemed '*service*' can and does occur within these particular structures, but is also an activity increasingly conducted within community sites and dwellings within which Indigenous people reside, and to which professionals are designated to attend. Furthermore, it involves other sites such as those identified by players here.

##### **4.9.1 A Focus on Five Avenues**

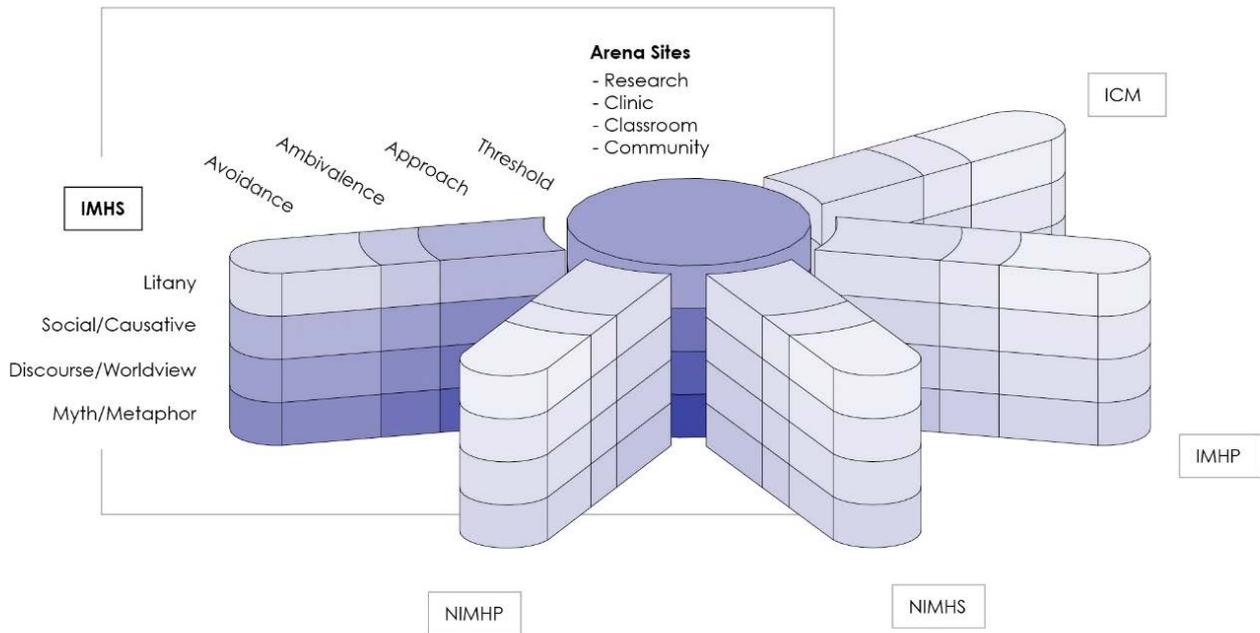
The attention in this phase of the investigation was shifted to developing the picture of the arena. A choice was made following a consideration of the data to focus on five particular and substantial avenues (see Figure 7). The five avenues comprise a reduction from the seven participant groups identified in Figure 4 however the two unrepresented groups

were not eliminated as contributors. Instead, their accounts remained present and influential in helping to describe the five avenues focused on here. This decision also meant that participants were able to comment on the features of their nominal group and to provide their perspective on other avenues. For example, an Indigenous Community Member's perspective could be included in the description of the Non-Indigenous Mental Health Professional avenue.



*Figure 7: The five avenues surrounding the Indigenous mental health arena.*

While participants yarned about their passage along particular avenues, they provided additional contextual material, reporting their arrivals at the arena in diverse terms. In addition, accounts of Indigenous and Non-Indigenous participants described movements away from the arena, or in other instances described dilemma and indecision that underpinned the absence of movement either way. The historiographical and layered approach to examining the background of the arena, along with the consideration of the subsequent participant accounts produced an unexpected picture sensitive to the prevailing structures and avenues upon and within which simple and complex players moved in order to provide and receive service (see Figure 8).



*Figure 8: A multidimensional picture of the Indigenous mental health arena. The picture highlights various avenues, positions and features within and external to the central arena site.*

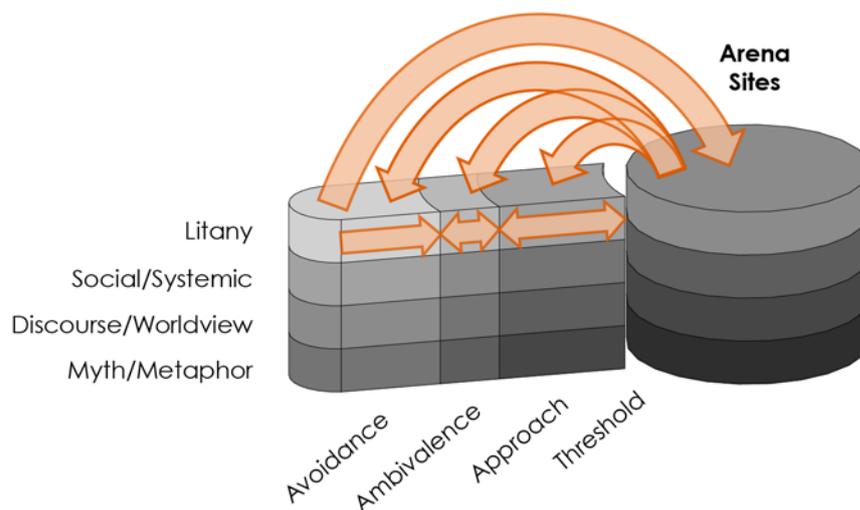
Figure 8 is a version of Figure 7, tilted in order to reveal the depth proposed by the four layers of CLA. The resulting picture appears multidimensional in comparison to the flat perspective provided by an aerial view of the five avenues. The picture is rendered with detail, including the nomination of five avenues, the four layers of CLA, and the three positions of avoidance, ambivalence and approach. Shading has been employed to augment the notion of depth, and with that depth, the proposal that deeper layers are less visible, compared to the apparent litany layer. The detail applied to the IMHS avenue to the left of the Figure can be regarded as applying to each of the other four avenues.

The depiction of a threshold between the avenues and the arena is also visible, and several arena sites were nominated as constituting the inner section of the Figure. These were derived from participant accounts of their respective involvements as providers or recipients of service and the activities associated with those roles. Notably, these four broad sites (Research, Clinic, Classroom and Community) are also discernible from the literature review and while by

no means exhaustive, do appear to represent significant activities within contemporary and historical constructions. The demarcation of various positions, and between the layers is provided to assist in the presentation of subsequent findings. Their depiction should be considered as allegorical, rather than literal, with their inclusion adding descriptive and interpretive value to picture in Tukey's terms.

#### 4.9.2 Charting Movements Within a Multidimensional Picture

An unexpected outcome of this depiction of the arena and its surrounds, was its utility as a framework upon which the various movements described by participants could be charted. Figure 9 depicts a subsection of the larger framework and shows some of the movements that take place towards and away from the arena. For example, the long overarching arrow depicts movement from a position of avoidance, to engagement within the arena. Such movement might describe the involuntary placement of an Indigenous Community Member into a clinical site for their safety.



*Figure 9: A pictorial representation of some of the movements towards and away from the Indigenous mental health arena.*

Not depicted but conceivable, would be movements from ambivalence or approach into the arena. The distinction between these positions permits

questions such as what might the experience be of the arena for someone ambivalent to that engagement, and might it be qualitatively different to that described by someone who has expressed a clear readiness to approach. Movements are also conceivable from the arena back to positions of avoidance, ambivalence and approach. Experiences within the arena may impact participants in such a way as to dissuade their subsequent engagement (a movement back to avoidance), or be of such a quality as to make their subsequent engagement likely (a movement back to approach).

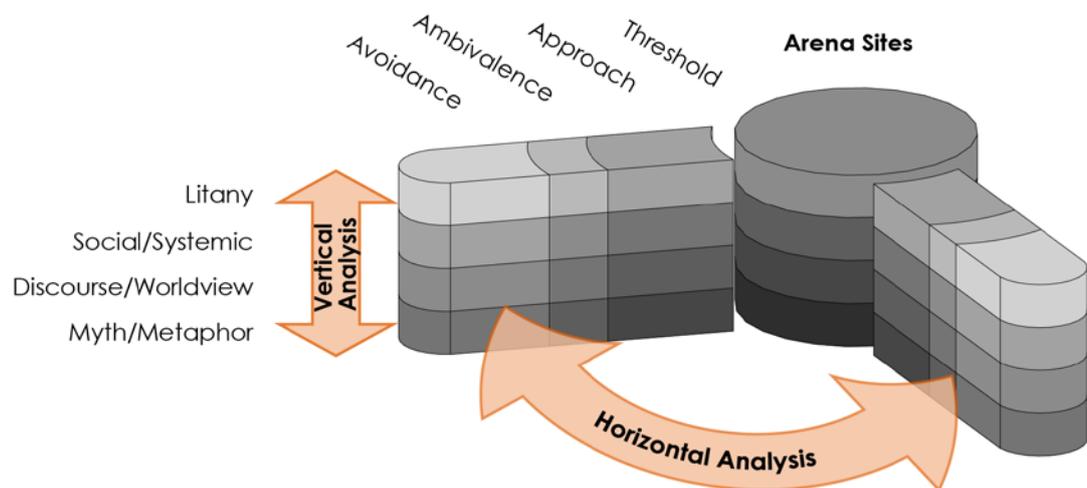
Participants may describe positions informed by experiences within the arena that sees them ambivalent towards the prospect of further engagement. Smaller movements are also identifiable within each avenue, such as the transitions from avoidance to ambivalence, or ambivalence to approach. Movements are also able to be depicted as multidirectional, with movement possible back from approach, to positions of ambivalence and avoidance. These kinds of movements within the student avenues were of particular interest to this investigation.

It should be noted that although the arrows appear to indicate movement at the litany layer, consideration of movement at deeper levels is advised. For example, we might consider the myth/ metaphor constituents of approach accounts of Indigenous Community Members, or the discursive resources employed in explaining Non-Indigenous Mental Health Student avoidance and ambivalence towards the arena. Indeed, these qualities of movement receive specific attention in Chapter Five. Furthermore, it is possible to consider misalignment of levels such as when approach movements are observed, but their accounts provide discourse/ worldview and myth/ metaphor material descriptive of their ambivalence. Such scenarios may be seen when graduates are required to work in places or with people they are fearful or ignorant of. These tensions are also examined in Chapter Five while navigational strategies are explored in Chapter Eight.

#### **4.9.3 Illustrating Vertical and Horizontal Analyses**

Intragroup and intergroup analyses are advised by CLA as the means by which to comprehensively deconstruct the phenomena of interest. Figure 10

illustrates these approaches via the vertical arrow to the left of the picture, and the horizontal arrow between two separate avenues.



*Figure 10: A pictorial representation of the vertical and horizontal analyses permitted by the multidimensional framework.*

In this investigation, vertical analysis refers to an intragroup focus whereby the findings for a particular avenue are analysed. In the present investigation for example, vertical analyses assisted in articulating the diversity of experience along and within particular avenues. The same nuanced picture was apparent for each of the avenues and in this respect, vertical analyses work against the easy essentialising that often constitutes litany level descriptions. Instead, we may consider that which is unique about individual members, as well as that which is similar to all or many.

Horizontal analyses constitute an intergroup consideration whereby two or more avenues are considered simultaneously. For example, it is possible to compare and contrast accounts of movement between Non-Indigenous Mental Health Professionals and Indigenous Mental Health Professionals, and look for similarities and difference between their respective approach, ambivalence and avoidant positions. Such speculation satisfies the futures-oriented agenda of CLA whereby alternative scenarios are posed and possibilities considered with a view to constructing appropriate responses. Horizontal analyses also permit

specific speculation about possible scenarios between members from different avenues. For example, what might the scenario between a NIMHP who is interested in engaging with Indigenous Community Members look like? What might the scenario look like if those ICMs are avoidant or ambivalent towards the arena? What might the scenario look like if the ICMs are also interested in approaching the arena? Alternatively, we could speculate about the scenario that sees ICMs interested in approaching the arena, having to interact with NIMHPs who are ambivalent towards that prospect.

#### **4.10 Implications of Vertical and Horizontal Analyses for Cultural Competence**

One implication of the analyses relates to the notion of competence as a quality achieved once, rather than as an approach/ avoidance repertoire constituted by various movements in novel and unsettled contexts. In the proposed concept, cultural competence may be regarded as iterative and recursive, and constituted by phases of progression, retreat and immobility, rather than a unidirectional and ever ascending progression. Furthermore, horizontal analyses warrants that attention be placed not only single avenues, but on the interactions between constituents of neighbouring avenues. With regards to broadening the purview of cultural competence initiatives,

Harnett (2012) described the goal as one of cultivating a two-way flow of knowledge and respect between Indigenous and Non-Indigenous people. This is a view that acknowledges the role of cultural competence development for Non-Indigenous staff and students, but does not regard that as the end point of activities aimed at addressing relationships within the arena. Here, the aspirations are intercultural, emphasizing the need to see cultural competence as a step towards a dialogue, and likely within that invitation, movement towards likely tension and conflict.

##### **4.10.1 Two Models of Intercultural Competence**

Bennett (2004) outlined a relevant paradigm in this regard derived from a desire to explain what was happening for people engaging, or disengaging in

cross-cultural situations. These various movements towards and away from cross-cultural interaction led him to question why some people seemed to get better at intercultural communication while others exhibited little improvement. Bennett felt that if he was able to explain why this happened, trainers and educators could do a better job of preparing people for cross-cultural encounters. His rationale seeking to provide useful and effective learning opportunities for health professionals resonated with my own aspirations for this research.

Bennett (2004) found that intercultural competence varied according to the degree to which a person regarded their own culture as central to reality (ethnocentrism). He identified that the major change impacting on the quality of one's cross-cultural experience was the move from ethnocentrism to ethnorelativism. This means that the beliefs and behaviours that people received in their primary socialization were unquestioned and experienced as '*just the way things are*'. By comparison, ethnorelativism refers to the experience of one's own beliefs and behaviours as just one organization of reality among many viable possibilities. Bennett referred to these alternative and often opposing positions as worldviews, with the ethnocentric orientations managing cultural difference by denial, defense and minimisation. Ethnorelative views seek cultural difference and regard it in ways that accepts its importance, adapts perspectives to take it into account, and integrates it into a revised definition of perceiver identity. People who can do this are described as having an intercultural worldview. Bennett's concept is distinctive because it applies its analysis beyond those deemed part of the dominant culture, and offers the phases as typical responses to the prospect of relating interculturally, exhibited by members of dominant and marginalised groups towards each other.

Bennett (2004) argued that movement along the continuum requires the resolution of issues characteristic of each phase, but does not suggest that the actions emanating from a particular phase are typical across dominant and marginal domains. That is, members of different cultural groups may confront similar kinds of issues, but employ different solutions to address them. In some cases, the problem requires the resolution of deeper layer dilemmas such as how a groups that has previously favoured avoidance, resolves the need to

consider approach. The appeal of Bennett's theory is that it permits emphasis to be placed on multiple positions, and multiple players within an intercultural context, whereas traditional models of cultural competence tend to emphasise one side of the interaction, generally placing the onus for change solely on those privileged in the dominant domain. Intercultural competence by comparison provides a frame through which we consider the experiences of multiple participants. Importantly, this implicates both dominant and non-dominant participants in an encounter. The acknowledgement of multiple, simultaneous participants is a feature of the proposed framework derived from this investigation, and illustrative of the vertical and horizontal analyses urged by CLA. This acknowledgement counters a litany of comparison that constructs Indigenous and Non-Indigenous positions as an incommensurable binary. Indeed, the findings from this investigation suggest that significant tension and contestation exists within, as well as between avenues, and extends further to the broader social contexts within which avenues emerge.

A model has also emerged in the Australian context that adopts a similar regard by acknowledging the roles and contributions of multiple participants. Gabb and McDermott (2008) describe a transcultural paradigm of therapeutic practice that seeks to "*illuminate our understanding of mental health and illness by focusing on the cultural perspectives of both client and clinician*" (p.66). Transcultural communication involves both parties trying to shift their worldviews to some extent in the direction of the other in order to find common ground in which true sharing can occur, and not just the transmission of information (Ranzijn, McConnochie & Nolan, 2009). For Gabb and McDermott, the transcultural paradigm comprises the equation when individuals of different cultures interact and is applicable to any interaction between people of different cultural backgrounds and worldviews. It requires that equal attention be paid to the culture of both parties in the interaction so that each side might learn something of the other. Key to developing the therapeutic relationship is that each participant reveal something of themselves, enabling subtle shifts in the clinician/ client dynamic. The expansion of the field of analysis and the constituent players is central and similar to the broad emphasis of intercultural competence and the framework presented here. The following Chapters continue the process of rendering

Figure 8 in greater detail. Chapter 5 commences this process by examining the prevailing context and the paths along which players move.



## 5. CHAPTER FIVE

### FINDINGS PART 2

#### TRAILS AND TRIBULATIONS: AN EXAMINATION OF AVENUES TO THE INDIGENOUS MENTAL HEALTH ARENA

*The map is not the territory*

Alfred Korzybski (1879 – 1950)

#### **How We Came to be Here**

*Completion of the final case notes were interrupted by a call placed through to the multidisciplinary team. The trio was comprised of a male psychiatric registrar in his early thirties, British, personable, competent and midway through his clinical placement at the community mental health service. The female mental health nurse in her mid-forties was the longest serving member of the trio. The final member, a male psychologist in his mid-twenties was the most recent addition to the team. He was something of an anomaly in the service, being one of only a half dozen or so Indigenous people in Australia registered as a psychologist. He was born and raised in the city just over an hour away, and had family connections in this community.*

#### **5.1 Chapter Five Overview**

Chapter Five commences with a facet of Mary's story detailing the diverse backgrounds of the three professionals involved in responding to her call for assistance. Its placement here articulates the journeys taken by players towards and away from the arena, and whose accounts provide useful nuance to the territory proposed in Chapter Four. Chapter Five continues the focus on how participants construct, explain and validate their movements in particular

scenarios relating to the Indigenous mental health arena. Korzybski's observation is invoked to suggest that the picture detailed by the aerial view of a terrain provides a typical map (a perspective akin to a litany and social/systemic analysis), but is limited in its capacity to articulate the emotive, discursive and metaphorical depth of an intercultural territory. The multi-layered approach permitted by a CLA however, facilitated both surface and deep examination of the constituent features of the multidimensional framework proposed in Chapter Four.

## **5.2 Indigenous Accounts of Movement: Indigenous Community Members' Accounts of Ambivalence and Avoidance**

Table 6 presents a summary of Indigenous Community Members' accounts of Ambivalence and Avoidance towards the arena. Following Table 6 are more detailed presentations of material relating to each layer of the CLA. Here, and in subsequent presentations of the findings, Ambivalence and Avoidance are considered together to respect the integrity of accounts in which the distinctions between ambivalence and avoidance, while discernible, were not entirely discrete.

Table 6

### *CLA Summary of Indigenous Community Members' Ambivalence and Avoidance*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Actual and anticipated poor service raised questions such as, 'why bother trying?', and, 'has anything really changed?'</li> <li>• Questions regarding the agenda, processes and beneficence of mainstream service pervaded such accounts, and served to warrant a cautious and at times antagonistic position to be taken;</li> <li>• Movement away from services and personnel perceived in this manner was typical.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Movement away from the arena was viewed as preservational, and as a resistant act by some to the anticipated colonial agenda of Non-Indigenous</li> </ul>

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<b>Social/ Systemic Causes</b>	<p>organisations;</p> <ul style="list-style-type: none"> <li>• Histories of actual, vicarious or inter-generational poor treatment and institutional trauma were recalled and transmitted as dehumanizing, disintegrative and marginalizing. Indigenous participants felt that on cultural and other matters, that their authority had been stripped from them;</li> <li>• Histories of segregation had contributed to a lack of interaction with some types of service, led to the lack of awareness of what mental health services had to offer Indigenous individuals and communities. Contemporary examples of poor regard and treatment, and the structural racism embodied by health care institutions and enacted by health care professionals reinforced this explanation.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Indigenous people articulated their positions of avoidance and ambivalence via discourses that highlighted how they had been wronged by the destructive impacts of colonization, and viewed its influence and imposition as ongoing and pervasive;</li> <li>• A ‘wronged discourse’ often framed interactions, or permitted their avoidance. The arena and its resources were viewed as another assimilative apparatus regarded with suspicion;</li> <li>• The fear, or inability to trust non-Indigenous services and personnel, contributed to the view that Indigenous people must look after their people and their interests via activities that ensured their authority and knowledge was respected. Cultural maintenance and cultural rejuvenation were key in such endeavours;</li> <li>• Indigenous people regarded themselves as the targets and ongoing recipients of neocolonial hardship in which they were required to validate their identities and claims to specific and separate needs. Within such discourse, claims to specific redressive resources were also able to be made.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• Avoidance and ambivalence have been observed in terms of the intergenerational reproduction of the myth of an antagonistic arena populated by uncaring professions and racist or disinterested personnel;</li> <li>• Paradoxically, the very same myths that supported ambivalence and avoidance also served to keep Indigenous people in the dark. The arena was constructed as yet another site of colonial interference and was viewed as constrictive and mysterious.</li> <li>• The Non-Indigenous/ White/ Western way was not to be trusted as it had only been a source of sorrow and trauma for those Indigenous people targeted under its provisions. Many Indigenous people saw themselves remaining the victims of colonial intrusion and view their position as</li> </ul>

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one still under the coloniser's gaze. Mental health resources were merely another branch of an assimilative, homogenizing apparatus.

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## 5.2.1 Litany Layer

### 5.2.1.1 Expectations of Prejudice and Experiences of Constriction

The experience of pre-judgment was elaborated by **ICM12** who argued that prejudicial labels confined their targets in such a way that:

*...when they are in that kind of situation where they are in a place where they can't move - they can't move outside of it or inside of it - and they have got this invisible fence around them and the only one that is controlling them is government, their lives are totally controlled from the outside, and yet they are being penalised. They are being penalised for things that happen in the community, but rather than dealing with the problems on the basis of the individual or individuals, family groups or a group, they deal with problems as a whole, in total.*

When asked to elaborate, **ICM12** explained that:

*...it is like corralling, keeping people in the one space, so it is total control really, total control, but it is invisible. It is an invisible control because these people know that their self-respect has been taken away, their individuality has been taken away, they have been dehumanised...*

**ICM12** expressed displeasure at policies that homogenised Indigenous people adding that when one felt corralled, movement towards alternative options was not only psychologically, but structurally difficult. Ambivalence was expressed towards engagement with the arena for having entered, there was a concern that one would be processed along constrictive avenues. Such control was antithetical to those preferences of Indigenous Australian people to be regarded not merely in the abstract, but as the sentient embodiment of a particular collection of sociohistorical and cultural precursors.

### **5.2.1.2 Questioning Indigenous Diversity: Unappreciated Interrogations of Indigenous Identity**

Paradoxically, the request for individual consideration sometimes submitted Indigenous clients to an uncomfortable and unappreciated interrogation of their claim to Indigeneity. **ICM12** identified the reference to history and government policy targeting Indigenous people as a matter of surveillance as a starting point for such explanations. She acknowledged however, that a quantitative synopsis of their impact was difficult, an impasse that rendered critical claims difficult within systems privileging statistical summations of social causes. **12** suggested that relating emotionally, constituted a different quality and a different path to understanding:

*...so I suppose in a sense that is one way, and I think that non-Aboriginal people have to experience it, have to experience some of the bad bits and the good bits, and even confront them, you know?*

### **5.2.1.3 Are We the Client or the Accused?**

While the invitation to empathise offered a different entrée into the lived experience of many Indigenous people, it did not prevent further interrogation of the kind, “...*why aren't we doing things about it? And why isn't the community? 'Why don't they do something about it?'*” (**ICM12**). The need to explain became instead, a need to defend and justify; a kind of interaction that some Indigenous people neither appreciated nor saw the need to pursue. Some experienced this as an ongoing affront to their identity and further evidence of a lack of interest in their personal narrative. The cultural interface of the Indigenous mental health arena was anticipated by some Indigenous people as a site disinterested in their version of reality and their version of themselves. The choice to avoid such sites was taken by some Indigenous people as a preferred option.

Aboriginal people may not spend much time deliberating their options as they contend with that which had prompted their need. According to **7**, for some, the position became one of, “...*'why bloody bother?'* Sorry, for the

*tape, but that is how a lot of people definitely feel about it.*” “*Why bloody bother?*”, constituted a strong litany statement about their choice to avoid contact with mainstream mental health service. It conveyed anger and frustration, with the expletive signaling that low-expectations and non-attendance was warranted by previously poor, or potentially worse service. The ensuing myth that mainstream service was not to be trusted was common amongst accounts of Indigenous ambivalence, and one permissive of non-engagement. Avoidance could be seen as an understandable position with regards to the prospect of making oneself vulnerable again to arena structures constructed and anticipated as malevolent sites of interaction.

## **5.2.2 Social/ Systemic Causes Layer**

### **5.2.2.1 Fleeting Shadows and Similar Caterpillars: Confirmation of Non-Indigenous Indifference**

Indigenous ambivalence was also described in terms of the experience of racism in hospital and clinical settings. **IMHPS13**'s auntie provided a first-hand perspective on the intergenerational reproduction of disinterest of Non-Indigenous nurses towards their Indigenous patients. A contemporary example of ignorance was described as a feature with longstanding roots in health settings catering for Indigenous Australian people. For **13**'s auntie, the arrogance of some nurses was reminiscent of that experienced two decades earlier:

*...she goes, 'oh, this year alone I have had four nurses quit within three days', and when I have said, 'oh, what's the matter? How come you are leaving?', they said, 'I didn't do all that study to work with Aboriginals'. So there is a lot of really obvious racism that goes on...and it is scary.*

Although unexamined further, an additional question may have asked why the scenario was described as “*scary*”? Was it because of what was expressed by emerging professionals, or due to the fact that not much appears to have changed in twenty years? The account illustrates how avoidance and ambivalence by Indigenous Community Members are bequeathed as

intergenerationally viable positions in response to the prospect of racist behaviours, or indifferent service providers. It is conceivable that due to such longitudinal experience Indigenous people would commence their interactions with new Non-Indigenous staff from an ambivalent position, or avoid them altogether. In addition to deconstructing the avoidant and ambivalent positions of Indigenous Community Members (a vertical analysis of that section of the avenue), the proposed framework supports the horizontal analysis of mutually held ambivalent positions between two or more avenues towards the arena. For example, how do ambivalent members of one avenue construct the ambivalent members of another avenue, exemplified above by the auntie's description of the four nurses, and depicted in Figure 11 as NIMHP and ICM movement towards the Indigenous mental health arena from mutually avoidant positions.

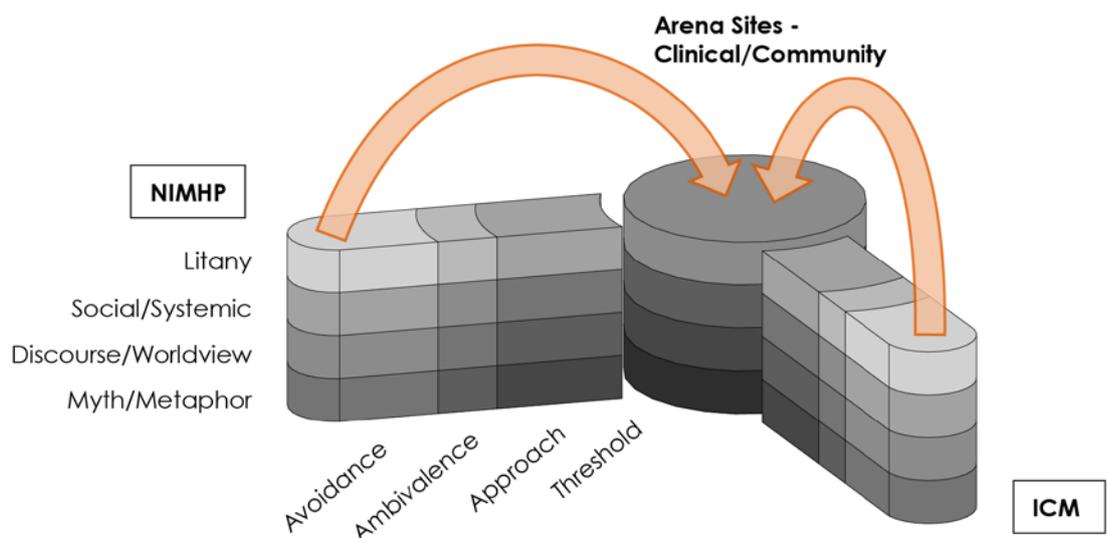


Figure 11: Depiction of a horizontal analysis permitting speculation as to the interaction between mutually avoidant players.

The resulting speculation invites questions such as, ‘*how do mutually ambivalent groups relate to one another?*’, ‘*how do the disinterested work with the distrustful?*’, or ‘*how does ambivalence impact on the provision and reception of Indigenous mental health services, service providers or service recipients?*’

### 5.2.2.2 Poor Experiences of Mental Health Terminology

A related concern for some Indigenous people involved the use of mainstream mental health terminology to stigmatise and control them. **IMHP4** expressed her annoyance at having her diagnosis used against her as a ‘put-down’. Her brother, **IMHP3**, corroborated her account:

**4:** *You know the stereotyping you get. You know how they use it, the stigma, to put control over you.*

**3:** *The stigma is against you.*

**4:** *It is a controlling factor.*

**3:** *Yeah, ‘You are not behaving the way you behave’.*

**4:** *‘If you were on your medication, you wouldn’t have that outburst.’ You know, they are trying to find a reason other than that opinion.*

**R:** *Your husband can express a strong opinion and not be labelled?*

**3:** *No, this is my sister. My sister does it as well.*

**4:** *Belittled, labelled, stigmatised, you know what I mean? All that; all the associated, yeah, put-downs.*

Here, the terminology of the prevailing mental health system was used by some Indigenous people to insult their relatives. This scenario was reinforced by **ICM8** who described his sister employing his diagnoses to insult him. **8** went on to explain how he avoided references to his engagement in the mental health system in conversations with his friends who were not aware of his diagnoses or treatments. He did so as a means of avoiding the ridicule he anticipated would come his way should they become aware.

### 5.2.2.3 Ambivalence and Avoidance as a Consequences of a Limited Range of Options

Some Indigenous people were ambivalent not through any preconceived ideas of the arena, but due to the limited material upon which to inform their movement either way. **NIMHP28** proposed that in addition to cultural competence enhancement for Non-Indigenous personnel, there was a

need for information to be shared with Indigenous people about the intricacies of mainstream mental health systems in a way that enabled their engagement. **28** suggested that education be conducted in communities and not in facilities, a proposition that I have shared with students and professionals over many years of professional development activity. The rationale for my suggestion was that such education might be more productively attempted in non-critical periods, while still constituting a legitimate mental health promotion activity. Conversations might be considered as preparatory and foundational, and conducted in relative calm – an environment more conducive to the sharing of mutually held concerns regarding service delivery - as opposed to the attenuated circumstance of a critical and complex scenario such as Mary's story. However, novices and experienced professionals alike must consider that their promotional message may be provided to an ambivalent audience, and so appropriate strategies need to be considered.

Literature regarding strategies to improve Indigenous engagement with services also targets ways of improving the face of resources. Nagel et al. (2009) noted that presentations by prominent community members were employed in an attempt to normalize the content of mental health materials and to minimize the fear of treatment and shame related to mental illness. Murray et al. (2002) also noted the preference of Indigenous people for health material that related to the immediate context of their lives, utilizing familiar social relationships and recognizable oral traditions. Nagel et al. suggested that there is a need to tailor mental health promotion programs such that they reflect languages, or language conventions different to those represented in Standard English, and use communication styles that reflect the values of their communities.

### **5.2.3 Discourse/ Worldview Layer**

#### **5.2.3.1 Symptom or Story? Discerning the Real Interest of Mental Health Professionals**

Related to the preceding point, **NIMHP27**'s account suggested that perceived structural inequality in the arena privileged a means of working that

both marginalised and critiqued the identity of its Indigenous consumers. According to **27**, White privilege<sup>6</sup> underpinned the unquestioned system that marginalised those for whom the benefits of White privilege did not apply. In practice, several accounts referred to processes whereby the clinical encounter was experienced less as an exploration of an Indigenous narrative, and more as a rush to diagnosis. Such accounts described interactions in which Indigenous people felt hurried rather than heard, and compartmentalised rather than considered, processes that were seen to privilege the needs of the White system. **IMHP2**'s perspective was that professionals failed to:

*...understand that they might just be dealing with somebody who has never been listened to, who has never been able to get their view across, they are angry, they are hurting, and no practitioner has actually heard that. They have just said, 'You are suffering schizophrenia' or 'you are taking too many drugs' and so the person themselves hasn't been able to get the help that they require.*

**IMHP2** speculated that the brevity of interactions were based on an assumption that Aboriginal people continued to be regarded as, "stupid" or "dumb". She saw these prejudices as characteristic not only of service providers, but prevalent in her broader social experience beyond the arena. Concern over the preconceptions of some professionals was also stated by **IMHP4**:

*These people who sit in these ivory towers must understand that, you know. Especially the psychologists, when our people end up in Graylands, Bentley, Armadale<sup>7</sup> and that there, to know what they are dealing with, not to say, 'oh they are another Aboriginal person, they have got the same chemicals'. This is what I mean. They are different. Each person as an individual is different than the other person, you know what I mean?*

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<sup>6</sup> 'White privilege' is a term for societal privileges that benefit white people in Western countries beyond what is commonly experienced by non-white people under the same social, political, or economic circumstances. It is a system of privilege based on race (Wellman, 1993) within which white people receive unearned advantages and benefits (Sue, 2003).

<sup>7</sup> Suburb locations and mental health facilities in Perth, Western Australia.

Mistrust of services and service personnel was reinforced in several ways. **NIMHP27** described the scenario whereby some Indigenous people:

*...walk away from situations feeling like a black bastard like, twice as bad. They know they are already getting a bad deal because they are black and now they know they have got some issues and they just feel like the way they are being looked at is just so bad, you know, and they feel bad from it.*

Ambivalence was not necessarily established as an artefact of the distant past but as a position made tenable in contemporary service contexts. An avoidant position could be considered understandable and reasonable as a position adopted in response to treatment that left the recipient feeling devalued as a consequence of their engagement. The experience in turn could be easily accommodated into pre-existing tropes constructing Non-Indigenous services and service personnel as malevolent and unapproachable.

**IMHP7** described the scenario whereby services and their representativeness were not merely viewed as ineffectual but were avoided due to concerns that they would treat Indigenous clients more poorly should they complain about the service. From her role as a community advocate, **7** described many accounts of Indigenous people who no longer bothered engaging with mainstream services, describing them as sites of ongoing abuse. According to **7**:

*...a lot of Aboriginal people don't bother making complaints to mainstream services, either because they don't think anything good will come out of it, they already feel the service didn't care because of whatever has happened in the situation, or they fear being treated even worse when they go back.*

It has been acknowledged that the difficulty many Aboriginal people have in talking to mental health professionals is due to stigma, cultural misunderstandings, involuntary confinement, and the failure of past mental health approaches (Vicary & Bishop, 2005). Ypinizar et al. (2007) referred to fear of Non-Indigenous treatment, stigma and shame as relevant to Indigenous peoples' understandings of mental health. As suggested in the

findings of the present investigation, fear and mistrust, shame and stigma do operate at deep and surface levels to impact the ways Indigenous people move around, talk about, and regard mental health activities within and surrounding the arena.

The emotional experience was a central feature of Indigenous accounts of avoidance and ambivalence. This was understandable within a broader sociohistorical context characterised by distance-keeping, incarceration, restriction and neglect. From these accounts it appeared as if the attempts by Indigenous people to narrate their way back into the construction were restricted by the discursive avenues available to do so – as ‘*exotic*’ or ‘*damaged other*’, as ‘*needy*’, or as ‘*inferior*’. Within the mental health arena, Indigenous people felt that they were likely to be seen as a problem requiring the intervention of expert professionals, a proposition regarded with disdain by some Indigenous participants who sought to be known as ordinarily Indigenous, or at the very least, untroublesome.

Discernible in accounts of Indigenous ambivalence and avoidance were questions that coalesced around, ‘*why bother approaching a situation, services and people who are likely to treat me poorly, or disrespect my individuality?*’ The arena was constructed as a place where they were unlikely to be regarded as an individual, or merely seen as a puzzle to be figured out using terms that were likely to stigmatise and manage them. It is unsurprising that when coerced or compelled to engage with such sites that Indigenous people moved in ways that expressed distress at such placement, or sought ways to efficiently extricate themselves from them. For some, the first option was to avoid engagement in the first place.

#### **5.2.4 Myth/ Metaphor Layer**

##### **5.2.4.1 The (re)Construction of Fear and Mistrust**

**NIMHP20** conveyed how stories of poor service had attained a cultural significance that had become part of the oral tradition of some Indigenous communities. Historically sourced mistrust was given fresh application in contemporary times such that:

*...you can go and talk with the old fellas up north and they'll tell you all sorts of things that have never been recorded, and so it's still very strong in the community and all these things contribute to that reserve and reluctance to engage with the service.*

The potency of this mistrust was such that it permitted an avoidant position in the face of a litany that suggested the value of considering interaction with mental health services, “...*they might need the services and they know they need the services, but they still have mistrust.*”

I shared my curiosity with **ICM12** about her facial expression as she provided an account of what it was like for her when engaging with services. Her explanation resonated with Bailey's (1993) perspective on the expansive industry of Indigenous mental health research, and the incredulity at having to continuously prove her needs. **12** explained:

*...it always seems to me that we have to prove, Aboriginal people have to prove worth and validate what we say has happened to us, validate our history, our stories, and also to show why we are actually living the way we are. We have to validate these things when in actual fact they have been placed on us, these situations, because it is the control, the control over our lives and how we can live them by a policy or by a government.*

**ICM12** identified the options as ‘assimilate’, ‘perish, or ‘cope’ as best you can. She saw the struggle as a choice between two untenable options, “...*we'll give you bits, we'll feed you a bit to keep you going, but in the long run, if you don't conform to our way of life, well, our lifestyle, then you just have to do the best you can.*” The decision to endure poor social and emotional wellbeing, or submit to services with a neocolonial intent, helps reproduce an attendant narrative that could be construed as a myth of Indigenous mental health service engagement akin to, ‘*you're damned if you do, and you're damned if you don't*’.

### 5.3 Indigenous Community Members' Approach Accounts

Table 7 presents a summary of the main features of Indigenous Community Members' Approach accounts. Following Table 7 are more detailed presentations of material relating to each layer of the CLA.

Table 7

#### *CLA Summary of Indigenous Community Members' Approach*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Engagement with mental health services was considered in times of desperation, when other options had been exhausted, or as a deliberate and assertive choice;</li> <li>• It was acceptable to approach if one wished to do something about the problems facing themselves, their family members or their community;</li> <li>• Some Indigenous people considered that retaining an ambivalent position was not sustainable for them or their culture and that there might be some benefit to be gained from at least learning about mental health and mental health services.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Critical episodes often saw Indigenous people reluctantly, or involuntarily moved into services;</li> <li>• Some were enticed to approach via the offer of inducements;</li> <li>• Good experience within the arena meant that some Indigenous people learned about the benefits of engagement. For some, this meant a transformation to their previous ambivalence to one where approach became a viable option, and ongoing strategy;</li> <li>• Some Indigenous people wished to spread the word about the benefits of engaging with mental health service.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• While avoidance and ambivalence were constructed as valid choices, these positions also served to keep Indigenous people in the dark about mental health matters. For the benefit of Indigenous Community Members, some felt it was worth taking a risk to find out more;</li> <li>• Indigenous people saw themselves as needing to be effective agents in this transformation by fighting for what they believed to be the best options for them, while simultaneously remaining open to the expertise of other systems and personnel.</li> </ul>
	<ul style="list-style-type: none"> <li>• Some Indigenous participants expressed the view that they needed to shine a light in the "metal box" so that their descendants might benefit from a potentially useful resource.</li> </ul>

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**Myth/  
Metaphor**

- They needed to empower and inform themselves in order to make differently informed decisions despite the anticipation of racist or indifferent personnel. This did not mean forgetting the past, but it did mean making decisions that stood to impact not only an individual's future, but the future of their children and community more broadly;
- Some Indigenous people saw mental health services as temporary resources approached at their discretion, a kind of “relief station” in times of crisis;
  - Approach could be made as a matter of urgency, a matter of maintenance, or to facilitate early intervention. In these accounts, Indigenous participants often cast themselves as empowered and assertive players, taking advantage of resources for the betterment of their social and emotional wellbeing.
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### 5.3.1 Litany Layer

#### 5.3.1.2 Development of a Fond Regard

Some Indigenous people described the arena as a useful, albeit temporary resource, accessible at times of their own choosing. **ICM10**'s account indicated that Non-Indigenous mental health resources could attain a meaningful and useful status in the lives of Indigenous people. The broader account was also illuminating inasmuch as it challenged the litany level preconceptions about difficult Indigenous and Non-Indigenous engagement. That is, a young Indigenous woman in crisis, of her own volition sought and received assistance from a young male, Non-Indigenous counsellor and despite her initial misgivings, enjoyed an experience that was instrumental in permitting her subsequent use of the service. Her new position permitted her engagement as a preventative activity, as opposed to her solely seeking assistance at a time of crisis, if at all. **10**'s trajectory could be marked as a movement from ambivalence to engagement to exit and re-entry. Her position in relation to the arena now sees approach as a viable and ongoing option that has also seen her adopt the role of advocate for counselling and other mental health services for other Indigenous people.

### 5.3.2 Social/ Systemic Causes Layer

#### 5.3.2.1 Critical Encounters: Approaching the Arena in Times of Crisis

Describing her admission as a 14 year-old to a children's psychiatric facility, **ICM9** recalled her experience of distressing psychological phenomena, rather than features of the hospital, "...it was horrible. I didn't like it, yeah. It was very scary hearing voices and seeing things, yeah." Interested in how she experienced the staff, I was alerted to the fact that the distressing circumstances of admission do not necessarily permit a clear assessment of cultural competence to be made. Instead, in response to my question of how she found the behavior of the doctors and nurses, **9** related, "...yeah, all right, but when I was first in there I was, like, pretty drugged up and that." Asked whether she felt looked after, her assessment was, "oh yeah, pretty well." While not effusive in our yarn, **9**'s reference to being cared for provided nuance to a litany of hospitalisation that constructed it as an entirely negative experience. Here, the major feature of admission was the upsetting psychological phenomena requiring attention, and not the quality of her clinical care. Such accounts constitute useful insights into the 'metal box' from those with first-hand experience of its interior.

#### 5.3.2.2 Approach Interrupted: Structural Impediments to the Arena of Indigenous Mental Health

**NIMHPS31** provided an example of a social display of approach behavior, "...people do it as families, as communities. They often get pissed<sup>8</sup> before they got the courage to come in and do it." Inebriated presentation however, usually resulted in their rejection from service as intoxicated, disruptive, or in a state that made the discernment of non-drug induced psychotic phenomena difficult. **31** attempted to persuade colleagues to act differently:

*I had to go and talk to those people and say, 'listen, it would take me a lot of courage to come and say some of these things,*

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<sup>8</sup> 'Pissed': colloquial term for drunk, inebriated, intoxicated.

*but I imagine for these fellas it is going to take a lot more, coming into this alien organisation that doesn't operate anything like the way Aboriginal people are comfortable with, to raise an issue that goes back generations that they have been tortured by.'*

**NIMHPS31**'s empathic position belied a longer term agenda concerned with transforming services in ways that made approach a more viable movement for Indigenous clients:

*...sure, yeah, I don't blame them for going and having a few beers. If they are at all coherent and communicable when they came in, great thing! Keep them there and keep them talking and invite them back. And if they want to bring family and a couple of mates in for support while they do it, then that is the way it should happen. Look to how the Aboriginal people need things to be and construct your organisation and your policies and principles and practices to enable that self-determination to happen.*

**NIMHPS31**'s perspective revealed that contextualising a person's approach permitted an empathy allowing advocacy and support. That is, the construction of approach as merely one of several options may lead to a different regard for the efforts a person has made to engage. Presentation at a service might be viewed as something that is prepared for, and not merely the instant at which a person steps into the clinic. This view could act as a reminder that those at the entrance to mental health service only see the first step, but don't necessarily realise the steps someone has taken just to get there. Subsequently, that definitive step in one's approach may require additional assistance, be it human, or liquid.

**NIMHPS31**'s account provided detail of the conditional nature of entry to some sites within the arena. Even if movement towards the arena was forthcoming, admission remained an uncertain prospect. **NIMHP20** recounted a case whereby a young Indigenous woman was rejected from admission until such time as she could demonstrate that her mental health concerns were not drug-related. Annoyed at the direction but determined to receive treatment, the woman endured a period of abstinence after which her problematic symptoms

persisted. She was subsequently assessed and accepted into treatment. Mary's story contained elements of this feature where we, as representatives of a mental health service acted as mediators to her admission. Paradoxically, access to the arena while sought and encouraged, can also be conditional and hindered for those seeking entry, even when they demonstrate a clear movement towards service.

### **5.3.2.3 Deal Sweeteners: Dubious Enticements and their Ethical Implications**

Several accounts identified approach for young Indigenous people being facilitated by unscrupulous means instigated by those seeking to engage them in service. **IMHPS13** described scenarios whereby young Indigenous people involved in the juvenile justice system, were encouraged to engage in counselling and therapy because it would look better on their court documentation, and presumably, stand to influence the court's assessment of them at their trial. The provision of material inducement was also described, including the offer of free bicycles in some instances. **13** also noted that their involvement with a mental health service would have the associated benefit of boosting that organisation's statistics around performance indicators relating to Indigenous engagement. Although designed to facilitate an approach to service that could be documented by that service as 'contact hours' and provide justification for the viability of that service, **13** expressed incredulity at the tactic of enticement, finding it:

*... just really bizarre on how they manipulate these vulnerable young people, you know, 13, 14, 15, 16 years old into engaging in something as serious as therapy and the mental health system, you know.*

**13** explained that not all young Indigenous clients were attracted to service in this manner, and that there were some who chose to approach when the suggestion was made, and others who remained ambivalent about that prospect.

### 5.3.3 Discourse/ Worldview Layer

#### 5.3.3.1 “Moving Forward”: The Arena as a Resource for Indigenous Self-Determination

**ICM12** expressed ambivalence towards the arena throughout much of our yarn, however she did at times express a more pragmatic view. For her:

*...everything, life, is about moving forward. What is the point of living in the past? Just because it is history it doesn't mean you have to forget about it, but it doesn't mean you have to dwell on it either. Education and talking to the right people actually helps you to move forward.*

When considered in its entirety, **ICM12**'s yarn revealed a complex view regarding the arena that on the one hand saw it constructed as an example of a colonial apparatus to be avoided, while the above construction shows that view tempered to become one permissive of approach. While the above excerpt highlights a view favouring engagement, it is important to consider that a participant's account of their own position may be more nuanced and inconclusive as to enable a prediction of movement either way. Although some Indigenous people were receptive to the proposition to approach, any exploration required an examination of “*the old stuff*” as well, meaning that a thorough and likely discomfiting expose of Indigenous mental health over time was required in order to come to terms with the murkiness of those periods. This was touted as a necessary step with the potential to address long-held apprehensions about treatment and the mythical underpinnings of fear and mistrust. Here, the intransigence of a wronged discourse of past mistreatment competed with an alternative discourse of remembrance and resilience that permitted interaction with the right people on Indigenous peoples' terms.

The acceptance of an invitation to enter did not ensure its experience as positive or useful. It was however, only through choosing a different option that the consequences could be experienced, reflected upon and evaluated. For **ICM10**, **20** and others, the acceptance of the invitation was a difficult one that metaphorically and practically constituted a step into the unknown. It meant holding in abeyance the worldviews that had, until that time, warranted their

avoidance. For some Indigenous Community Members, the suggestion that they develop a different regard for their circumstance may result in tension, particularly as their stake in a particular version of history and their experience in it constructs their prevailing worldview. This reinforces a view skeptical of the sufficiency of merely raising awareness to effect behavioural change. Short of compelling or bribing an approach, attention to discourse and worldview are implicated as important mediating factors in movement towards or away from the arena, and the establishment of myths supportive of that process.

### **5.3.4 Myth/ Metaphor Layer**

#### **5.3.4.1 From Darkness to Light: Constructions of the Arena as a Site of Hope and Relief**

**IMHP4** spoke with conviction of the need for Indigenous people to be involved in processes that address the stigma surrounding mental health:

*...we do like to see this to be brought out in the light. It has been in the dark ages for too long. Like I say, it is like a big metal, not a mental, a metal box, you know what I mean?*

Greater awareness was viewed as an achievable and worthwhile destination, and acknowledged that the present circumstance need not constitute “*the end of the line*”. What was required was a glimmer of hope, a “*...light at the end of the tunnel*”, because, “*...when you don’t see a beacon or a light there that can guide them in that direction or someone to take them in that direction that adds to the frustration and anger of families.*” **IMHP4**’s evocative metaphor requested that a light be shone into and onto the “*metal box*” hiding what could in fact be a beneficial resource. This approach addressed earlier references to uninformed decisions by portraying a position open to partnership and guidance. The consideration of a different position, and the discomfort that subsequent movement towards engaging with the arena involved were deemed worthwhile if the outcomes stood to benefit present and future generations. This constituted a myth of taking charge, and overcoming self-imposed barriers to awareness.

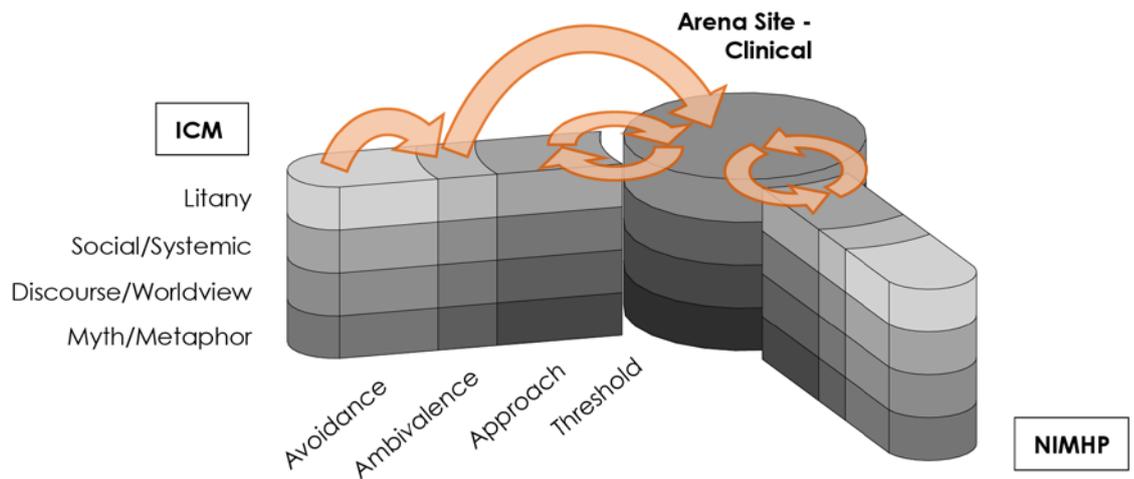
The metaphor of the “*relief station*” permitted **ICM10**’s easy movement into the arena should the need arise. **10** regarded counselling services as a temporary measure that she could access when required:

*It is like a relief station. You know, it is like a first aid post. Yeah, that is how I could actually describe it, as a first aid post. It is like I know there are things that are not right in my head that I need to get fixed and I can't simply can't put a band aid on it. Yeah, so that's how I see counselling, as sort of like a first aid post. Yeah, to help me get better, because that is what counselling is all about, helping people to get well, or that's my understanding of it anyway.*

The metaphorical references in both accounts may be read as assertive statements aligned with the pragmatic and assertive discourse outlined in the previous section. They are also readable as accounts of an empowered approach on Indigenous terms.

### 5.3.4.2 A Case Study of Indigenous Movement

Figure 12 charts **ICM10**’s movement towards and within the arena over time.



*Figure 12: Charting ICM10’s movement from Avoidance/ Ambivalence to the arena to one at which she now employed confident movements around entering and exiting the clinical site.*

She commenced her yarn by describing her initial ambivalence towards mental health service, however the stress of a critical incident saw her move towards and into the arena. Her initial visit saw her vigilant towards inappropriate service, however she encountered a psychologist who accommodated her fear and helped assuage her initial misgivings. As a consequence of her positive counselling experience, she returned to a different position adjacent to the arena, indicated by the arrow from the arena back to Approach.

In subsequent times of need, **ICM10** was able to step across the threshold into service and navigate the system with some degree of confidence and assertiveness. She had established a footing within the arena, along with a surety to her movement that saw her able to assertively enter and exit the clinical interface at her convenience. This movement towards and away from the arena is indicated by the arrows entering and exiting the arena site from the approach position.

Although **ICM10**'s circumstance may change and prompt a revision of her current arrangement, at the time of our yarn, her movement towards, within and away from the arena based on her construction as an assertive and informed Indigenous participant, was emblematic of the transformation and ultimate movement sought by those concerned with facilitating the engagement of Indigenous people with mental health services. Central to her account was the notion that as consumer, she was able to both enter and exit freely. This constitutes a powerful counter-myth to that which emphasizes the capacity for Non-Indigenous facilities to corral and muster Indigenous persons into various forms of constriction and incarceration. Entrances and exits might validly receive greater attention in future research as particular sites within the arena that possess particular importance metaphorically and structurally. An implication perhaps tackled at the level of policy, is that that the avenues towards and away from engagement in mental health services appear smooth, apparent and clear, with particular attention paid to ensuring that the exits are also clearly marked.

### 5.4 Indigenous Mental Health Students: Accounts of Avoidance and Ambivalence

Table 8 presents a summary of the main features of Indigenous Mental Health Student accounts of Ambivalence and Avoidance towards the arena. Following Table 8 are more detailed presentations of material relating to each of the layers of the CLA.

Table 8

*CLA Summary of Indigenous Mental Health Students' Avoidance and Ambivalence*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>Indigenous Mental Health Students expressed ambivalence about the quality of course materials that failed to present an Indigenous perspective or presence, while simultaneously privileging the experience of other Indigenous people. This prompted some Indigenous Mental Health students to question the relevance and usefulness of not only the materials, but also their ongoing involvement in mental health studies.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>Indigenous Mental Health Students perceived being treated as one of any other 'minorities' or special interest groups as off-putting;</li> <li>Where Indigenous Australian resources were provided, materials were generally discounting of Indigenous resilience, and presented a deficit-based commentary on Indigenous Australian 'subjects'.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>Some Indigenous Mental Health Students were shocked at the treatment given, or the lack of treatment given to Indigenous Australian people in course materials, particularly the lack of critical interest in deconstructing that reality. Some considered professional avenues as sites perpetuating colonialism/ assimilation/ disinterest and disrespect;</li> <li>Indigenous Mental Health Students, having enrolled in mental health courses, confronted scenarios that prompted them to question their decision. For some, it was a struggle to stay, prompted by materials and contexts that related specifically to their identity as Indigenous students. As their awareness of their profession grew, so did critical questions such as 'why join a group that has mistreated, or disregarded us, and continues to neglect us?'</li> </ul>

**Myth/  
Metaphor**

- Indigenous Mental Health Students described exclusion, or homogenization as the defining features of their educational experience. Courses failed to address what they expected and saw as the specific circumstances of Indigenous Australian people, and for some, this constituted a reminder of past colonial mistreatment that, paradoxically, were the impetus for many students enrolling in courses;
- The reality of some courses for some IMHSs appeared to be more a reinforcement of trauma, rather than a critical space interested in transformation;
- For some, this invoked a tension around maintaining a presence in professional avenues that seemed disinterested in addressing disadvantage and instead, acted as a reminder of how Indigenous Australian people had been wronged.

**5.4.1 Litany Layer****5.4.1.2 Failing to See Ourselves in the Material: The Impact of Irrelevant Resources**

**IMHP2** reflected on the extent to which her psychology course materials failed to represent Indigenous Australian people or their perspectives on mental health. She expressed surprise and disbelief at the coverage, or lack of coverage, particularly when other Indigenous groups were mentioned. For **2**:

*... it was, I suppose, a bit of a shock to find it was all very American and seemed to be very focused on white middle class Americans. If they mentioned cross-cultural studies it was between white and black Americans and even a mix of Latino in there, but didn't include the Indigenous people of America.*

The context for considering such materials was also off-putting, with **IMHP2** recalling the indifference of staff and peers to any critical analysis of the prevailing content. Some have argued that employing a white, mono-cultural mental health system with diverse Indigenous people constitutes a form of racism, or a form of ongoing colonisation (Tapping, 1993; Waldegrave, 1985). Cameron and Robinson (2014) identified the dearth of

Indigenous content in mainstream psychology courses as a potential source of tension for Indigenous students who would question the validity of psychology if they could not see how to apply it to Indigenous communities. The lack of such content contributed to some students withdrawing, or fostered their ambivalence about maintaining their studies due to the lack of apparent and specific content relating to Indigenous Australian people.

#### **5.4.2 Social/ Systemic Causes Layer**

##### **5.4.2.1 That's Just the Way It Is**

I inquired as to whether **IMHP2** or other students were encouraged to take a critical perspective on the material (or lack thereof of Indigenous material) to which she replied, *“No, as a university student this is what you learn and this is what you are tested on basically.”* This account stands in contrast to a long-held view of the importance of culturally resonant concepts to shape service, assessment, care and management of Aboriginal and Torres Strait Islander peoples' mental health problems (Swan & Raphael, 1995). Cameron and Robinson (2014) identified the importance of introducing Indigenous worldviews into course content as a means of enhancing its familiarity for Indigenous psychology students. They contend that this was practical and feasible and would not require a major overhaul of curriculum content or course accreditation. The emphasis on incorporating worldview material helped avoid the potential critique of this strategy presenting a solely litany level amendment. That is, they emphasise the difference between content about Indigenous Australian people, to meaningful material that is instigated, implemented and interpreted by them.

In terms of surface level amendments, Gillies (2007) urged similar caution with regards to changes within the APS over the preceding decade. Their groundbreaking efforts to formulate and implement a Reconciliation strategy, along with other Indigenous focused initiatives including bursaries for Indigenous psychology students, were well regarded. However, such plaudits were tempered in light of a critique that urged cognizance of the tendency for powerful social institutions in postcolonial societies to transmit dominant

cultural norms and values that facilitated the ongoing colonization process at great cost to Indigenous aspirations and health. The assimilative potential of engagement with institutions perceived to be an arm of a neo-colonial project were noted in 'Indigenous Accounts of Ambivalence and Avoidance' as a mythical and discursive feature of accounts permitting Indigenous avoidance. Cameron and Robinson (2014) and Gillies appear keen to promote change, but wary as to whether it is substantive, or merely bread and circuses. These are long-held concerns about the quality of educational material in colonial contexts. The provision and absence of particular kinds of content in curricula was interpreted by Freire (1972) as a means by which education provided by the dominant culture serves to oppress and disempower people who are not adherents to, or included in that culture. Illich (1971) offered a similar critique of schools that served to separate, stream, isolate and alienate certain groups in society from their knowledge, as well as from those of the dominant ideology.

Via the mythology of colonial influence, such features of mainstream Australian psychology may be regarded as a malevolent attempt to further marginalize the validity of Indigenous perspectives. The mythology of an authoritative scientific treatment of the subject may also undermine the provision of critique, restricting Indigenous positions to one of avoidance, or ambivalent regard for a construction, just the way it is. If the goal of education is to attract and maintain students on paths towards graduation and employment, the question becomes how to engage with those arrows indicative of retreat?

This scenario, illustrated in Figure 13, encourages a conversation on the broader topic of Indigenous student retention. If we acknowledge that a degree of vacillation and doubt are a feature of most educational or employment scenarios, our question then becomes how might we extend the trajectory of movement so that it permits a re-engagement in education, or at least towards ambivalence (if avoidant), or approach (if ambivalent). One means of commencing the conversation could be to seek student accounts of ambivalence and to examine the myth/ metaphors that permit a return to an approach orientation and further engagement in the educational site. The conversation could also broach the dilemma of remaining engaged in that site despite its shortcomings, and examine ways that this is facilitated.

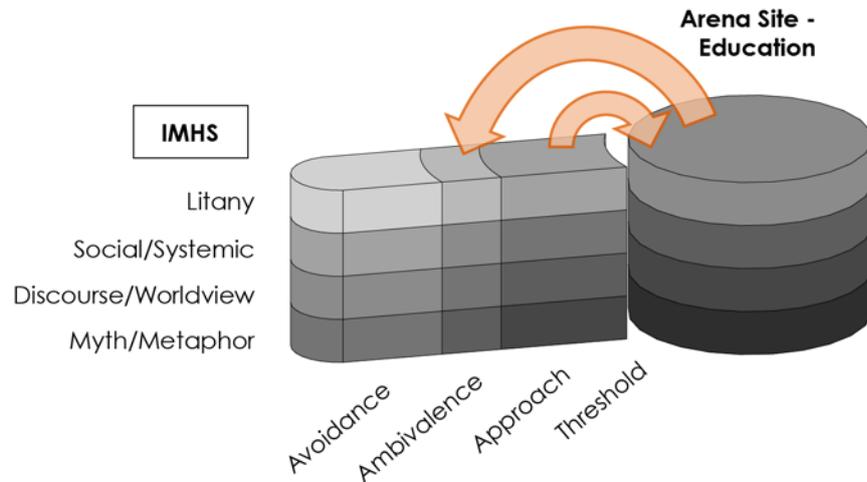


Figure 13: Illustration of an Indigenous Mental Health Student's movement to ambivalence following her encounters with irrelevant mental health resources.

Alternatively, movement to another educational site with a more relevant pedagogy may be explored. Once again, discussion at the level of discourse/ worldview and myth/ metaphor could be prudent when examining student retention in addition to the consideration of surface level practicalities of enrolment and study.

### 5.4.3 Discourse/ Worldview Layer

#### 5.4.3.1 Testing the Waters

The view that this was “*just the way things were*” prompted hesitance, but not a halt to **IMHP2**'s progression towards her degree and subsequent employment as a psychologist. The scenario in which students shifted to an ambivalent or avoidant regard was counterproductive in an emergent arena seeking greater Indigenous representation. This is the opposite of the movement sought for students, and Indigenous psychology students in particular. It demonstrates that cultural competence development involves complex navigations, rather than uncomplicated, unidirectional progressions towards better practice. It also opens up the discussion of cultural competence

to considerations of qualities such as resilience, and other means by which the recovery of particular positions and reinforcement of particular movements may be achieved.

Cohen (1999) made reference to an ongoing colonial mentality implicit in the context into which emergent Indigenous perspectives on mental health were likely considered. Here, Indigenous perspectives on mental health could expect to be scrutinised according to critical frames that had otherwise hidden or hindered their expression. For example, I examined the reactions to the idea that a course in Indigenous Psychology be developed specifically for Indigenous Australian students seeking to be psychologists (see Appendix 6). The discussion surrounding the proposal illustrated how it was viewed as both a radical and timely suggestion. Critics of the proposal expressed concern about the ramifications of such a course for professional psychology, and specifically the claim that such a course be considered the same but different within the well-established parameters of Australian psychology (Reser, 1993). Towards the end of the 20<sup>th</sup> century, the relatively settled contexts of mental health and psychology began to experience the disruptive pressure of a broader postcolonial critique, causing some within the professions to respond to the perceived threat of this brash interloper. Their eminence was challenged in an increasingly resonant arena, and so too the notion that things necessarily remain the same.

#### **5.4.4 Myth/ Metaphor Layer**

##### **5.4.4.1 An Uncomfortable Fit: The Repulsive Impact of Irrelevant Material**

**IMHP2** described a “*lack of fit*”, as the recommended course resources failed to provide a depiction of Indigenous Australian people that she could identify with, recognize, or find applicable to her intended work. The myth of not fitting in provided an accessible narrative within which one’s decision to retreat made sense. Despite her misgivings, **2** went on to complete her degree and currently pursues her goal of providing psychological service to Indigenous clients. The aim of assisting Indigenous people buffered her from

those aspects of her undergraduate training that might otherwise have dissuaded her continuation. A sense of a bigger picture and of her useful place within it, offered powerful narrative sustenance to her engagement, even when the course material failed to.

While the myth/ metaphor of ‘fit’ was utilized as a reference to the quality of education materials and pedagogy, the narrative surrounding this idea permits speculation as to the quality of the contexts in which Indigenous students are expected to study, professionals are expected to practice, and clients are expected to receive service. ‘Fit’ in these scenarios refers not only to the uneasy attempts by Indigenous people to abide with prevailing constructions, but indicative of a dearth of sites within which Indigenous people ‘fit’. Regarded in this way, the notion of ‘fit’ resonates through earlier critiques of mainstream mental health, and the calls to reconstruct services in such a way as to better accommodate their fit with Indigenous Australian people. The segregation that excluded Indigenous people from many facets of Australian society is seen reflected in institutions that have continued to expect Indigenous people to fit in, but made that fit an uncomfortable and unappealing option.

### 5.5 Indigenous Mental Health Student: Approach Accounts

Table 9 presents a summary of the main features of Indigenous Mental Health Student Approach accounts. Following Table 9 are more detailed presentations of material relating to each layer of the CLA.

Table 9

#### *CLA Summary of Indigenous Mental Health Students’ Approach*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>Some Indigenous Mental Health Students reported seeing the value of their studies for themselves, their role in mental health, and for the benefit of their communities;</li> </ul>
<b>Litany</b>	<ul style="list-style-type: none"> <li>Some saw their involvement as an avenue through which they could make a change to the quality of services available to Indigenous people and communities.</li> </ul>

<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Some described an ambivalent regard transforming due to the involvement of supportive teachers who assisted them to see that they had a future in Indigenous mental health. The influence of a good teacher/ mentor was key in Indigenous Mental Health Student accounts of Approach, particularly where the potential usefulness of the material was clearly elaborated;</li> <li>• The classroom constituted a space in which to examine both course material and workplace realities, including those conflicting scenarios that students might eventually find themselves in;</li> <li>• The provision of good support in and outside of the classroom was also mentioned as a factor in Indigenous Mental Health Student retention and resilience.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Students viewed their involvement as providing a benefit to themselves, their families, and their communities. Their involvement meant that they could play a part in ensuring that what was done in the interests of Indigenous mental health, were done well.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• Students referred to having their eyes opened to the possibilities of mental health. This enabled some to also see themselves in another light, and as someone who fit into the arena in a useful way;</li> <li>• Their training was seen as providing skills so that they might play a part in addressing the mental health needs of Indigenous people. Here, participants invoked a myth describing their own transformation to positions amenable to further education.</li> </ul>

### 5.5.1 Litany Layer

#### 5.5.1.1 Multiple Reasons to Approach

Indigenous Mental Health Students described different arrivals at their interest in mental health. **IMHP1** described having had his awareness raised of the potential for specific study in the area. As his involvement progressed, so too did his interest and subsequently the more **1** observed, the more his commitment to his studies and subsequent career became clearer. Thus, for some IMHSs, their interest and destination became clearer over time. IMHSs have reported their movement towards study influenced by their natural curiosity for people (Dudgeon, Garvey, Clarke & Lethbridge, 2007). Others stated personal and professional reasons, including the intention to augment

their undergraduate skills with further training, and seeing a career in psychology as a means of better assisting themselves, their families and communities.

## 5.5.2 Social/ Systemic Causes Layer

### 5.5.2.1 An Expanded Horizon

The social nature of approach was illustrated by **IMHP1** who described his shift from ambivalence being facilitated by a lecturer who stoked his feelings about studying towards a specialty in mental health. **1** reflected on the influence of his lecturer:

*...he kind of opened my eyes to the issues that were around the place. I mean, it was something that being not overly knowledgeable in that area, probably seeing it, but being lectured through it and then actually writing that stuff and then looking and doing some of the assessments...*

This element has relevance to the notion of resilience and the influence a strong narrative base plays in sustaining one's course amidst factors that would otherwise permit retreat and avoidance. Sometimes, Indigenous Mental Health Professionals received assistance to create their story.

Clarke (2007) described wanting to play a role in addressing the injustices she had witnessed as a child in her community, and indicated the inspirational role that several Non-Indigenous female psychologists had in her decision to enroll in psychology. Clarke also described how many of the notions of psychology did not sit comfortably with her own values and how, during her studies, she considered withdrawing many times due to personal and financial reasons. Despite these pressures, Clarke described keeping her initial reasons and long-term goals in mind, and that they enabled her to continue. Similarly, Williams (2012) highlighted the importance of having good reasons to undertake postgraduate studies in psychology because they helped her to persevere through challenging times relating to her coursework demands.

### 5.5.3 Discourse/ Worldview Layer

#### 5.5.3.1 Focusing the View

The educational avenue provided some Indigenous Mental Health Students with a supported and transformative experience with regards to their view of mental health, and of themselves as eventual players. **IMHP1**'s lecturer was influential in not merely raising **1**'s awareness, but in instilling a view of mental health that focused his study and clarified his goal to work in the arena. Unlike accounts describing difficulty in seeing the relevance, in **1**'s case, his place within, and the relevance of the material to his subsequent employment were clearly explained, and interest was shown in **1**'s perceptions of it. At the time of our yarn, **1** was employed in a significant role as an Aboriginal Mental Health Liaison Officer for a major mainstream mental health service.

### 5.5.4 Myth/ Metaphor Layer

#### 5.5.4.1 Seeing the Light: The Arena as Inspiration and Aspiration

**IMHP2** perceived the benefits of mental health intervention for Indigenous people, and in turn saw themselves as an instrument for that purpose. For **IMHP1**, the experience sparked a transformation:

*I mean all of a sudden you see yourself in another light. You think, 'Hey! This is not bad. This is good stuff. It is something I wouldn't mind doing at a later date, even as an occupation.' So that was something that I kind of aspired to.*

Similar to **ICM10**'s description (see Section 5.3.4.2), the transition to a more approach-centric position is one that may occur gradually, and as a consequence of a supported navigation of the arena. For **10**, her revised position saw her extolling the virtues of counselling and service engagement. For **IMHP1**, this saw him construct his educational journey as one that would fulfill his aspiration to work in the arena. Dudgeon described her pride in knowing that through her studies and involvement in psychology over the

preceding two decades that she had played a part in developing Australian psychology's social justice agenda (Dudgeon, Garvey, Clarke & Lethbridge, 2007). Like **1**, Dudgeon described her intent to remain in the arena, clear about the challenges ahead, but encouraged by the changes seen in the time since her experiences as a student.

### **5.6 Indigenous Mental Health Professionals' Accounts of Avoidance and Ambivalence**

Table 10 presents a summary of the main features of Indigenous Mental Health Professionals' accounts of avoidance and ambivalence towards the arena. Following Table 10 are more detailed presentations of material relating to each layer of the CLA. Accounts describing an ambivalent position towards engaging in the arena were difficult to discern in responses from IMHPs and Indigenous Mental Health Professional Students. Upon reflection, this finding was unsurprising as those Indigenous people who had successfully navigated curricular, societal and professional impediments to their qualification, would arguably proffer little ambivalence towards approaching and engaging in the arena. However, these avenues were not entirely devoid of accounts supportive of ambivalence and preemptive of departure.

Table 10

#### *CLA Summary of Indigenous Mental Health Professionals' Avoidance and Ambivalence*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>Indigenous Mental Health Professionals described the pressure they felt to provide a good example to their family and communities;</li> <li>Some IMHPs doubted their capacity to be the change they wanted to see, and worried whether their attempts to walk the fine line between competing cultural interests would attract the critique from other Indigenous persons for their complicity in non-Indigenous services.</li> </ul>
<b>Social/ Systemic</b>	<ul style="list-style-type: none"> <li>The pressure of navigating cultural and professional roles, and obligations was felt in what was anticipated</li> </ul>

<b>Causes</b>	as being a highly exposed and scrutinised space.
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Underlying an ambivalence to the arena were questions concerned with identity and affiliation. Indigenous Mental Health Professionals wondered whether they would be able to serve two (or more) masters, run the risk of being cast as part of the problem, or be seen as traitorous to the Indigenous cause;</li> <li>• IMHPs found themselves constricted and constructed within prevailing systems, often as the ‘Indigenous expert’ and to the neglect of their other skills and knowledges.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• Critical scrutiny could be applied by Indigenous and Non-Indigenous people, implying the reality of walking a fine line between the expectations of many players interested in the success and failure of Indigenous Mental Health Professionals;</li> <li>• The term ‘maelstrom’ was used to describe the reality of the work context that awaited some IMHPs, and this unsettled space would be one in which IMHPs could expect to be under the close scrutiny of those who felt aggrieved by their ascension within the emergent construction of the arena.</li> </ul>

### 5.6.1 Litany Layer

#### 5.6.1.1 “Under the Gaze”: Ambivalence as a Consequence of Scrutiny and Surveillance

According to NIMHP17, Indigenous Mental Health Professionals working in mainstream settings, could expect to be:

*...under the gaze, people will watch. Are you going to write it properly, have you written this etc? So you have got to have all that. That’s something that happens in there. So they could be subjected to comments and queries and all that and it can be quite embarrassing and shameful. Like people are watching me and you know, putting me down and this and that.*

Pressure seemed to be provided by other players and from many sections of the audience (see Figure 2), with little space or opportunity for

respite. The impact was such that some IMHPs could begin to question their ability to endure the persistent gaze exacted in such a context.

## **5.6.2 Social/ Systemic Causes Layer**

### **5.6.2.1 Nowhere to Hide**

**NIMHP17**'s account conveyed the experience of exposure and vulnerability for Indigenous Mental Health Professionals and the questions that confronted them as they sought to establish themselves at that cultural interface. These included pressures of being seen as representatives of organisations with questionable histories of engagement with Indigenous communities, having to abide by culturally unsafe practices, and having to endure the scrutiny of inquisitive peers. **IMHP13** identified an additional tension related to how mental health professionals generally maintained their presence in the arena in light of knowing about practices that they regarded as unethical. Complicity in questionable practices fostered an ambivalence requiring IMHPs to speak up about their concerns, or move to less conflicting sites of involvement.

Worker frustration emerged as a theme in Williamson et al.'s (2010) research as a consequence of inconsistent or non-existent collaboration between agencies. Indigenous families were often given the run around, and referred from service to service. Indigenous professionals bore the brunt of their clients' frustration at having had to move from site to site, along with their own need to reconcile their presence within seemingly disconnected and uncoordinated systems. Some Indigenous Mental Health Professionals were sensitive to the prospect of their consignment to a guilt by association whereby their involvement in mainstream services would be interpreted as their assimilation by the colonial system. These concerns are discussed further in Chapter 7, regarding tension within the arena.

### 5.6.3 Discourse/ Worldview Layer

#### 5.6.3.1 Am I Ready?

NIMHP17's description proffered a view of the arena as an antagonistic site comprised of questions that unsettled and disintegrated those that sought to enter. He offered his perspective on the kinds of questions that would confront Indigenous Mental Health Practitioners at the cultural interface:

*...it's like 'where am I going?' 'Have I been prepared well enough', you see? 'Do I have adequate knowledge to go into this place?' 'What if they ask me things and I don't know?'*

The experience of perpetual doubt, either instigated from within, or communicated from others, saw some Indigenous Mental Health Professionals question their ongoing presence in the arena, or seek out sites within the arena that offered a more fulfilling and supportive environment.

### 5.6.4 Myth/ Metaphor Layer

#### 5.6.4.1 The Storm Before The Calm: Speculation About Initial Engagements with the Arena

NIMHP17 used the evocative metaphor of the "*maelstrom*" to describe the context in which Indigenous Mental Health Professionals would find themselves, "*...it's like, all clouds and everything and confusion and you just go in and find out what's going to happen to you and it's not going to be easy.*" The transition from the classroom to clinic, or from the textbook to practice was described as disorienting for new graduates - an experience accommodated within the disruptive metaphor of the maelstrom, and a prospect that saw some question their capacity to weather the storm. One component of the maelstrom reflected the recent emergence of the Indigenous mental health profession and the associated surveillance of its members due to their novelty. 17 asserted that Indigenous services and professionals were

likely to be the specific target of scrutiny, to see whether they as Indigenous representatives, were “...*up to the game.*”

#### **5.6.4.2 Walking a Fine Line**

According to **ICM11**, tension for some Indigenous Mental Health Professionals arose as a result of the need to walk a fine line between the expectations of their community and those of their employer:

*...because of the role that was given to me by the elders, you know. So, it is a two-way street. If you are given that role and you collect that money then you need to sort of make sure that you walk that line.*

The image of the two-way street offered a variation on my use of the ‘tug-of-war’ in Mary’s story, to describe the vacillation between two competing options. This construction provides a clear illustration of paradox, particularly in scenarios where the needs of multiple parties differed and required allegiance to possibly incommensurable approaches and priorities. For some, the prospect of walking a fine line proved off-putting as they were required to navigate precarious and seemingly irreconcilable choices, a task made all the more difficult in the midst of a maelstrom. Although this may not have been sufficient to warrant avoidance, it may have influenced where Indigenous Mental health Professionals chose to engage in the arena. There may be sites within clinics or institutions, research projects or educational and training facilities that offered a context that placed less pressure on the need to choose between different cultural priorities, and the need to explain that decision.

### **5.7 Indigenous Mental Health Professionals: Approach**

Table 11 presents a summary of the main features of Indigenous Mental Health Professionals Approach accounts. Following Table 11 are more detailed presentations of material relating to each layer of the CLA.

Table 11

*CLA Summary of Indigenous Mental Health Professionals' Approach*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Indigenous Mental Health Professionals described their actions in terms of providing leadership and example-setting;</li> <li>• They described their engagement in the arena as part of a longer-term vision of service transformation to a kind better suited the needs of Indigenous Community Members.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Indigenous Mental Health Professionals identified the obligation they felt to meeting the expectations of elders, family and community of them to play a transformative role in helping to close the gap of Indigenous disadvantage.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Indigenous Mental Health Professionals yarned in terms of leading by example, and of leaving a legacy for others to follow;</li> <li>• They saw themselves as needing to engage with personnel and structures that historically and presently interfered with the provision of safe and appropriate services for other Indigenous people;</li> <li>• They expressed a clear course to be involved as an agent of social and structural change. They saw themselves playing a part in immediate and longer-term solutions to addressing the mental health needs of other Indigenous Community Members, or as pioneers for future IMHPs;</li> <li>• They saw themselves as part of a process to implement different strategies that could alter the course of Indigenous mental health. This construction saw them willing to endure personal hardship, if it meant that their relatives and descendants stood to benefit from their works.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• IMHPs saw change starting with them but not necessarily benefitting them personally;</li> <li>• Their involvement was framed in terms of the legacy it would leave for those who followed in their footsteps;</li> <li>• Personal inconvenience was endured by the nomination of a greater good. In this regards, some saw their work as trailblazing and pioneering, and their leadership was seen as cementing changes benefitting future professionals and Indigenous clients of the arena.</li> </ul>

### 5.7.1 Litany Layer

#### 5.7.1.1 Sacrifice and the Social Conscience: Approach for the Sake of Others

**IMHP11** considered his significant personal changes as merely a small contribution to a larger transformation

*...there are a lot of sacrifices in that and, you know, you make those sacrifices for your children and your children's children, because I know what I'm doing here is going to have little effect on my children but once my children have children and their children have children and my family becomes so big that eventually they don't know each other, you know?*

**IMHP11** engaged in the arena because he had a stake in processes that saw the arena transformed into a site deemed preferable to that which currently existed. **IMHP1** sought to embody good practice in order to demonstrate that, *"...this is how we should be working, not just to do work for our people, but how we should be working with professional people and being respectful and getting that respect back."* **1** saw his place within the arena as a conduit between mainstream mental health services and the mental health needs of Indigenous Community Members. He sought to skillfully navigate the fine line mentioned in the preceding section, and instead of aligning with one side or the other, he occupied a *'third space'* (Bahba, 1996), or area between two competing sites. In doing so he was able to bring services closer to consumers and vice-versa.

### 5.7.2 Social/ Systemic Causes Layer

#### 5.7.2.1 Playing a Part in Closing the Gap

Indigenous Mental Health Professionals were acutely aware of the dire health status of Indigenous Community Members. Mental health work was constructed as a means by which to help address this. In making this connection, the role of IMHP was constructed as an extension of the person's commitment to their community. For example, **ICM11** considered the IMHPs'

role as not merely a job, but an extension of community life and as a means by which to satisfy their community responsibilities. Workers were expected to exemplify the changes they sought from their clients because, “...*being local community members delivering services to our mob, if we don’t do our job, our mob keep dying.*”

### **5.7.3 Discourse/ Worldview Layer**

#### **5.7.3.1 “You Can Get Another Job, You Can’t Get Another Mob”: Resilience and Reasons Beyond Ourselves**

ICM11 stated that professionals needed to take a long-term view about addressing the impacts of prior policies. This was a view he took of his role as a health service manager and accordingly, his construction of the task for the future did not see him as its main beneficiary in the present. He was however, clear about who was:

*...like, I want to be a role model for my children first and foremost. I’ve got a son and I’ve got two younger daughters who are a little bit younger than him and, you know, I want to be that leader for them mainly.*

This construction necessitated both deep commitment and everyday accountability. Instead of demarcating a line between work and community, the connection between the two was emphasized and integrated to form the basis of the contract workers took on:

*...you are always a part of that community there. There is no way to remove you from it and you are accountable to it, and the accountability back to your own mob far outweighs the accountability to the person who pays your bills. You can always get another job. You just can’t get another mob.*

### **5.7.4 Myth/ Metaphor Layer**

#### **5.7.4.1 Enough Rope?**

**IMHP1** employed a useful myth and metaphor to encapsulate his mission with the arena:

*...the more rope you get, it is not about hanging yourself, it is about, you know, like when you are doing a bit of rock climbing and where you are putting your next stake in and banging it in there until the rope tightens up more.*

**IMHP1** described his intention to, “leave a benchmark” and to forge a trail that others could follow. Exploring the mountaineering metaphor further, the secure points established by lead climbers are often utilised by subsequent climbers to assist in their ascension of a peak. A consequence of pioneering work in a resource development scenario was that future participants might have less trouble finding themselves in the material, or perhaps, of feeling disintegrated by the questions that confronted them. Also, should they lose their grip, their fall would be less perilous due to the points that had been established for them to re-establish their grasp.

**ICM11** paraphrased Gandhi’s dictum that health workers embody the change they wanted to see in the world, as central to his view of leadership and resilience. He had addressed his own drinking and smoking behaviour, noting, “...you can’t be in a position where you don’t practice what you preach if you are going to be a leader.” He acknowledged that leaders must be above reproach, or at least willing to set an example lest their employees and clients use their unhealthy behaviours as a reason to question their capacity to manage theirs.

### **5.8 Non-Indigenous Accounts of Movement: Non-Indigenous Mental Health Students’ Accounts of Avoidance and Ambivalence**

Table 12 presents a summary of the main features of Non-Indigenous Mental Health Student accounts of Avoidance and Ambivalence towards the arena. Following Table 12 are more detailed presentations of material relating to each layer of the CLA.

Table 12

*CLA Summary of Non-Indigenous Mental Health Students' Avoidance and Ambivalence*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Students expressed fear of offense and fear of circumstance. NIMHSs spoke of the context of the arena and how it stood to impact their choice to approach it;</li> <li>• Some described the cultural and geographical differences described in courses and other media prompted them to close off to the prospect of working with Indigenous people;</li> <li>• Some were afraid of the possible consequences of their unintended indiscretion, and some were alarmed about what such actions might inadvertently say about them as individuals, particularly if it revealed a feature of themselves that they found unappealing in others.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Some Non-Indigenous Mental Health Students reported the negative social appraisal of their consideration to work with Indigenous people, by friends, peers and family members;</li> <li>• Others queried the need for the specific consideration of Indigenous mental health, describing it as an unnecessary concession to Indigenous people, and/ or an imposition on their own position within a supposedly fair and equal system of health care;</li> <li>• Students described wanting to do the right thing, or at least of not wanting to inadvertently do the wrong thing. Several students made explicit mention of not wishing to perpetuate historical wrongdoings against Indigenous Australian people.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Students asked what was fair and equal about a system in which they themselves felt unfairly treated;</li> <li>• Some expressed what might be considered as righteous indignation at the attack on their liberties as free thinking and free speaking individuals. They perceived the arena as constrictive, and as an affront to their free speech, and freedom to ask about the claims made about the impacts of colonization;</li> <li>• Anger and resentment characterized the emotive constituency of these positions.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• The restriction on speech was regarded by some participants as antithetical to the genuineness necessary for an effective therapeutic alliance;</li> <li>• The anticipated censure on questioning was also regarded as an affront to the individual liberty of professionals. Such a</li> </ul>

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<b>Myth/ Metaphor</b>	<p>scenario warranted further speculation of the kinds of professional behaviour permissible by frustrated, cautious, vulnerable and scrutinized individuals, required to be doggedly intrusive yet politically correct;</p> <ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Students constructed their position as one of having been wronged by the expectation that they not ask critical questions about Indigenous matters;</li> <li>• They constituted themselves as the unwitting victims of an emergent system constructed to unfairly and unnecessarily favour the needs and whims of Indigenous Australian people;</li> <li>• A variety of images were utilized to depict their situation including a ‘fear of treading on toes’ or ‘it’s like walking on eggshells’. Similarly, that the proposition to work tentatively should be placed in the ‘too hard basket’;</li> <li>• NIMHSs expressed their desire not to get hurt in the arena but they saw their ignorance as increasing the likelihood that they would take a wrong step.</li> </ul>
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### 5.8.1 Litany Layer

#### 5.8.1.1 Constraint by Correctness

Constraint refers to a students’ experience of feeling unable to question the material presented to them for fear of being labelled racist or insensitive, or of the critical scrutiny they anticipated for publically revealing their ignorance. **NIMHS44** described the potential consequences of being seen to question Indigenous issues:

*...if you want to question Indigenous issues it is kind of maybe seen as a negative thing to do, or if you are going to be critical towards those kinds of programs, then some could just come out and say, ‘you are being racist or culturally insensitive’. If they felt that way, I guess it would almost make it true?*

Constraint left some students uncertain about their capacity to critically develop their understanding of the material presented to them, a variation on the prescriptive experience described by **IMHP2** in Section 5.4.2.1 alerting

students to the fact that “*that’s just the way it is*”. Non-Indigenous Mental Health Students expressed annoyance and resentment at being told what to think, being told that they were wrong, or being told that they were to blame. Being positioned in such ways without the opportunity to respond meant that some NIMHSs expressed ambivalence towards approaching such antagonistic and prescriptive sites, and felt constricted by the lack of options at their disposal to navigate them. Fear of offense and its repercussions had the potential to make students question their approach to the arena, and to moderate their behaviour should they proceed by limiting the degree to which they felt they could respond openly, genuinely and critically. Pedagogically, models that forbade critical examination of the material presented to students while serving to inform them of the emergent orthodoxy, also prevented their critical engagement with the material.

## 5.8.2 Social/ Systemic Causes Layer

### 5.8.2.1 Uneasy Encounters with Questions of Difference: The Troubling Notion of Equality in the Arena of Indigenous Mental Health

An issue for Non-Indigenous Mental Health Students concerned questions about how to address cultural and racial differences, and their impact on the quality of service they were required to provide. NIMHS40’s account was typical:

*...we learnt about the different areas and the different communities, yeah, just different ways. But it was interesting how they were outlining different ways to not just interact, but things to be aware of, yet obviously you wouldn’t treat them any different. You wouldn’t treat Aboriginal people any different to Caucasian or anyone else... You know, if you are interacting with someone who is Aboriginal, be aware of this, this and this; be aware of the stolen generation; be aware of the preconceptions that people have; be aware of the connotations and the stigma’, but at the same time I was thinking that as much as you would be aware of it, I just had the thought, ‘Well, why would you treat them any differently though? Isn’t that treating people differently driving that stigma?’*

Students examined the consequences of varying responses to questions of difference. For example, utilising cultural differences as a rationale for differences in treatment was seen as a path to greater specificity of mental health intervention on the one hand, with the associated risk of entrenching an *'us and them'* binary on the other. The argument for treating everyone the same conveyed the notion of equality as a feature of professional practice within fair systems. Treating everyone the same, or at least not favouring particular groups, was seen as a logical behavioural consequence of a level playing field and for professionals in that context, it provided a degree of certainty as to what was required of them in order to be consistent.

Kowal and Paradies (2005) examined the narratives of public health practitioners negotiating the practical implications associated with the universal rights of the citizen, and the specific rights of minority groups. They concluded that the narratives were best understood as attempts to manage the tension between the universal and the particular, tensions that take specific forms in the health arena – coalescing around questions such as, *'how am I meant to offer the same care for all, while being required to providing additional and specific treatment for some?'* For practitioners, the attendant tension can translate into tentative service delivery, and for some students, a brooding resentment at the proposition of having to provide a supposedly fair and universal service that is seen as favoring some.

Alternatively, the critical observation of universal approaches regarded it as perpetuating inequality due to the non-consideration of the needs of groups that did not share similar competence within unfamiliar systems. **NIMHS37**'s assessment was that it, *"...just creates that generation after generation after generation of the gap. You know. It's not going to change anything."* A variant of these positions argued for a universal conceptualization of mental health, accompanied by a specific regard for the needs of different cultural groups. In response to a lecturer's call for politeness and common courtesy, **NIMHS40**'s response was, *"Well, duh! Why would you treat them differently?"*

On a related note, assumptions of similarity were also identified at the level of terminology. For example, the term 'advocate' was revealed as complex, with **NIMHS42** marking the distinction between Indigenous and

Non-Indigenous advocacy. Her account constructed advocacy provided by Indigenous people for other Indigenous people as being of a better quality, and therefore preferable. Interestingly, while this distinction indicated an acknowledgement of nuance, the context of 42's description saw her relieved at the prospect that there may be others more culturally qualified than herself to intervene. Her nod to cultural appropriateness simultaneously provided her with a convenient and culturally appropriate way out.

An implication of an uncritical regard for common terms is that at one level we may appear to be on the same page however, the attendant roles, activities and expectations may be constructed differently. NIMHPS32 offered another perspective on the universal treatment approach, echoing NIMHS37's identification of an assumption of similarity. Here, the emphasis was placed on the assumption of commensurable starting points:

*...if we looked at it like a racing track, like an athletics racing track, as a white person, I think on the inside about 20-30 metres and that's at the starting blocks. They don't notice that because as far as they're concerned we all start off equally.*

While some students grappled with the idea that they regard Indigenous clients differently in order to provide fair service, others struggled with the proposition that a fair service based on the assumption of equality would be able to do so. For them, within an unfair context, equal treatment would in effect perpetuate inequality.

### **5.8.2.2 The Sobering Impact of Indigenous History**

For some students, self-reflection raised uncomfortable questions regarding their potential to work with Indigenous people. NIMHS40 felt:

*...it is almost shameful to think that people - I don't know if it was my ancestors, but anyone for that matter - could be involved in that kind of, you know, I don't know if the word 'genocide' or kind of breed out a certain person or a certain culture, it is shameful to have those thoughts actually.*

NIMHS39 expressed the view that:

*...people have got this fear of knowing because I know that some of the classes we were in, in our tutorials, it is so confronting, the history and I sat in class on one or two occasions, like, welling up with tears, like, having this sense of not believing. I was going 'surely that never happened, surely not.*

Her account suggested that confronting material regarding Indigenous Australian people was coupled with mental health information that was, in its own way confronting. The discomfort and guilt was sufficient to impede the movement of some Non-Indigenous Mental Health Students towards the arena.

### **5.8.2.3 The Repulsive Impact of Media Coverage**

Another source of material with which students constructed their position involved mainstream media. **NIMHS40** described the conclusions she would arrive at where it was her sole source of information about working with Indigenous people, stating:

*I would never go up north, I would hate every Aboriginal person, if that was my only source. I don't think I have seen any positive article - well, not recently, not that I can think of off the top of my head - in regards to Indigenous people, especially up North with everyone and the stuff at the moment.*

**NIMHS40**'s account provides the basis for a speculative activity to be examined further in Chapter 9. In it, the implications of movements towards and away from the arena from this position are examined. According to Coffin (2007), one of the biggest issues in Aboriginal health is stereotyping and media depiction which is often negative. A reliance on such sources may see students and professionals enter the arena with preconceived ideas without any actual prior contact (Williams, 2000). While exposure to aspects of Indigenous culture and lifestyle is changing for mainstream Australians, the visibility of Indigenous people remains obscured by their demography and diversity (Hunter et al., 2012). Historian Henry Reynolds (1998), described responding to similar sensations in his book, *'This Whispering In Our Hearts'*, noting that

the residue of the broader social practice of marginalization still influences the degree to which Indigenous voices are discernible in the Australian context. While other factors are contributing to increasing exposure to Indigenous concerns, the situation at present while not quite the silence of Stanner's (1969) summation, remains more a whisper, than a roar.

### 5.8.3 Discourse/ Worldview Layer

#### 5.8.3.1 Constriction and the Respect for Deities

The term 'colonisation' was utilised as part of the explanation for depleted Indigenous circumstances, however several participants noted that the link was often presented uncritically. During a yarn with NIMHS44, we happened upon a metaphor that resonated with the idea of faith:

**R:** *It made me think of these words, 'A god of colonisation'. Colonisation is almost a godly kind of explanation. You give it and then perhaps you are expected not to question it.*

**44:** *Yeah, kind of like, 'oh, alright'. Yeah.*

Some students expressed unease that they were required to accept a version of the truth on faith, lest their questions be construed as disrespectful or racist. NIMHS44 described how colonisation was taught as the undisputed reason for an array of social and health disparities however, when presented as the only elaboration of social causes, this broad level of analysis was experienced as unsatisfying for curious students trained in analytical professions such as psychology.

Political correctness was often mentioned as the reason that stymied critique in favour of a polite and inoffensive alternative. References to it came from those who felt inconvenienced and wronged by their constriction in a supposedly equal context. Political correctness was only ever referred to as an obstructive influence, and in particular for how it was experienced as suffocating free speech. Some saw this as discouraging risk-taking and mistake-making of a kind necessary to engage genuinely with others. A consequence of the ensuing ambivalence was that the actions necessary to

address tensions and transform contexts were also inadvertently discouraged as a means of avoiding conflict. The extent to which this was felt as an imposition left some resentful as to the perceived favouring of another's feelings and freedoms over theirs. Paradoxically, the means by which to promote better professional behaviour was felt by those responsible for its implementation, as increasingly constrictive. As a consequence it could be said that when political correctness is used to frame endeavours such as cultural competence, the ensuing resistant language constructs political correctness as a form of resentful cultural competence.

For self-identified difficult patients such as **ICM8**, when asked whether staff looked after him, he reported that he, "...*treated them like shit! I treated them like crap, man, hey!*" A potential source of tension overlaying how NIMHPs responded, may have been the expectation that they do so differently for Indigenous patients. Their decision to subdue a disruptive Indigenous patient might invoke uncertainty should that action be anticipated to attract accusations of racist or insensitive behavior. The prospect of such accusation was sufficient to raise professional and student ambivalence towards the arena, while their actual engagement in the arena made interactions and the prospect of accusation, more likely. This was a concern identified in Mary's story as to how our professionally endorsed behaviour might in turn be perceived and labelled, particularly when contrast with the regard shown for important community members.

#### **5.8.4 Myth/ Metaphor Layer**

##### **5.8.4.1 The Designation of Fear as a Constrictive Emotion**

'Fear' was a commonly used term in accounts of ambivalence and avoidance for Non-Indigenous Mental Health Students. **NIMHS42** described being, "...*afraid of treading on toes*", with her fear coalescing around concerns of not wishing to do the wrong thing, by transgressing long-established cultural processes. She was particularly concerned about the prospect of moving to regional or remote area whereby her lack of familiarity would be attenuated and exposed. Similarly, a tutorial discussion on this point,

a student described their trepidation in terms of “*treading on eggshells*”. Further exploration revealed that this was the construction provided to them in another class, and not necessarily a conclusion arrived at via their own consideration or experience. The litany they had received about working with Indigenous Australian people meant that they now spoke with fear about that prospect.

### 5.9 Non-Indigenous Mental Health Student Approach Accounts

Table 13 presents a summary of the main features of Non-Indigenous Mental Health Students’ Approach accounts. Following Table 13 are more detailed presentations of material relating to each layer of the CLA.

Table 13

#### *CLA Summary of Non-Indigenous Mental Health Students’ Approach*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Students described scenarios in which they saw themselves playing useful roles in the arena. Their roles included those they had trained for, while some included the additional imperative of helping to address the injustices perpetrated upon Indigenous people;</li> <li>• For some NIMHSs, working with Indigenous Australian people represented an opportunity to address deficits in their awareness and the circumstances that had led to their ignorance.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• The essentialised representation of Indigenous people was seen as providing a skewed portrayal of their culture, prospects and behaviours. This image served to repel some students from further approach;</li> <li>• Some described their epiphany that they did not have to remain distant or disengaged, and saw the opportunity to work with Indigenous people as possible within a variety of sites, and not merely remote locations.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Students expressed their sense of agency when discerning their roles within the arena. They saw that they had the potential to be a useful, different, respectful and respected players;</li> <li>• Questions around dealing with difference were also considered. In these Approach accounts, difference was</li> </ul>

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	construed as an opportunity to enhance their knowledge of self and knowledge of others with a view to tailoring a more meaningful service for Indigenous clients
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Students generally described their idea of Approach as a gradual and incremental process, sometimes punctuated by moments of epiphany;</li> <li>• These sudden insights were characterized by a novel realization, or unexpected resolution to a dilemma that had otherwise characterized an Ambivalent or Avoidant position.</li> </ul>

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### 5.9.1 Litany Layer

#### 5.9.1.1 So Many Unanswered Questions

Approaching the arena constituted a means for some students to clarify, address and explain both the dire health circumstances of Indigenous people, and the context that had led to their ignorance of those circumstances.

Reflecting on her educational experience, **NIMHP28** identified the arena as an opportunity to address questions about her own blind-spots with history, and contemporary messages about 'Closing the Gap', "...*why haven't I grown up and seen this? Where is this all happening? And how big is it really?*" *The issues that they are saying are still so prevalent.*" This perspective varies with that of **NIMHS40** (see Section 5.8.2.2). Whereas greater awareness proved offputting for **40**, for **28**, the opportunity to ask and answer questions was taken in order to address the quality of her upbringing around these matters.

**NIMHS38** described her personal response as:

*...a really important learning experience for me. It was where I first began, I guess, particularly becoming aware of my own whiteness and my own role as a white Australian and what that meant in terms of the Indigenous story and starting to develop an idea of where I sat in relation to that tense relationship in our country.*

Having adopted a different frame through which to view herself and her work, **38** explored the path less travelled towards a revised position that she

described as having made all the difference to her role, and the fulfilment she now received from it.

## 5.9.2 Social/ Systemic Causes Layer

### 5.9.2.1 Transformative Experience and the Quality of Educational Resources

Education played a role in the transformation of students' regard for the arena, facilitating shifts from Avoidance or Ambivalence, to positions conducive to their Approach. **NIMHS37** and **NIMHP29** respectively, elaborated how their positions were reconstructed following their encounter with the same unit. They found it:

*...completely mind-blowing. It changed the way I saw the world, basically. It's not changed the way I work with Aboriginal people but it's given me a different sense of it, or it makes me feel different about it.*

Considering **NIMHS37**'s overall account, this was appreciated for what it meant to her work with Indigenous people, and as an affirmation of her involvement. Some students described an emotional element accompanying their transformative education experience. For **NIMHP29**, the providence of the material was important in securing her attention:

*... what I found the most useful and incredibly, incredibly moving were personal stories... and I think it is those stories that reminded me that, well, you can't judge a book by its cover, and it is all about finding out about the person. It is not helpful to just, yeah, and I think media, media and TV, they are not helping. They are not helping at all.*

The quality of educational resources was mentioned in Section 5.4.2.1 as a factor in halting the approach of some Indigenous Mental Health Students. Here, they were implicated in having Non-Indigenous Mental Health Students move towards the arena:

*But I really liked it, and (lecturer) made it, for me, a really safe space. You could say something and it wasn't to insult anyone. It was just to purely ask, you know, what is real and what is myth. That is what I liked about that unit.*

### 5.9.3 Discourse/ Worldview Layer

#### 5.9.3.1 Agents of Social Change

A raised awareness of the plight of Aboriginal people prompted student consideration of virtues such as social justice, fairness and equality. The 'rightness' of addressing injustice as it impacted Aboriginal people underpinned NIMHS39's decision to approach the arena. She held the view that injustice and inequality were scenarios in which her particular skills could have an ameliorative impact. Her construction of the arena provided her with a role befitting her worldview of a just society, and her role therein as an agent of social change.

Many accounts coalesced around the notion of 'advocacy'. NIMHS42 and NIMHS43 described the idea of being a "voice", and "standing up" for Indigenous people as activities they could engage in as students interested in working in the arena. NIMHS39 offered an account, expressed with some frustration:

*I'm just learning stuff and getting more information. It is just that injustice and feeling like a big kid, 'It is not fair!' 'This is not right.' And then I think I get wound up. I sometimes wonder how an Aboriginal person... see, I get frustrated, but I don't know if it is that direct connection, it is just my views of things right and wrong.*

A question for teachers concerns how we regard the unbridled enthusiasm of students eager to enter the arena? Does our remit cease when students express their desire (that is, they express a willingness to approach), or should our pedagogy consider how their enthusiasm may or not be interpreted by others in the arena? The historiography of Indigenous mental health suggests that much of the critique evidenced there involves those with good intentions failing to consider their good intentions in a different context.

Good intentions therefore, may require thoughtful management as students transition into different social contexts and different sites within the arena.

#### **5.9.4 Myth/ Metaphor Layer**

##### **5.9.4.1 Movement Across a Significant Threshold**

**NIMHS42** outlined her changed perspective on the prospect of working with Indigenous Australian people. This moment was preceded by a period of study that had encouraged her reflection on aspects of her upbringing and their contribution to an ambivalent regard towards the arena. Her epiphany occurred in a unit focused on Indigenous and Cross-Cultural psychology:

*...and then just studying this unit, just this semester, it was just everything was just, all that knowledge, just reading books and all that, getting it all, and I just started to feel more empathy, empathy that I had probably suppressed, that I didn't even think about growing up in Perth, white, in a white upbringing, you know. And I thought, 'Hang on a second! What was I afraid of? Why did I just not even consider it?'*

**NIMHS44** described how revelations emerged gradually as the result of engagement and experience, and enduring what at times seemed like irrelevant or meaningless material:

*I guess it was kind of hard to connect to something that might seem so different, their culture and the people, for myself, but then at least on a face value they seem so different, but kind of as you go along it seems more similar and not so alien, I guess.*

Acknowledging that development was gradual, and that over time ambivalence may transform as the material became less alien, reinforced the importance of patience in the approach of Non-Indigenous Mental Health Students.

### 5.10 Non-Indigenous Mental Health Professional Accounts of Avoidance and Ambivalence

Table 14 presents a summary of the main features of Non-Indigenous Mental Health Professionals' accounts of Avoidance and Ambivalence towards the arena. Following Table 14 are more detailed presentations of material relating to each layer of the CLA.

Table 14

#### *CLA Summary of Non-Indigenous Mental Health Professionals' Avoidance and Ambivalence*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Professionals questioned whether they had a place in the affairs of Indigenous Australian people. Some saw it as none of their business, or as someone else's job;</li> <li>• Some expressed apprehension over not wanting to do the wrong thing, or of perpetuating historical wrongdoings through their inadvertent lack of awareness. They feared being seen doing the wrong thing and attracting censure or discipline as a consequence;</li> <li>• Some NIMHPs found the intimation that they minimize their experience to the preference of Indigenous experience repulsive.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Professionals described their lack of knowledge, fear of exposure as stupid, racist or ignorant, and social awkwardness amongst Indigenous people as social/ systemic reasons for their avoidance of the arena;</li> <li>• Some feared their personal opinions and experiences regarding Indigenous people might interfere in their work.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental health Professionals explained their ambivalent position in terms of a wronged discourse whereby they described the hardship and inequality of their status within Indigenous contexts;</li> <li>• Their view of the emergent construction of the arena was one in which they felt devalued compared to their reception and authority in other mainstream contexts.</li> </ul>
	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental health Professionals described being de-centred from discussion of Indigenous mental health;</li> </ul>

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**Myth/  
Metaphor**

- Some NIMHPs felt neglected and offended at what they saw as the construction of their experience as being less than, or less valid than that of Indigenous people;
  - They employed what they saw as discriminatory treatment as part of their deployment of a wronged discourse aimed at placing them and their concerns at the centre of discussions, or at least on equal terms with those of Indigenous people.
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### 5.10.1 Litany Layer

#### 5.10.1.1 A Step Too Far

Similar to accounts of student avoidance, the prospect of having to work in remote or Aboriginal communities was off-putting for some Non-Indigenous Mental Health Professionals, particularly when it involved the possibility of long-term relocations. **NIMHP17** found colleagues feared working in Indigenous communities due to their ignorance of community protocols, and similar to the accounts of many NIMHSs, feared doing the wrong thing, or of being exposed as ignorant to the cultural protocols of Indigenous contexts. In addition to the fear of not knowing what to do, was the fear of finding out that what one does, was inappropriate (see Kowal, 2015 for an examination of this tension). For **NIMHPS32**, “...*there’s the whole, ‘I don’t want to ask that question just because I’m stupid’, ‘I don’t want to ask that question just in case I’m insulting.’*” For some NIMHPs, engagement in the arena of Indigenous mental health was viewed as a step too far, and a step likely to place them in situations and amongst people for whom their fear of public recrimination was heightened. For some, avoidance of the context and avoidance of the questions was chosen as a preferred option.

### 5.10.2 Social/ Systemic Causes Layer

#### 5.10.2.1 Acts of Preemptive Disengagement

**NIMHP28** described a colleague’s explanation of hesitance to engage in the arena, “...*he feels like he is being racist, but he is probably too scared to ask that because either they then think he is being stupid or he is being racist.*”

This account resonated with Non-Indigenous Mental Health Students' accounts of constriction (see Section 5.8.1.1). **28**'s recollection reinforced a construction of the arena that saw it anticipated as a site of scrutiny and evaluation, sufficient to sanction and marginalise those who deliberately or ignorantly failed to perform accordingly. **28** intimated that the inescapable quality of this scenario prompted a similar impasse to that appearing in Indigenous accounts of ambivalence whereby the option to question service quality was avoided for fear of retribution by those one sought to critique (see Section 5.2.3.1).

Similarly, **NIMHP29**'s comment emerged from a longer yarn in which she described her enduring unease with her response to the theft of a personal item from her home. She described being at pains to admit her suspicion that the culprit was an Aboriginal person contradicted her desire to not presume their identity. She worried that her prejudice for Indigenous people would extend into her work, "*...particularly how that story has influenced me and I guess I'm a bit aware of my personal views and how I don't want that to impact on how I work with the kids here.*" In addition to her work performance, the requisite interaction with Indigenous people in the course of her work would likely remind her of the unpleasant thoughts she held for the duality she preferred not to admit. That which was easily left unscrutinized outside the arena, would receive unavoidable attention within it.

#### **5.10.2.2 Staying Close to the Surface: Systemic Impediments to Depth**

**IMHP7** provided a perspective on a systemic feature of her employer's organization that warranted the distancing of the concerns of Indigenous mental health consumers. Her assessment of conciliation processes aimed at addressing the concerns of Indigenous consumers revealed a reality far removed from her expectations. The advocacy organisation dictated the terms under which they came to, or avoided the negotiation table. She also described dispute resolution processes that failed to compel those under investigation to further action, "*...you know, so they have a preference to people coming to an agreement at the table, but, yeah, as it turns out if a service says, 'no', that was the end of the story.*" A conciliatory mechanism in this case provided the appearance of engagement, while simultaneously marginalizing further those it

nominally sought to service. From 7's account, the authority was in no way bound to respond to requests for closer interaction – it was mediation on its terms or not at all. This practice was alarming for 7 as an Indigenous employee, and illustrated how avoidance can be normalized within the work practices of particular organization, even those concerned directly with responding to Indigenous mental health consumers.

### 5.10.3 Discourse/ Worldview Layer

#### 5.10.3.1 Staying Close to the Surface: Discursive Impediments to Depth

NIMHPS31 provided a critical interpretation of politeness that on the one hand reduced conflict and discomfort, while serving to prevent deeper engagement with a problem. He described it as a:

*...denial dimension that is still alive and well and it is really stopping people getting to grips with the therapeutic shift that will need to happen in the souls of people, in their real heart of hearts, for real healthy constructive full change to happen.*

He offered an equally critical assessment of political correctness as, “...another avoidance technique. It is another way of not facing in the depth of your own being...” NIMHPS31's perspective was suggestive of the aforementioned notion of bread and circuses whereby initiatives aimed at reducing inappropriate and disrespectful interactions at one level, could simultaneously be viewed as an impediment to the exploration of issues at a deeper level. He invoked the idea of a shift in the heart as necessary, but stymied by approaches that validated the lack of confrontation with more substantive issues. The notion of deep transformation in relation to CLA is explored further in Chapter 9.

### 5.10.3.2 Tea and Sympathy: The Repulsive Impact of Unacknowledged Status

**NIMHPS33** noted the high regard held by some of her colleagues for their own importance, “...*I think people can sort of kid themselves that there is, you know, ‘we’re here, we want to help, so everything’s OK’ type of thing.*” **NIMHP20** described the disappointment felt by some Non-Indigenous Mental Health Professionals at not being appropriately acknowledged by the Indigenous community or their Indigenous clients. **20** referred to the perspective of someone receiving a less than cordial reception, and the offense taken at the absence of a welcome befitting their rank, “...*oh they don’t want us around because when we go around they don’t even invite us in and make us a cup of tea, so always they don’t want to know us...*”. Some NIMHPs interpreted apparent disinterest as the client’s lack of appreciation for their presence, and saw this a sign of disrespect. Rather than consider the circumstances of their apparent rebuff, the scenario highlighted how some NIMHPs perceived that they had been wronged in the exchange.

The turn to a substantive acknowledgement of Indigenous expertise was countered by a view identified by Tsey et al. (2007). This approach outlines a position indicative of the enduring construction of the arena as site of Indigenous recipient and Non-Indigenous expert. Tsey et al. (2001, pp.34-35) noted:

*...an assumption persists that best practice health interventions among Aboriginal peoples depend entirely on the ingenuity, expertise and generosity of outsiders. This has led to repeated mistakes in ‘fixing up’ problems for Indigenous people rather than supporting their existing and potential strengths.*

Lea (2005) provided a useful analysis of what she termed the “*fast moves*” between assumptions of sameness and difference. She referred to the hyper-reality conferred by the medical authority invoked by health professionals as the foundational precept upon which health interventions were based. Lea contended that the significance of this construction was the way that such assumptions about what Aboriginal people lacked and needed to

know if they were to improve, simplified the knowledges of all parties and consequentially, the work such simplifications went on to perform. Lea proposed that the way in which those health professionals conceptualized the problems they needed to solve, ultimately served to reinforce the reality of the need for their continued tutelary presence.

### **5.10.3.3 Boundaries to Authority**

**NIMHP17** identified a tension around the extent to which a Non-Indigenous Mental Health Professional was permitted to speak on behalf of Aboriginal people. He felt that due to his cultural background, he was unable to speak on matters pertaining to Indigenous Australians, but that he could speak with some authority on matters of Malaysian people because he was, “...*rooted*” in that culture. This raised a broader issue of whether the arena was constructed in a way that meant Indigenous people could do certain things, and that Non-Indigenous people could not. Koolmatrjie and Williams (2000) speculated as to whether Non-Indigenous professionals should be permitted to participate in contemporary interventions, both as an acknowledgement of what they may be seen to represent for Indigenous people, and for their potential to perpetrate further harm.

For **NIMHP17**, the arena was constructed as having barriers to particular levels to engagement, and to particular sites within the structure. This restricted access may create tensions for those with a worldview that presumes or assumes universal access or universal authority to all areas of Indigenous life (Garvey, 2007). Instead, there may be context dependent limitations to one’s involvement, access and role. The solid ground that had previously characterized a settled and singular conceptualization of mental health appears more shell-like under emergent constructions that validate and authorize other cultural epistemologies. The ensuing instability is sufficient for some Non-Indigenous Mental Health Professionals to question capacity to stand in it.

#### 5.10.4 Myth/ Metaphor

##### 5.10.4.1 Non-Indigenous Victimization in the Indigenous Mental Health Arena: Consequences of a Revised Hegemony

Several Non-Indigenous Mental Health Professionals described being victimized in light of their benevolence having been rejected. Contexts that had previously placed them at the centre of interactions now saw them disrespectfully shifted from that position. The absence of a suitable acknowledging gesture such as a cup of tea added to their disappointment. When coupled with the experience of constriction, the resulting mythology could be seen as pointing to the emergence of a new, Non-Indigenous subalternity (e.g. Kowal & Paradies, 2003; Kowal, 2006; 2012).

Williamson et al. (2010) identified that Non-Aboriginal clinicians should actively seek the advice and collaboration of Aboriginal mental health professionals to ensure that their diagnoses and treatment plans were culturally appropriate. However, such direction was critiqued by some participants, referring to instances whereby they were affronted at the suggestion that there was a need for them to be taught how to do their work better. Their talk reflected an incredulity at the suggestion that they were constructed as students upon entry to the arena. They appeared offended at the absence of what they regarded as an appropriate acknowledgement of their status, and wary of moves to constructively critique and further mentor their behavior. Arguably, they employed a 'discourse of the wronged' to construct their revised situation as unfair. This did not prevent their presence or involvement however, a failure to perform according to this construction resulted in their troubled tenancy in some sites, and their construction as troubling by other players.

The notion of having been de-centred was also apparent in the following account. **NIMHP27** spoke of an exchange with the recipient of a textbook she had co-edited. **27** described the recipient's response to what she saw as textbook's implicit direction that she recalibrate her own experiences of trauma as secondary to those of Indigenous Australian people. The recipient spoke with indignance about this instruction, and ambivalence towards further approach to the topic. **27** explained how she encouraged the reader to consider who the book was about, and who it was for:

*...and that's what she got, that it wasn't about her. This book wasn't about her. It was about understanding Aboriginal experience, but when she first went into it she herself was wanting or feeling that by only talking about Aboriginal people and Torres Strait Islander people that we were making a hierarchy, that we were excluding people who have also had a hard time.*

27's explanation proposed that the reader consider that they were not at the centre of the textbook's agenda, and that it (the book) was attempting the tricky but important work of raising the status of Indigenous material so that it attain a centrality in ensuing analyses of Indigenous mental health. This explanation addressed her caller's concerns in a way that facilitated her ongoing engagement with the book and meant that she was able to regard the book's message in a more receptive manner.

At the litany level of analysis, for Non-Indigenous Professionals and Non-Indigenous Mental Health Students is often one that foregrounds their culpability, and guilt by association with the attendant measures aimed at correcting their presumed incompetence. The extent to which their perspectives were marginalized via the felt strictures of political correctness may see in this emerging construction a competing subalternity invoked by the decolonization and resettlement of a previously settled site, and their difficult movement to an ethnorelative worldview. Arguably, this is an issue worthy of further research in the Indigenous health realm (Kowal & Paradies, 2003) and intercultural competence fields (Bennett, 2004) and upon reflection, one witnessed in much earlier yarns such as those at the formative Psychology and Aboriginal Interest Group Meetings held at the Centre for Aboriginal Studies some 25 years prior.

### **5.11 Non-Indigenous Mental Health Professional: Approach**

Table 15 presents a summary of the main features of Non-Indigenous Mental Health Professionals' Approach accounts. Following Table 15 are more detailed presentations of material relating to each layer of the CLA.

Table 15

*CLA Summary of Non-Indigenous Mental Health Professionals' Approach*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Professionals saw their roles as helping to address a well-established statistical need for good mental health service. They acknowledged their strengths and limitations, and welcomed the opportunity to address each in the course of their work;</li> <li>• Some NIMHPs expressed little hesitation with engaging if they had the right support and guidance;</li> <li>• For some, the problem was not in the lack of advice, but in having to choose from an overabundance of recommendations.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• NIMHPs highlighted the social nature of approach. Mentoring and guidance were identified as crucial to facilitating their engagement.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• NIMHPs saw themselves as agents of social change and amenable to the culture of the emergent Indigenous mental health arena. They expressed agreement in working to social justice and reconciliatory guidelines in the name of establishing a fairer and more equitable system;</li> <li>• Some regarded the work as too important to be impeded by minor obstructive reactions to the directive to practice in cultural competent ways;</li> <li>• This was a view promulgated via a righteous discourse.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• Non-Indigenous Mental Health Professionals described wanting to be useful, and willing to be tutored as to how best they might achieve this;</li> <li>• Some acknowledged the importance of their humble apprenticeship and the importance of good guidance. They were also able to remove themselves from the centre of considerations with a view to situating themselves appropriately within the arena.</li> </ul>

**5.11.1 Litany Layer****5.11.1.1 An Openness to Guidance**

Despite having only recently arrived in Australia, **NIMHP26** explained that he had already been made aware of sensitivities surrounding the Indigenous health research context. He saw his position as one slightly removed from the specific critique of Australian researchers, but

acknowledged that this did not excuse him from following the protocols established to guide their service. From **26**'s perspective, there appeared to be no shortage of advice. In fact the opposite was true, producing dilemmas around discerning between that which was good, or not so good advice. Paradoxically, an array of options proved disconcerting for the Non-Indigenous Mental Health Professional seeking a way to navigate tension and conflict. Undeterred, **26**'s commitment to appropriate and respectful research saw him maintain a trajectory towards further work in the arena buffeted by encouragement and setback, and increasingly aware of the constructions assigned to him by players supportive and critical of his endeavours.

### 5.11.2 Social/ Systemic Causes Layer

#### 5.11.2.1 The Social Nature of Approach

**NIMHP24** provided an effusive, albeit conditional perspective when asked if she had concerns about her involvement in the arena. She insisted that she not travel alone in her approach to the arena and instead be accompanied by knowledgeable mentors. Their guidance, provided a degree of security for the Non-Indigenous Mental Health Professional, and meant that their navigation of troublesome eggshells was facilitated well:

*No, I don't as long as I get some guidance and some mentoring. (Colleague)... sometimes, him and I, seriously, if I have got something I go to (colleague), yeah, although we joke about it. But you need guidance and mentoring no matter who you are working with. For all clients you should have guidance and mentoring. So, I think, "Do I have concerns?" - no I don't.*

While the importance of Indigenous mentorship was raised in several Non-Indigenous Mental Health Professional accounts, the corresponding impact that the pursuit of Indigenous mentors may have on Indigenous Community Members and Indigenous Mental Health Professionals must be considered. The construction of Indigenous people as cultural resources has its bounds. Chapter 7 reveals how ICMs and IMHPs actively avoided their

identification as mentor or expert due to the additional pressure and scrutiny that such a role exacts. The implication for NIMHPs is that they navigate their availability on an ongoing basis. In that way, such requests for guidance may be regarded favourably, rather than as nuisance interactions (Garvey, 2007).

The adoption of a *'learner'* or *'student'* position by Non-Indigenous Mental Health Professionals was one regarded as a respectful by Indigenous mentors. It was as if the NIMHP's reputation was not necessarily enhanced by what they knew or said, but by how well they listened. Such a position was particularly powerful in light of a context that might otherwise have presumed the Non-Indigenous outsider as disinterested and disrespectful. **NIMHP29** concurred, adding that to adopt such a receptive perspective meant that one was open to and comfortable with hearing more as an augmentation of one's experiences, and respectful of the expertise of the teller:

*...I have learnt to listen to people's stories. I think I found that helpful when talking to young clients, you know, talking about home and where they are from and what they like getting up to. And I've learnt to be flexible. I think that is probably the most important thing. And I think I will never stop learning either. I think it is an ongoing thing.*

**29's** reference to ongoing learning is pertinent as it suggests that there is always more to learn about the arena. Learning therefore, was constituted by more than a single lesson, or acquisition of a single recipe about how to behave. In terms of models of cultural competence, or intercultural competence, it is important to ensure that in addition to the development of greater cultural awareness in the course of tertiary and other forms of education, that ongoing reflective practice be encouraged as an enduring and core feature of competence at the cultural interface.

### **5.11.3 Discourse/ Worldview Layer**

#### **5.11.3.1 Clear Reasons for Engagement in the Arena: Commitment to a Righteous Cause**

Some Non-Indigenous Mental Health Professionals were very clear about their preferred area of involvement, and their optimism and energy around their capacity to be a useful player in that context. **NIMHS37** explained her intention to work with Aboriginal women:

*...because the outcomes are so poor, but they're also not starting, like I said, on the same playing field...I just think it's the fair thing. We have a group of people, in a country that has incredible services and incredible wealth, and they don't enjoy that. So I think it's only the right thing that we do target and provide services for that group of people in preference to a whole lot of others.*

**NIMHS37**'s yarn framed her involvement as a part of a broader social movement in which she saw her role as one that contributed to a reconciliatory agenda between Indigenous and Non-Indigenous Australians. The extent to which players professed their certainty of the answer, underpinned the ferocity with which they attacked others for their competing opinions. A social constructionist position permits the speculation that amongst divergent possibilities, some are constructed and professed in such a way as to achieve the status of orthodoxy. It is the contention of this research that the elevation of a perspective whereby it is ascribed authority and permitted influence is not necessarily an indicator that it is '*right*'. Rather, that whatever practice is afforded privilege within a given temporal, geographical or social context, attains and maintains such status due to the weight of interpretant pressure for it to become so. Whereas adherents to said positions might be seen to argue their position as the right one, a more accurate term may be '*righteous*'. It is righteousness that characterizes the discourses employed to claim authority, correctness and expertise, while decrying the feasibility of other options.

#### **5.11.4 Myth/ Metaphor Layer**

##### **5.11.4.1 Fitting In: A Gradual Process of Elimination**

In comparison to accounts of ambivalence around revised practice in the arena, several Non-Indigenous Mental Health Professionals expressed

positions amenable to guidance, particularly when they were unfamiliar with the machinations of the game. For **NIMHP26**:

*... a lot of the caution comes in that if you want to do genuine research, where do you slot into this really big kind of machine almost that seems to be processing structures and policies. You just think, 'Well, look, how do I fit in? I'm a little person just interested in some questions, but I want to help people. I don't want to hinder. I definitely don't want to harm. So, how do I take what all these people are saying about what is important?*

Amongst often conflicting advice, **NIMHP26** described the experience as like, "...weeding out what you need to do as a professional in this area." His metaphor is instructive, suggesting that avenues may in turn be nuanced, rather than a homogenous construction comprised of a single course, or a single way of approaching. Extending the metaphor, it is pertinent to consider whether a player reconsiders their commitment if they become tired of weeding, or what the consequences may be of inadvertently picking the wrong advice. Here, the guidance of someone more experienced in the field may be useful. The emerging complexity of the arena however, warrants consideration of the existence of many different gardens and many different weeds, and the likelihood that what is discarded in one setting, may be considered useful in another. Perhaps the message to emerge as one prepares to get their hands dirty, is that it is necessary to remain attentive to the nuance of the particular environment in which one seeks to work lest one end up in the manure?

### **5.12 Chapter Five Discussion: Theorising Tension and Conflict in and Around the Indigenous Mental Health Arena**

The accounts of movement presented in Chapter 5 are examined in relation to theories derived from the social psychological literature, particularly Lewin's (1935) theory of conflict.

### 5.12.1 Social Psychological Perspective on Tension and Conflict

Conflict and tension have been central concerns to social psychology for well over eighty years, be it conflict experienced intraindividually, interindividually or within and between groups of various sizes. Conflict occurs when two or more incompatible motivations or behavioural impulses compete for expression (Weiten, 2007). The resultant stress impacts individuals in various ways including physiologically, emotionally, cognitively and behaviourally. These effects are mediated individually according to what someone notices, and how they choose to appraise or interpret them (Lazarus, 1999; McGrath & Beehr, 2005). People's appraisals of stressful events are generally regarded as subjective, meaning that events that are stressful or cause conflict for one person, may not even be noticed as such by another.

The tenets of several foundational theories proved instructive to the conceptualization of tension and conflict within and surrounding the Indigenous mental health arena. Kurt Lewin (1935) identified three basic types of conflict: approach-approach conflict is experienced when a choice must be made between two attractive goals; avoidance-avoidance conflict in which a choice must be made between two unattractive goals; and approach-avoidance conflict in which a choice must be made to pursue a single goal that has both attractive and unattractive aspects simultaneously. This type of conflict often produces vacillation, or movement back and forth while in a state of indecision as to approach or avoid a particular goal. Lewin proposed that stress was a consequence of approach-avoidance conflicts. Movement towards a seemingly desirable object or goal is countered by the real or imagined experience of negative consequences associated with that approach. As departure reduces discomfort, actual engagement is avoided meaning that rather than distress experienced through actual contact, it is an imagined consequence, and the fear of that consequence that moves one away.

In this investigation, the term '*ambivalence*' was proposed to refer to a position between approach and avoidance, recognizable as vacillation and indecision in verbal accounts, and behaviourally as paralysis or the absence of decisive movement towards or away from the arena. It describes those accounts in which the speaker expressed neither the intention to avoid, nor a readiness to approach. Rather, a person may have described an uncomfortable

impasse, comparable to an indecisive *'to-ing and fro-ing'*. Another metaphor is to say that a person is *'in two minds'*; not closed off to the possibility of movement in either direction but unconvinced, and perhaps troubled by the respective consequences of making a choice either way. Accounts of ambivalence expressed awareness of the pros and cons of movement, rather than a singular account of either. Indeed, we might speculate that those who utilize approach or avoidance narratives are less likely to experience tension due to the absence of competing alternatives that make conflict tenable. This is not to say that tension and conflict may not be experienced as a consequence of approach or avoidance, but rather that ambivalence constitutes a qualitatively different type of tension, and an associated absence of decisive movement.

The approach-avoidance distinction can be traced to the psychoanalytic theories of defense, and *'working through'* (Freud, 1915; 1957). Roth and Cohen (1986) nominate 'approach' and 'avoidance' as metaphors for the cognitive and emotional activity that is oriented either toward or away from threat, and see them as a central concepts to an understanding of coping responses to trauma. The study of coping with stress has taken two distinct paths: anticipation of future stressful events, and recovery from trauma, although for any given stress, anticipation and recovery are not always clearly separable, particularly in scenarios requiring the reconciliation of an experienced event with the threat of the future recurrence of that event.

A central tenet of the anticipatory threat literature is the repression-sensitisation distinction. Repression involves an avoidance of anxiety-arousing stimuli and their consequences and is a general orientation away from threat. Avoidant strategies seem useful in that they may reduce stress and prevent anxiety from becoming crippling. Sensitisation involves the approach toward anxiety-arousing stimuli and their consequences and is an orientation towards threat. Approach strategies allow for appropriate action and / or the possibility for noticing and taking advantage of changes in a situation that might make it more controllable. Approach strategies also allow for the ventilation of affect (Roth & Cohen, 1986) and in doing so acknowledge the emotional experience as central.

The tenets of approach-avoidance remain instructive in conceptualizing and explaining the various movements of players within the arena, while the

shift to intercultural meetings provides an additional frame through which to interpret the complexity. For example, how might we conceptualise the scenario wherein two avoidant parties meet; or what quality of interaction might be expected from two parties that regard each other as threatening? Within the proposed framework we are encouraged to speculate that when ambivalent providers and recipients of service are compelled to enter the arena, antagonistic conditions are anticipated without a word having been said. Actual interaction is unnecessary to invoke the anticipation of threat and an attendant defensive posture. This scenario is not unreasonable with cases of mutual ambivalence reported that invoked images of a stand-off between hesitant players. **ICM12** speculated that a cautious Indigenous position would invite a scenario whereby service providers and Indigenous consumers were unwilling to make a first move. The respective camps would in turn lament the others' failure to appreciate their circumstance from their perspective, and pleas from one side would be interpreted as a demand to diminish the worldview of the other. This unappealing proposition would reinforce intractability on both sides, and further serve to maintain a gap between the two.

### **5.12.2 Social Psychological Perspectives on Group Conflict**

Realistic Conflict Theory (RCT), also known as Realistic Group Conflict Theory (RGCT) (Jackson, 1993; Baumeister & Vohs, 2007) is a social psychological model of intergroup conflict that explains intergroup hostility in terms of competition over limited resources, or of conflicting or incompatible goals between groups. Campbell (1965) proposed the theory in order to recognize the importance of interchanges between groups, thus expanding the unit of analysis from typically individualistic considerations. RCT's conceptual origins were based on a premise of conflict between groups of a similar or comparable status. Duckitt (1992) addressed this condition by speculating about conflict and competition between groups of unequal status. He identified two types of conflict based on ingroup- outgroup interaction. The first is competition with an equal group, a scenario addressed by RCT in which ingroup members feel hostile towards an equally poised outgroup, leading to

conflict as the ingroup focuses on acquiring and maintaining the threatened resource. The second type of conflict involves groups of unequal status. In this scenario conflict occurs through domination of the outgroup by the ingroup, resulting in two potential response styles from the subordinate group. The first is referred to as '*stable oppression*' whereby the subordinate group accepts the dominating group's attitudes on some focal issue and sometimes the dominant group's deeper values so as to avoid further conflict. This kind of response poses no threat to the stability of a particular system or quality of the intergroup relationship.

A related concept, learned helplessness refers to the expectancy that one cannot escape from aversive events (Seligman & Maier, 1967). Initially observed in canine experiments, learned helplessness when applied to human behavior, was said to develop when a person was repeatedly subjected to an aversive stimulus that they could not escape. Eventually, the person would cease trying to avoid the stimulus and instead act as if they were helpless to change the situation. This scenario led people to overlook opportunities for relief or change, or even recognize their situation as aversive. However, learned helplessness is not an automatic outcome of uncontrollable aversive events. People may employ a positive active coping attitude in the face of failure or disappointment, whereas others may become depressed and helpless. Crucial in influencing the course of action or inaction was the explanatory style that people used to make sense of bad events (Peterson, 2000; Peterson & Seligman, 1984). This suggests that it is not merely the context that determines ones' response to it, but how one constructs the scenario that influences the quality and direction of subsequent coping movements.

The capacity to consider disruptive action is another feature of RCT. Whereas stable oppression comprises no challenge to aversive conditions, the second response option of '*unstable oppression*' is characterized by the rejection by the outgroup of the lower status assigned to them by the oppressive group. The outgroup may engage in activity aimed at redressing the oppressive circumstance in a bid to establish equity and equality with regards to access to particular and general tangible (e.g. mental health facilities), and intangible resources (e.g. authority and a voice with respect to the construction of mental health facilities). The responses of the dominant group may vary in

turn. If such challenges are viewed as justified, the subordinate is given the power to demand change. However, if the actions are regarded as rebellious or unjustified, the likely response will be hostile and repulsive towards such threats in order to maintain the structural and conceptual integrity of a particular hegemony.

### **5.12.3 RCT and Responses to Cultural Diversity**

RCT has been employed to explain the presence of conflict in scenarios characterized by racial and other diversity. It speculates that diversity may be greeted with contempt by ingroup members, should newcomers be perceived as a threat to their lifestyles, goals and resources, and those perceptions can make efforts to promote integration difficult. Organisations comprise a site of employment, income, professional and creative outlet, often situated in, and populated by members of the surrounding community. Where diversity characterizes the broader community and comes to characterize the demography of the workplace, increasing racial heterogeneity has been associated with increased job dissatisfaction among majority members. Incorporating diversity in communities can be resisted if it is perceived as creating competition for particular resources and RCT explains this response by suggesting that members of minority groups are perceived as competing for economic security, power and prestige with the majority group – a pattern that can pervade broader social and specific organizational interactions.

Discrimination against ethnic and racial groups is explained by RCT as a kind of intergroup violence instigated over the perceived rise in competition over limited resources. The extent to which resource acquisition is regarded as essential for one group over another, may lead to activities that aim to remove them as a source of competition. This may include increasing ingroup capabilities, decreasing the ability of the outgroup to be competitive, or by distancing the outgroup from the resource or in some other way that impedes their easy access to it. Discourses that discouraged consideration of Aboriginal people as contemporary with other Australians were likely reinforced by the actual physical separation of Aboriginal and non-Aboriginal people (Attwood, 1996).

In Perth for example, areas of the capital city were deemed off limits for Noongars, strongly enforced and consistently punished. Curfews were also a feature in regional towns, serving to ingrain the experience of marginalisation and separateness, while limiting the quality and opportunity for interactions between Indigenous and Non-Indigenous Australians beyond conventional dyads of *'master-servant'*, *'police-criminal'* or *'researcher-subject'*. The majority of Australians lived in areas where few Aboriginal people were present, or where their presence and roles were strictly regulated. The physical and psychological separation contributed to what Stanner (1969) identified as a deliberate and pervasive inattention to their plight, practiced on a national scale. Stanner argued that the forgetting of Aboriginal people was not a minor oversight explained by absentmindedness. Instead, he claimed that it was a *"structural matter, a view from a window which has been carefully placed to exclude a whole quadrant of the landscape"* (p.24). To produce and maintain this exclusion required a silencing of the other side of Australia's formative colonial history; the Indigenous side. Indigenous peoples' presences were more incidental than natural, sometimes visible but just out of sight, or invoked at times of varying need in a colonial context requiring evidence of its progress, benevolence and vision of the future. The invocation of the Indigenous 'other' could be seen in summative accounts of Australian mental health, and psychology in particular, that have used that group as a diminished counterpoint in otherwise celebratory accounts of the professions.

While RCT identifies stable oppression as a response by some to trauma and stress, it is useful to speculate on the reaction of those assigned to work with them. The literature on missionaries, protectors, saviors and bystanders is relevant here, as is the current trend towards roles emphasizing partnership and collaboration. Indeed, the corpus of literature on cultural competence and its variants might in some way be readable as a response by those confronted by the circumstances of those unfairly treated in a supposedly fair arena. The suggestion that such players be extensively catalogued is given greater impetus through this interpretation.

Bower et al. (2004) noted that ambiguity resulting from the appearance of new personnel or new designations within existing structures initially reflects traditional interprofessional tensions concerning expertise, authority,

and legitimacy. This circumstance was reflected in those accounts interpreted as a conveying mistrust and ambivalence towards contemporary service providers based on historical experience. Thus, while avoidance may stem from the practical demands of the context, another element involves how consumers construct the professional. For some Indigenous people, Non-Indigenous professionals are not regarded for what they offer, but for what they are seen to represent. This point resonates with Hunter's (2004) critique that service availability is insufficient to ensure client engagement. Brady (2004) identified scenarios in which the emphasis on Indigenous needs and processes, served to marginalise the credibility and credentials of Non-Indigenous professionals to intervene. Their roles were either downplayed as inappropriate, or demeaned as ongoing colonial interference. Brady surmised that Non-Indigenous professionals were required to forget their expertise and to instead expect to have their expertise evaluated differently as a consequence of working in an Indigenous health arena. The repulsive consequences of this cultural change were illustrated in the course of this research. Affordability, proximity and ease of access, while necessary in order to remove barriers to mental health service, must also consider cultural accessibility and appropriateness (Anderson, 2007). This specification adds nuance to the popular maxim stating '*if we build it, they will come*', by adding the speculation, '*if we build it, will they come inside?*'

Such behavior might be regarded as irrational and troubling to some observers however, attempts to address this rejection would be ineffectual were it to fail to acknowledge the broader historical context and prevailing myth/metaphors that construct service and practitioners in repulsive ways. An avoidant position in this mythology can be seen as a result of contextual and learned influences that warrant a position of mistrust to supersede the pursuit of assistance. It is pertinent to consider the impact such an entrenched position has on the task of Closing the Gap, and that the litany level instruction to access service, may be insufficient to shift behavior due to more influential myths operating to permit avoidance and sustain non-engagement. Larger scale shifts to the statistical litany must be regarded as the cumulative consequence of many smaller successes at closing the deeper, interpersonal gap that separates resource from recipient.

Factor, Kawachi & Williams (2011) proposed a social resistance framework that conceptualizes the risky behaviours performed by members of non-dominant minority groups such as ethnic/ racial minorities, as everyday resistance behaviors to unequal power relations. Engagement in such acts was posited to occur due to perceived historical or current discrimination, or as the embodiment of an oppositional social identity that provides a cultural frame of reference opposed to that of the dominant group. In this way, non-dominants express their willingness and ability to defy the dominant group, while signaling to the dominant group that their power is not unlimited. The present study provides qualitative support to the framework proffered by Factor et al., that may be viewed alongside their own recent evaluative endeavours (Factor, Kawachi & Williams, 2013). Of particular interest is Factor et al.'s observation regarding the conceptualization of non-dominant minorities. That is, claims to non-dominance may be made by those nominally belonging to the dominant group. Their experience of non-dominance may be viewed instead as an experience of alienation from the prevailing or emerging context. Several Non-Indigenous participants in the present study expressed their resentment at the unsettled Indigenous mental health arena, employing a wronged discourse to frame their decentred, destabilized or diminished position.

Avoidance of service by some Indigenous people may be interpreted as a resistive act, indicative of a persistent sensitivity to the assimilative potential of their full engagement in some arenas of mental health. Assimilation was regarded as the last point of resistance because to succumb to it meant the final relinquishment of a self-defined Indigenous identity. Sensitivity to assimilative processes was understandable within both broader and specific sociohistorical contexts from which many Indigenous Australian people derive their wary regard for mainstream Australian society and its structures. Central to this assertion is a discourse establishing the position as one of having been wronged.

Regarded through the prism of unstable oppression, avoidance of mental health service may comprise one example of a broader repertoire of resistive actions aimed at maintaining distance. Consequently, while the investigation was interested in ways of improving systems for the benefit of those who participate in them as providers or receivers of service, it cannot

consider these accounts from a parochial position that considers engagement with service as warranted at any cost. Instead, the priority, and challenge, is to comprehend the sense made by others, as they account for their avoidant and approach permitting positions. Factor et al. (2011) urge future studies to examine cases of individuals within groups who express the other group's perceptions and behavior. Arguably, the horizontal analyses permitted by the CLA of the Indigenous mental health arena provides support and theoretical clarification for this agenda.

## 6. CHAPTER SIX

### THRESHOLDS TO ENTRY

**Bridgekeeper:** *Stop. What... is your name?*

**King Arthur:** *It is 'Arthur', King of the Britons.*

**Bridgekeeper:** *What... is your quest?*

**King Arthur:** *To seek the Holy Grail.*

**Bridgekeeper:** *What... is the air-speed velocity of an unladen swallow?*

**King Arthur:** *What do you mean? An African or European swallow?*

**Bridgekeeper:** *Huh? I... I don't know that. (He is thrown off the bridge)*

**Bridgekeeper:** *Auuuuuuuuugh...*

**Sir Bedevere:** *How do know so much about swallows?*

**King Arthur:** *Well, you have to know these things when you're a king, you know.*

Monty Python and the Holy Grail (1975 film)

### 6.1 Chapter Six Overview

Chapter Six speculates about a threshold between participant preparation and participation. Many participants offered detail of a tense site between their avenue, and their engagement in the arena where, for all their goodwill and preparation, there remained a sense of stepping into the unknown at a point that symbolically and practically demarcated the state between working, and not working with Indigenous Australian people. In Figure 8, this space is located in the gap between the avenue and the arena site.

According to participants, while one chooses, or is required to enter the arena, one does not necessarily do so easily. Instead, one jumps, leaps, or is in some other way thrust into that space. Said movement involves a series of literal steps, leaving some floundering, groundless, lost or alone. Others described hiding from view, or camouflaging themselves so as not to stand out in an unfamiliar context, amongst unfamiliar players. Others appeared to teeter on a metaphorical abyss, where having taken one foot off the ground, were subsequently petrified by the prospect of planting it in the arena.

Monty Python's (1975) typically absurd treatment aside, the scene describes a scenario wherein those seeking to cross a large ravine must first answer three questions posed by the bridge keeper. Failure to do so sees the applicant flung into the abyss by an unseen force. Success in answering leads to an unhindered passage across the bridge and into the adjacent territory (where other perils await). Many Indigenous and Non-Indigenous participants in this investigation described equally vexing and hazardous crossings.

## 6.2 Threshold Features of the Indigenous Mental Health Arena

Table 16 presents a summary of the main features of the thresholds to entry of the Indigenous mental health arena. Indigenous and Non-Indigenous accounts were combined in order to speculate about the experience of a threshold between the various avenues and the arena proper. Following Table 16 are more detailed presentations of material relating to each layer of the CLA.

Table 16

### *CLA Summary of Threshold Features*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Participants articulated a tense step prior to their entering the arena;</li> <li>• Crossing the threshold comprised an uncomfortable proposition accompanied by a period of uncertainty and vacillation</li> </ul>

	<ul style="list-style-type: none"> <li>• Participants described qualitatively different cultural contexts.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Mass media and tertiary education coverage were seen to emphasize differences between Indigenous and Non-Indigenous contexts;</li> <li>• The experience of difference was also a consequence of the contemporary reality of demography that saw Indigenous and Non-Indigenous people occupying different geographical locations;</li> <li>• Segregation had resulted in the establishment of fixed and singular views for some professionals and community members. Their subsequent difficulties in considering other perspectives was indicative of transitional experience into unfamiliar contexts.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• The arena was viewed as an exclusive and mysterious site;</li> <li>• Non-Indigenous participants described it as an “<i>honour</i>” to work with Indigenous people;</li> <li>• Stepping across the threshold was viewed as a risky move. In response to the prospect of encountering a threshold, participants expressed mixed feelings including excitement and trepidation, hesitance and desire, and resistance and resolve. Many spoke of their vulnerability as they stood on the cusp of engagement, or of feeling destabilized by the questions and feedback that confronted their movement across the threshold and into the arena.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• The notion of a threshold was intimated through metaphors such as an “<i>exclusive club</i>” - a site of notoriety and intrigue, but one difficult to enter; Like other kinds of ‘clubs’, the threshold was experienced initially as a ‘loud space’, the volume of which reduced as one adapted to it, or found a quiet corner to hang out;</li> <li>• There were descriptions of feeling overwhelmed, and of one senses being flooded, as opposed to a steadier processes permitting a kind of systematic desensitization. The following images were evocative of the shock and awe that many participants experienced: ‘like jumping into icy water’, ‘leaping into the unknown’, and ‘jumping in at the deep end’;</li> <li>• The other side of the threshold was described as a site in which one struggled to ‘keep their head above water’;</li> <li>• The transition was accompanied by descriptions of being breathless, groundless and defenseless, each of which contributed to an overarching characterization of the vulnerability felt as one moved across the threshold;</li> <li>• Notably, while some described feeling like a ‘fish out of water’, the reality of the new territory was not necessarily as treacherous as they anticipated, particularly if they were accompanied by a knowledgeable mentor, or reputable threshold worker.</li> </ul>

## 6.2.1 Litany Layer

### 6.2.1.1 To Fight or Flee? Decision and Action at the Precipice

**NIMHP14** described an account of early engagement in the arena supportive of the notions of avenue and threshold. It involved his keynote presentation to the landmark *'Mental Health: Our Way Conference'*, and his summation that in the midst of a tense reception and potentially hostile audience, his concern was less about the quality of his talk, and more on his capacity to survive it. **14** referred to his provision of introductory remarks that permitted the audience to regard him not merely, or solely as a white professional against whom they could rage, but as a person with experiences to which they could relate. **14** speculated that his remarks reconstructed him in the eyes of the audience – augmenting perhaps that which they knew, or undermining that which they had otherwise assumed about him. Without them, **14** feared that he:

*...was then going to wear all of the projections that people have, which were largely driven by political considerations. Suddenly I was humanised in a way that changed it about, and then people could actually listen.*

Rather than unfettered access, or seamless transition from preparation to engagement, it appears likely that the novice or more experienced player can expect an indifferent, if not entirely hostile reception in certain arena sites requiring the deployment of preservational strategies. **NIMHP26** highlighted the importance of patience for those seeking to engage in the arena. Where things were not felt as happening fast enough, tensions emerged as a consequence of thinking that the fix was straightforward, and that special dispensation would accompany one's status as a professional. 'Settling in' received comment by others in this investigation, and as a period of adaptation and adjustment, has also been described by other authors. Sonn (2007) described this introductory period in terms of *'hanging out'* - a way of not wanting to be seen to intrude while still having his presence noticed. It also permitted him time to address the emotions he experienced having stepped into

the arena. Like others in this investigation, Sonn described a mix of excitement and trepidation in this threshold period.

### 6.2.1.2 Evidence from the Accounts of Threshold Workers

Further evidence of a threshold came from those who described their work at that juncture. **NIMHP20** described the benefit of their involvement for Indigenous clients seeking to cross the threshold into the arena:

*...it works for the Aboriginal person that they feel there is someone we trust who is working there and we can rely on the fact that if we contact them, something is going to happen, we might just get brushed off, and if we had to go in there he'll help us, and we can get some advice and things like that.*

**NIMHP20** had over many years, established a reputation with many Indigenous people as someone who could assist in their navigation of the entry requirements of the arena. His account highlighted the importance of the recognition and reliability that had been attributed to him over many years, especially as a friendly face on the other side there to meet them. For all of the uncertainty that Indigenous people had to confront and overcome in order to approach the arena, it appears that the final step was one that presented its own set of unknowns. Assistance in these matters from a trusted guide was deeply appreciated. **20** noted:

*...usually I would go with people like four or five times to an appointment and by that time they will be saying, 'I can do this on my own now. This is working now, I can do this.' But it took that little effort, it's only a little bit of extra effort really but it does work, it helps.*

**NIMHP18** provided an account demonstrating the impact that an assertive intermediary had on this transitional movement. Her advocacy work within the criminal justice system assisted lawyers to better understand the circumstances of their Indigenous clients, and encouraged greater comprehension of the criminal justice system by them. In her account, her discussion with a lawyer on behalf of three Indigenous girls demonstrated that

important and consequential outcomes can be achieved in very small period of time.

**NIMHP20** stressed the importance of being proactive in this regard and in doing so, illustrated the nature of his role as encapsulating what I would describe as ‘threshold work’. Here, **20**’s approach involved, “...*consulting with the community as to why they are not coming in, or what their needs are, or how it’s going to work better and just getting those things happening I think you start to make a difference...*”. Much of **20**’s work involved establishing safe passages prior to their actual need. Listening, talking, responding and being available served to normalize his presence amongst Indigenous people as a person with whom they could work if, and when required. This included shoring up the path from approach to engagement, ensuring clarity around access, as well as identifying exits. In these terms, threshold work could be seen as facilitating the dual imperatives of having people smoothly entering and exiting the arena.

## **6.2.2 Social/ Systemic Causes Layer**

### **6.2.2.1 Confronting Reality: A Confronting Reality**

**NIMHPS32** described his experience of distinct contexts pre and post entry to the arena. He described becoming aware of the disadvantage and lack of fairness experienced by Indigenous Community Members through his work as a psychologist for an Aboriginal Medical Service (AMS). There, he witnessed firsthand the complexities of service provision for a culturally marginalized group. Prior to this exposure, such circumstances had been out of sight and out of his consideration, ‘*silenced*’ perhaps in Stanner’s (1969) terminology, despite occurring in the suburbs of his upbringing. These details were unheralded in the context of **32**’s personal life, but writ large while standing on the precipice of his deliberate professional engagement in an Aboriginal organization working specifically for the health of Aboriginal people. In this instance, **32**’s exposure to Indigenous circumstances was facilitated via the avenue of his professional involvement, and served to

provide him with a shocking insight into the realities Indigenous life beyond their limited textbook depictions, or limiting media treatment.

**NIMHP27** provided a different perspective on the experiences of mental health workers. She had discerned the presence of a threshold based on her observations of Non-Indigenous Mental Health Practitioners attempting to transition into working with Indigenous Australian people. She theorized that with their movement into an unfamiliar context, their reliance on pre-existing interpretive frames meant that:

*...they will go in with that culture shock thing. You know, they will have to keep explaining that dissonance through their own lens, so they won't learn. You know, they will have to retain their prejudices and stereotypes to be able to make sense of it within their own worldview.*

Once again, the notion of contextual difference suggested the presence of a space in which participants navigated their first uneasy steps.

### **6.2.3 Discourse/ Worldview Layer**

#### **6.2.3.1 “I Listened and Jumped in at the Deep End”: Responding to the Challenge of Crossing Over**

In response to his hesitance to commence working in an Aboriginal health organization, **NIMHP32** recalled his supervisor advising:

*‘If you don’t, you will regret it. It will help your practice; you need to be...and uncomfortable but you will grow.’ And he pretty much said unless you jump in at the deep end, you won’t get anywhere. And I listened and jumped in at the deep end. I don’t know how well I swam but at least for the majority of the time managed to keep my head above water.*

More than discomfort for discomfort’s sake, when coupled with the prospect of professional development, crossing the threshold took on the features of an important rite of passage for those seeking to enter the arena. **NIMHP32** recounted how his mentor encouraged his step over the threshold

but did not romanticise the prospect of what awaited him on the other side. Instead, he appealed to **32**'s capacity to risk-take, and grapple with discomfort. In some instances, students were alerted to the transition from the classroom to the arena. **NIMHS42** recalled the message from her lecturers as being, "*you can do it here one on one, but when you get out there it is really different.*"

**NIMHP24**'s position emphasized the centrality of guidance and mentorship as a mediating factor in one's transition into, and movement within an unfamiliar context. An important feature of mentorship included the deployment of different interpretive frames through which to regard Non-Indigenous Mental Health Professional work. That which had served NIMHPs well in some contexts, and been validated as indicative of good practice, were rendered meaningless and ineffectual within sites constructed to recognise different cultural characteristics of service, health and professionalism. This was an important feature of effective service provision deployed in different arena sites.

**NIMHP26**'s account was emblematic of resilience that saw him maintain an approach-oriented course. It highlighted how Non-Indigenous Mental Health Professionals needed to consider that their entry to '*the club*' did not ensure their access to all areas. There may be spaces that were strategically and necessarily exclusive, permitting particular kinds of conversations to occur amongst particular players and not others. This feature once again invoked the notion of '*de-centering*' whereby a participant acknowledged that they were not always, or necessarily the central player in a given scenario. Instead, they should construct a role that heeded a rhythm of involvement that ebbed and flowed according to the issue and the readiness of others in that context to incorporate them.

## 6.2.4 Myth/ Metaphor Layer

### 6.2.4.1 The Eager Have Landed: Articulating the Step from Theory to Practice

**NIMHP27** described an “*exclusivity*” and “*mystery*” to the arena, intimating that engagement and entry to the “*club*” was, for many, only facilitated through their participation in a professional avenue:

*...it is only through their role as a nurse, as a doctor, as a social worker that might put them in the way of actually having some Aboriginal clients that they will finally get an entrée into working in that area...*

Her account also hinted at a prestige that characterised the seemingly secret society who work with Indigenous Australian people. **NIMHP27** spoke in terms of the “*honour*” of working with Indigenous Australian people. Reference was also made to “*crossing over*”, an evocative description suggestive of movement into a different space. Entry to this club, not unlike the entry to other exclusive venues, was facilitated via progression along an appropriate queue. In this case, the profession provided the avenue along which people were socialised and, as with other kinds of queues, the line led them to a singular point requiring authorization and scrutiny prior to entry. Failure to perform appropriately at any point along that line could see people ejected from it as per the bridgekeeper scene, or behave like “*fleeting shadows*” choosing to exit of their own accord.

**NIMHP20**'s actions in the arena prior to, during and immediately after the threshold, were an important resource to those Indigenous Community Members who might otherwise flounder or sink within that space. He constituted a guide, mentor, translator and usher, and at other times, quite literally a helping hand. He exhibited the agility to enter and exit the arena, an indicator of his own competence to effectively traverse that threshold. **20** saw his role as maintaining connections between services and communities. In this he emphasized making services attractive, like a “*magnet*” for Indigenous people requiring or considering assistance.

### **6.3 Chapter Six Discussion: The Arena as a Site of Multiple Thresholds**

Indigenous and Non-Indigenous participants highlighted discomfort, uncertainty and an attendant tentativeness despite, and in some cases, as a consequence of the preparation they had undergone for their entry into the arena. Non-Indigenous participants warranted the attention given to the metaphorical and actual 'first step' into the arena as a moment that marked a significant transition and subsequent reconstruction of what it meant to be professional. Given the quality and intensity of the experience, it was prudent to name this space in appropriate metaphorical terms for those who struggled in this vague, undifferentiated and in-between state. Indigenous and Non-Indigenous participants step into a threshold voluntarily or involuntarily, to the possibility of encountering something previously unexperienced, or of becoming someone other than who they were before. The transformation is likely instigated by a reconstruction in different terms according to the cultural construction of the new site. At an individual and interpersonal level, this is a catchment for significant tensions.

The concept of culture shock has been employed to describe and explain the emotional and physical discomfort experienced when entering unfamiliar spaces, including the transition for Non-Indigenous people into Indigenous contexts (Eckermann et al., 2010). Bennett (1998) argued that the notion of culture shock while useful as a descriptive metaphor, is actually a subcategory of a broader human experience of transition shock. Transition shock involves the tensions and anxieties that people may face whenever change threatens the stability of their lives. Bennett described this as a state of loss and disorientation precipitated by change in one's familiar environment that requires adjustment. Culture shock then, is a kind of transition shock experienced by a person as they confront operating in an unfamiliar cultural frame of reference. For some Non-Indigenous Mental Health Students, the quality of their tertiary and broader education experience appeared to invoke an anticipated culture shock whereby they were being simultaneously taught of the necessity to work in Indigenous contexts with Indigenous people, while the prospect of doing so was described as treacherous and difficult. This scenario

was sufficient for some students to state their likely choice to move away from such tensions.

Further evidence of a threshold came from the accounts of workers on either, or both sides of the step. '*Mentor*', '*supervisor*' and '*intermediary*' are some of the roles associated with transitional contexts that sees threshold workers urge the leap, cushion the fall, or rescue the drowning. The term '*cultural consultant*' also has resonance in this respect, often referring to Indigenous people who mentor and guide Non-Indigenous professionals. These images point to the basic behaviours participants are reduced to employing as a result of their immersion into an unfamiliar cultural context. For some people, movement across a threshold into the Indigenous mental health arena stripped away all vestige of profession or privilege, and required their reconstruction in different terms as someone flailing, disoriented and struggling for breath. Through this interpretation there are elements of a fundamental transitional myth suggestive of birth, or a rebirth into a different cultural territory.

### **6.3.1 Van Gennep's Notion of Liminality**

Tension and conflict accompany most movements in and around the arena and it is proposed that many of these may be usefully considered within the concept of liminality. The term '*liminal*' derives from the Latin term '*limen*', meaning threshold. Liminality refers to the quality of ambiguity or disorientation that occurs in the middle stage of rituals when participants no longer hold their pre-ritual status but have not yet begun the transition to the status they will hold when the ritual is complete. During a ritual's liminal stage, participants stand at the threshold between their previous ways of structuring their identity, time or community, and a new way which the ritual establishes (Overland, Guribye & Lie, 2014). Liminal states are also described as unstable spaces in which the learner may oscillate between old and emergent understandings (Van Gennep, 1961). They are a state in which there may be liberation from social norms comprised of a gap between ordered worlds where almost anything could happen. Doubt and uncertainty characterise the liminal state with what had once been taken for granted, is thrown into doubt and this breakdown of the usual order creates fluid and

malleable situations that enable new institutions and customs to become established. Thus, the experience of tension may be regarded as a response to the discomfort associated with movement through a liminal state.

Liminality has received explication in theories of transition, such as Van Gennep's (1961) work on rites of passage. Rites of passage are intentionally ritualised ceremonies that assist an individual to complete the transition through an emotionally charged and tense time. They help mark the transition between an individual's life stages and they reinforce the values and worldviews of a culture. Rites of passage rituals are often intentionally painful in order to increase the importance and recollection of the transition to a post-liminal status. In this investigation, the notion of avenues upon which participants move towards the arena is evocative of a rite of passage, particularly for those designated '*professional*' and '*student*', or Indigenous Community Members navigating their augmented identities as '*clients*', '*patients*' or '*consumers*'. The nature of these avenues sees participants move through various requirements of the profession in order to gain access – or transition - to a state of student to professional, or professional not working in Indigenous contexts to one who does. For ICMs, a designation as someone who has engaged in mental health services also has cultural resonance accompanied by unflattering labels as discussed in Chapter Five.

The process of navigating liminality may feature guides, or '*masters of ceremonies*' (MCs), whose role it is to ensure the successful transitioning of initiates across the threshold into their new status. The threshold workers mentioned above might be regarded as fulfilling the role of MC in relation to the Indigenous mental health arena. Wakabayashi (2011) examined the early contact history of Aboriginal interpreters and European colonists and questioned whether the role of intermediary allowed Aboriginal people to retake some of their lost agency by appropriating the coloniser's language. She asked whether they were successful in bridging worlds, and how they were viewed by the two sides between which they mediated. There appears to be no single narrative for those engaged in such roles, with Aboriginal intermediaries simultaneously privileged, yet in potentially precarious positions amongst their non-Indigenous benefactors – useful to a point – but a point over which they were wary to step. For the large portion of the historiography of Indigenous

mental health they do not appear to have been regarded as equals by new Australians, or within their new professions. Furthermore, their status in their own communities varied to the degree to which they were able to provide a resource, or were seen to have divided loyalties. The cultural interface is affirmed as a nuanced site of tension for those simultaneously navigating multiple cultural imperatives. I am uncertain as to the effectiveness of my navigation of this space in the tug-of-war context of Mary's story.

While some authors have critiqued the Aboriginal intermediary for not being blatantly or subversively resistant to the encroaching colonisers, Wakabayashi (2011) speculates as to whether acts of resistance would have been recognizable, or even recorded as that kind of behavior from a lesser group would have been inconceivable. In the current investigation, the Indigenous mentor reflects a contemporary intermediary. For some such as **IMHP1**, the role brought with it a degree of personal fulfillment and satisfaction promoting their approach, while for others such as **IMHP2**, the imposed role of intermediary placed unappreciated pressure on her to the point that she sought to exit from that particular work context.

Movement to a site of possibilities resembles the idea of unsettled contexts wherein cultural certainty is replaced by contestable scenarios and destabilising paradoxes. The sense of threshold is made vivid here, as are the concomitant experiences of excitement and trepidation as one teeters on the brink of the old and new, the familiar and unfamiliar, and in between safety and risk. Many of the metaphors offered by participants evoked references to similar sensations. For example, **NIMHP16** described movement into unfamiliar contexts as like, "*...flying into a Brazilian cave with a parachute on your back because it's going into the unknown and building from the ground up.*" Her depiction permits speculation as to the priorities along various points of her descent - was it to land safely, to establish her bearings, or to find a light? The metaphor also permits speculation on broader issues such as how we behave under pressure, in the darkness, or in the moments proceeding from an uncertain, albeit exhilarating entrance. A metaphor such as this also provides a useful entrée to considerations of the emotions as one stepped off, as one freefell, as one pulled the ripcord, as one noticed their parachute deploying (or not), as one saw the ground approaching (or not), or as one touched down

safely (or not). In terms of instructional pedagogy, these may be questions to examine generally, and then more specifically. For example, how might we prepare to step into the arena of Indigenous Australian mental health, and what do we do once we get there?

Whereas **NIMHS38** spoke as a novice mental health student and **NIMHP14** as a seasoned professional, both expressed evocative accounts of their entry into Indigenous contexts. They spoke as if all that was learned, feared, and anticipated about the eggshells and mines, converged at a specific point. Such was the experience at this juncture that some participants ceased moving, and instead appeared paralysed between the familiar and the unknown. In this intense moment, participants described their exposure to the possibility of their most feared realities being visited upon them. Paradoxically, fear and trepidation were not experienced at this juncture due to the restricted vista of the territory. On the contrary, thresholds appear to halt movement due to their construction as spaces preemptive of unlimited possibilities.

### **6.3.2 An Example of a Stage-Based Model**

The notion of movement was usefully examined in a model developed in the addictions field. It too describes ambivalence, paralysis and transformation, although it employs different descriptive terms. The Transtheoretical Stages of Change Model (TTM; Prochaska & DiClemente, 1983) emphasizes the readiness of participants to move towards a different status with regards to their alcohol and/ or other drug use. The TTM examines the tipping points related to a person's position with regards to their drug use, and the changes in identity that accompany changes in drug use thinking and behaviour. The TTM identifies a series of stages aligned with a person's preparedness to change and is referred to here as an exemplar of an attempt to chart movements from positions of intractability, towards those considerate of change. A description of the various TTM stages is provided in Table 17.

Table 17

*Transtheoretical Stages of Change Model (from Prochaska & DiClemente, 1983)*

Stage	Stage of Change Description
<b>Precontemplation (Not Ready)</b>	<ul style="list-style-type: none"> <li>• People at this stage do not intend to start the behavior change in the near future, and may be unaware of the need to change. People here learn more about the suggested behavior, are encouraged to think about the pros of changing their behaviour, and to feel emotions about the effects of their negative behaviours on others.</li> </ul>
<b>Contemplation (Getting Ready)</b>	<ul style="list-style-type: none"> <li>• Participants intend to start the behavior in the near future. They are usually more aware of the pros of changing such that the cons are about equal to their pros. Awareness of both sets of options may underpin an ambivalence that can cause them to put off taking action.</li> </ul>
<b>Preparation (Ready)</b>	<ul style="list-style-type: none"> <li>• People are ready to start taking action in the very near future. Small steps help them make the behavior change part of their lives. This may include sharing their intention with family and friends, and support from trusted others is encouraged. Support aims to overcome the overriding thought that ‘when I act, will I fail?’ Good preparation is encouraged as the precursor to progress.</li> </ul>
<b>Action (Engaging in the changed behavior)</b>	<ul style="list-style-type: none"> <li>• People have changed their behavior recently and are working at moving ahead. These participants learn how to strengthen their commitments to change and to fight urges to slip back.</li> </ul>
<b>Maintenance (Continuing to engage in the changed behaviour)</b>	<ul style="list-style-type: none"> <li>• People have changed their behavior over the short to medium term. People are encouraged to remain vigilant of situations that might tempt them to slip back to their previous behaviours, especially stressful situations.</li> <li>• Social support from trusted others, socializing with others who practice the behaviour, and strategies for coping with stress are encouraged as part of maintaining behavior change.</li> </ul>

Although derived from the addictions field, the TTM and its conceptualization of change processes can be seen as addressing similar questions to those confronting players in the Indigenous mental health arena. For this reason it offers a useful perspective on threshold experiences of liminality, transformation and movement. Each stage is acknowledged for its significance for the person voluntarily or compulsorily engaged in a process of addressing their drug use. Essential in this consideration is the TTM's emphasis on how and where a person is in their journey, for example, are they unready Precontemplators, questioning Contemplators, or motivated Actioners? Thus, the TTM offers support to the notion of movement suggested by this investigation, as well as useful insights into how ideas of progress and success are conceptualized. For example, a goal within the TTM may be to have clients move from a position of Precontemplator to Contemplator, or in the proposed framework, from Avoidance to Ambivalence. Here, the goal is not necessarily to have clients (or students) go from Avoidance to Approach. Instead, it recognizes the value in destabilizing a position that sees a participant unprepared or unwilling to contemplate their engagement with a change in behavior or a novel construction of their current behaviour.

The strategies employed to promote particular movements are tailored to the stage of a person's readiness to change. For example, targeting planning and implementation skills may be disregarded by those not even considering reflecting on their behavior. Movements between integrated and less integrated phases of knowledge, attitude and competence also characterise the journeys of people of various racial identities (e.g. King, Phillips, Colleen et al., 2015). The present research complements this broad conceptual premise by offering a speculative proposal of the disintegrative and reconstitutive experience of people engaging at an Australian intercultural interface.

### **6.3.3 Threshold Concepts in Relation to Education**

The concepts of liminality and thresholds have received attention in the education literature. The idea of threshold concepts emerged from a UK national research project into the characteristics of strong undergraduate teaching and learning environments (Cousin, 2006a). Meyer and Land (2006)

discovered that certain concepts were held by learners to be central to the mastery of their subject.

Land et al. (2005) surmised that within all subject areas there seems to be particular concepts that can be considered as:

*...akin to a portal, opening up a new and previously inaccessible way of thinking about something. A threshold concept represents a transformed way of understanding, or interpreting, or viewing something without which the learner cannot progress. As a consequence of comprehending a threshold concept there may thus be a transformed internal view of subject matter, subject landscape, or even world view, and the student can move on.*

(Land et al., 2005, p.53)

In examining the question regarding variation in student performance that sees some grasping concepts with comparative ease, while others appear to 'get stuck', particular interest was why certain concepts within disciplinary fields appear particularly troublesome to students. Meyer and Land (2006) argued that these ideas could be described as '*threshold concepts*' because they have certain features in common:

- Grasping a threshold concept is transformative because it involves an ontological, as well as conceptual shift. New understandings are assimilated into the learner's biography, becoming part of who they are, how they see, and how they feel;
- A threshold concept is often irreversible; once understood the learner is unlikely to forget it although this does not exclude the subsequent modification or rejection of the concept for a more refined or rival understanding;
- A threshold concept is integrative in that it exposes the hidden interrelatedness of phenomenon. Mastery of a threshold concept often allows the learner to make connections that were previously hidden from view;
- A threshold concept is likely to be bounded in that it borders with thresholds into new conceptual areas. A threshold concept can be a

form of disciplinary property that invite particular understandings upon presentation in a particular curriculum. The curriculum design therefore, should aim for a research-minded approach to mastery that leaves space to question the concept itself; and

- A threshold concept is likely to involve forms of troublesome knowledge, or that which appears counter-intuitive, alien (emanating from another culture or discourse), or seemingly incoherent. Mastery of a threshold concept can, therefore, be inhibited by the prevalence of a common sense or intuitive understanding of it.

Meyer and Land (2006) added two important caveats to their description of threshold concepts. The first suggests that an essentialist reading of threshold concepts is best resisted by sustaining a sense of their provisional explanatory capacity. A risk associated with supplying a simplified version of a threshold concept is that in the attempt to scaffold the student's transition to a more complex delineation, the first impression may prove difficult to shift, acting as something of a false proxy for the actual concept. Settlement for the naive version can see students enter into a form of ritualised learning that instead of prompting further investigation, serves to curtail the very activity it had hoped to encourage. Reimann and Jackson (2003) described this as '*fossilisation*' of students' existing conceptions and potential misconceptions. They note that such established position makes subsequent reconceptualisation difficult. The second, that getting students to shift their intuitive understandings may be difficult because the movement may involve a troublesome emotional repositioning.

Land et al. (2005) examined what teachers in higher education can do in relation to the design and teaching of their courses that helped students overcome barriers to their learning. As indicated in Figure 14, the movement from Instigative to Reconstitutive positions features encounters with troublesome knowledge requiring a shift and integration of new knowledge, and the frames that inform our worldview. Insights gained by learners as they cross thresholds can be exhilarating but might also be unsettling, requiring an uncomfortable shift in identity, or experienced as a sense of loss (Land, Meyer & Baillie, 2010).

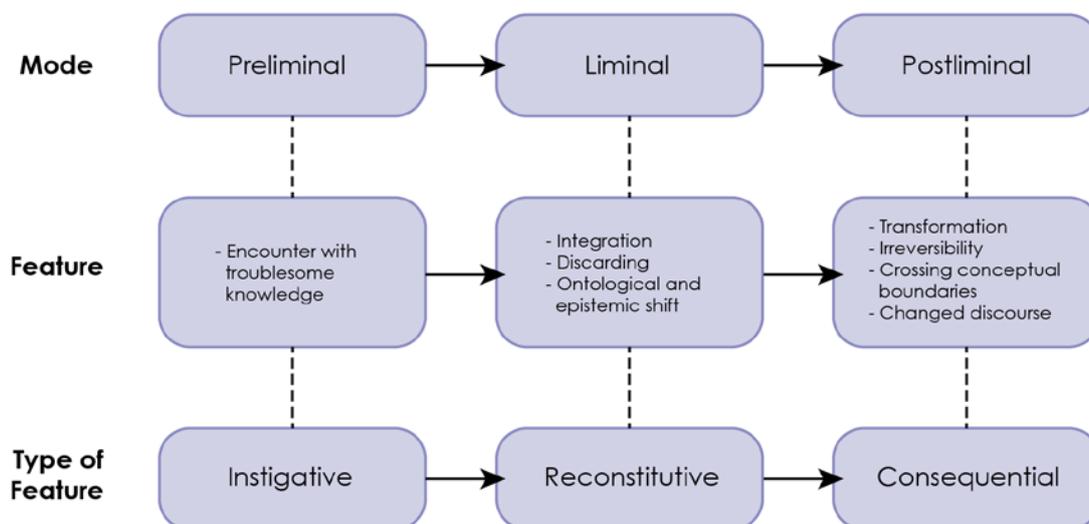


Figure 14: Relationship between threshold concepts and liminal states (from Land, Meyer & Baillie, 2010)

Difficulty in understanding concepts may leave the learner in a state of liminality, a suspended state of partial understanding, a *'stuck place'*, approximate to a kind of *'mimicry'* lacking in authenticity or flexibility. Often students construct their own conditions of safety through the practice of mimicry, in preference to mastery. The idea that learners enter into a liminal state in their attempts to grasp certain concepts presents a powerful way of remembering that learning is both affective and cognitive involving identity shifts entailing troublesome, unsafe journeys (Cousin, 2006b). Cousin (2006a) advised that there is no simple passage in learning from easy to difficult – mastery of a threshold concept often involves messy journeys back, forth and across structural and conceptual terrain. Behaviours may also shift back and forth between new and old repertoires in the course of navigating their liminal status. For the learner engaged in a post-liminal navigation, the journey is towards mastery, whereas the learner who remains in a state of pre-liminality retains understandings that are at best, vague. So too the notion of movement is central here in figurative and literal terms.

While this discussion highlights the threshold between avenue and arena, there are other examples for which the concepts of threshold, liminality

and movement are applicable. On Figure 8, the lines denoting the partition between Avoidance, Ambivalence and Approach are also considerable as threshold sites. Not only do they demarcate different positions regarding the arena, the assumption of a different position brings with it a differently constructed identity. For example, movement is implicated in a person's transition from an ambivalent position to one permissive of approach, an important scenario constituting the preferred trajectory for both providers and recipients of service in the arena, however it is a movement that is neither guaranteed nor readily engaged with. Mythically, navigating thresholds into unsettled and unfamiliar contexts strips bare those who step across. Lacking the usual touchstones of professional or cultural familiarity, one is left at the mercy of those whom one encounters. For some this is experienced as intense vulnerability and inadequacy. Paradoxically, it may not be simultaneously recognized as the commencement of their own personal and professional transformation.

## 7. CHAPTER SEVEN

### ARTICULATING TENSIONS WITHIN THE ARENA OF INDIGENOUS MENTAL HEALTH

*Making a decision is the worst punishment ever...*

Anon

#### 7.1 Chapter Seven Overview

The above quote was found etched into a desk at a local library where I would often go to write. Amidst the other carved and scribbled messages ingrained into the wooden desktop, this observation on decision-making resonated with tensions described by many participants in scenarios requiring them to make a difficult choice between multiple options. In Lewin's (1935) terms, these may have involved approach/ approach, and avoidance/ avoidance scenarios. In the accounts of participants in this investigation, their punishment lay in choosing from amongst several options posed within an unsettled scenario. Whilst the cessation of having to grapple with the experience of paradox likely reduced the association tension, the consequences of having made a decision, and along with that, an allegiance to a particular construction of the arena, was confronting and punishing for some.

The idea that the Indigenous mental health arena was comprised of multiple sites of interaction, and populated by diverse players gave rise to the potential for there to be various experiences of systemic, interpersonal, and intrapersonal tension. Their elaboration here troubles the litany of conflict that is predominantly the result of tension between Indigenous clients and Non-Indigenous Mental Health Professionals. While instances of such difficulty were described, the main qualities of tension identified by Non-Indigenous participants involved intrapersonal angst, examples involving other Non-Indigenous professionals, and conflict with the prevailing structures in which

they worked or had been trained. Indigenous participants' accounts of tension and conflict coalesced in many instances around overcoming long-held myths of apprehension concerning whether or not to trust the places and personnel they encountered as part of their engagement in the arena.

### 7.2 Non-Indigenous Accounts of Tension and Conflict Within the Indigenous Mental Health Arena

Table 18 presents a summary of the main features of Non-Indigenous accounts of tension within the Indigenous mental health arena. Following Table 18 are more detailed presentations of material relating to each layer of the CLA.

Table 18

#### *CLA Summary of Non-Indigenous Tension and Conflict*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Participants described feeling overwhelmed, disoriented and disintegrated, uncertain of where to focus, what to do, who to listen to, and how to be helpful;</li> <li>• Participants also described tension arising as a consequence of their pre-arena certainty being challenged in an unfamiliar territory that failed to acknowledge the markers of correctness, appropriateness and utility they had been socialized into via their respective avenues.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Many accounts described the absence of the usual markers of competence and success;</li> <li>• The fear of exposure and uncertainty about what one needed to do in order to be effective meant that some participants engaged in initial behaviors aimed at keeping them out of sight, away from scrutiny, and impervious to what they anticipated as a harsh critique;</li> <li>• Along with the critique of Non-Indigenous mental health practice, the arena also conferred an indeterminate status to Non-Indigenous professionals. That is, the imprimatur of 'professional' was insufficient to secure a respected presence within the arena;</li> <li>• Adding nuance to this point was the finding that even if a status had been established within a particular site amongst particular people, this was not necessarily transferred to different locations and associations.</li> </ul>

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<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• ‘Fairness’ and ‘equality’ have become qualities encoded and strived for in many contemporary regulations and procedures regarding mental health service provision. This was generally well regarded if it was seen to result in the fair and equal treatment of all players;</li> <li>• However, attempts to promote fairness by favouring the needs of particular groups drew critical reception from those belonging to groups not favoured by those redressive measures. For example, the proposition constructed by some participants as ‘in order to achieve fairness, I must forego my equal share’, was an unappealing prospect;</li> <li>• The construction of Indigenous mental health, as a site in which the latter conceptualization of fairness was employed, prompted some Non-Indigenous players to speak of how they felt wronged by what they saw as their and their client’s unfair treatment and diminished status in a supposedly fair and equal context.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• Participants employed metaphors descriptive of uncertainty, and of their floundering and flailing in unfamiliar contexts;</li> <li>• The experience of working in the arena coalesced around images involving entries into unfamiliar territories, and the existential crises that these journeys evoked;</li> <li>• In broad terms, movement from liminality to engagement in the arena of Indigenous mental health was described as a journey of initial disintegration and usually, eventual adaptation; experiences resembling the reconstitutive and consequential phases in conceptions of liminality and threshold states.</li> </ul>

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## 7.2.1 Litany Layer

### 7.2.1.1 Uncertain Steps in an Unfamiliar Territory: The Disintegrative Impact of the Arena

NIMHP30’s account detailed the uncertainty she experienced at the commencement of her first job. A requirement to be “*really careful*” and cautious was accompanied by a self-imposed vigilance as to the appropriateness of her words and actions, lest they be interpreted as disrespectful. New graduates were often hesitant to speak freely, a caution indicative of their anticipated vulnerability in contexts in which they were

doubly scrutinized – first for their conduct in relation to mental health, and secondly for their conduct in relation to Indigenous consumers. Her orientation difficulties were compounded by the absence of clear direction or meaningful feedback within the arena, a scenario that prompted her to express doubt about the value and appropriateness of her work. The need for reassurance was undermined even when it was offered freely by Indigenous Mental Health Professionals and community members. **30** found it difficult to be told good things about her work practice, and instead, second-guessed the sincerity of her Indigenous colleagues.

**NIMHPS32** described the depth of the tension for him, *“I was really under a lot of stress I believed at a fundamental level that this wasn’t, that what they were telling me that I should do wasn’t appropriate.”* He expressed critical questions around beneficence, and the ethics of follow-up:

*...like this is what you have to do, you have to rock up and you have to say hello and you have to say hello and you have to, even if they’re not there or they don’t want to talk to you, you have to at least be present and you go ‘Yea, well, but how is that helpful?’ And I was thinking again, judging...if I had somebody who kept on rocking up at my door and going ‘Heh, how you going, how’s things?’ But I didn’t want to have a bar of this...*

He likened the actions to those employed by religious devotees who, despite disinterest from the householder, persist in visiting them again and again and again. In **32**’s words:

*...I just didn’t see the point myself and pushing myself, fobbing myself onto some people because at what point does relationship building become relationship antagonism?*

The scenario prompted **NIMHP32** to supply an embarrassed apology for intruding in that manner, just because the client was an Indigenous person. His explanation speculated that there were remnants of a colonial interventionist discourse underpinning the ensuing dynamic:

*...to put myself there just felt like I was being more...partaking more in the white power side of things, you know? I'm coming out here because you need us, even though you don't know you need us, you need us. I don't see how that's respectful to them. How does being a Noongar<sup>9</sup> mean that I have to chase after you?*

Tensions emerged in practice as a consequence of the disconnection between what one did, and what one expected to be doing. While flexibility and responsiveness were lauded as features of good professional behavior, adaptations in the name of cultural competence were also seen to “*create their own issues*”. NIMHPS32 also described the tension surrounding the public conduct of confidential therapy. The situation that found 32 and his client in a position to speak, also found them in locations inhabited by other family members and passers-by. 32 was faced with the choice of whether to proceed in less than ideal circumstances, or risk losing an all too infrequent opportunity to engage therapeutically.

#### **7.2.1.2 Helplessness, Impotence and Complicity: Reactions to Discovering One's Role in Pre-Existing Structures**

Reflecting on his first clinical meeting with an Indigenous person, NIMHPS35 described the realisation that his conduct constituted part of the problems he otherwise sought to quash. 35 articulated several criticisms of the positivistic psychological model but found that in his clinical assessment of an Indigenous boy, that for all his misgivings about the approach, he was helpless to extract himself from a role within it. He described realising that any contextual rendering he could provide about his young client, would be regarded as secondary to the test score he had been trained to discern. Asked how he felt about this predicament, he recalled, “*...a really distinct sense of sorrow and helplessness.*” The context for his response was informative:

*I'm honestly not being facetious here because I don't feel that feeling anymore with autism, and I've got kids that are much worse than him, but I've been in it long enough that autism for me is a job and I feel quite capable in it. But this kid I walked*

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<sup>9</sup> Noongar: Aboriginal person from the southwest of Western Australia.

*away feeling like, 'Jeez, I've just written a report that people are going to interpret as saying this kid will never achieve. I've become a massive part of a problem.' Well, not necessarily a massive part of the problem, but I've been a part of the system that I personally criticise and I may be writing something that will carry a lot more relevance for this kid than what it actually means to me... I know because of the way that psychology personifies things as to what people are going to walk away with is broad statements about this kid's future and his potential to succeed in life, and that did leave me with a real sense of helplessness, not just because I can't help him, but because, you know, by virtue of the kind of professional process I'm going through is that I'm going to end up participating in that system to some extent.*

### 7.2.1.3 On Wanting To Be Useful

**NIMHPS32** described the role confusion that characterised his attempts to be a useful presence in the arena. He described difficulty identifying what constituted 'work', particularly in cases where what was done and appreciated by clients, did not necessarily integrate with the array of skills he had acquired along his professional avenue. **32** described diverse roles, including family advocate and family driver, as appreciated and undoubtedly useful contributions, while at the same time acknowledging that they were difficult to reconcile with the picture of his role that he had been socialized into:

*...I drove a family around and experienced a real sense of disconnection there at the same time because it was like how many clinical psychologists would be doing this sort of thing? How many would be driving somebody around and just chatting about day to day stuff, football, cricket, what have you, as well as occasionally having conversations about more significant issues, but pretty much just getting to know somebody seemed to me to be at odds or slightly different to how my training would say you would do stuff....*

Role expansion in an unfamiliar context required the professional to construct a different regard for their work and perhaps, how they and their work were constructed as valuable and effective by the Indigenous community. Instead of being the only thing that was done, work with some Indigenous

people only occurred, or was only able to occur when brief windows of therapeutic opportunity presented themselves. These were at times when client need and professional availability aligned but even then concerns surrounding confidentiality for example, made the conduct of a conventional professional role awkward. Thus, the arena urged clinicians to adjust to the rhythm of a context that set the opportunities for their involvement as an adjunct to the mundane necessities and situational crises that characterized Indigenous people's daily lives. This constituted a dynamic antithetical to the notion that the community arrange their schedule around the needs of professional interventions. A professional may be required to reconsider how their work is done within contexts that do not confer automatic recognition or recognize its status as meaningful or authoritative. The failure to do so may result in accounts of "*tea and sympathy*" from Non-Indigenous Mental Health Professionals who feel that they have not been correctly acknowledged, or otherwise wronged by the absence of a welcome befitting their rank. Furthermore, role tension may arise for an NIMHP from a sense of having been duped or cheated by the training she has received that had promised competent engagement with Indigenous people, but delivered disillusionment and despair.

How do we construct intrusive behaviour in such a way that it is condoned as ethical, professional practice? One way is to righteously claim that it is a resource worthy of our persistent offering, and that the targets of our proselytizing require it. Another is to claim that it represents a valid response to critiques of prior professional disinterest and part of a strategy to amend those. However, for professionals charged with navigating this cultural resettlement, the reality may be experienced as something other than conciliatory or effective. **NIMHPS32**'s account contends that such guidelines embody an overcorrection on the part of some professions to be seen to be fulfilling their duty of care to Indigenous Australian people. The consequences are, ironically, a reinstatement of scenarios prompting distance and ambivalence.

## 7.2.2 Social/ Systemic Causes Layer

### 7.2.2.1 Uneasy Associations with Indigeneity

While recent policy initiatives direct Non-Indigenous Mental Health Professionals and students to be cognisant of Indigenous issues, several participants questioned what was ‘*Indigenous*’ about ‘Indigenous mental health’? Their critique was expressed in several ways. For example, **NIMHP30** reported circumstantial differences such as missing family, homesickness, or alcohol and other drug problems, as surface level symptoms, rather than something distinctively ‘*cultural*’. The impact of age and schooling was also noted:

*... a lot of the Indigenous kids we were working with go to private schools in Perth and they are with the wider community, so I suppose it has kind of changed in that way, communication-wise, and they are kind of more adapted to how everyone else in school communicates and talks.*

**NIMHP30** suggested that there were more points of similarity amongst presentations, than there were differences attributable to notions of Indigenous culture. For **30** and others, the ensuing direction of having to respond in such a way as to acknowledge the Indigenous-ness of the client created tension when that difference was not readily obvious to them. This tension was noted by Nagel et al. (2009) who surmised that practitioners needed to adapt their practice to accommodate modern and traditional values, and utilise two-way and indirect approaches to treatment.

**NIMHP28** described how her association with Indigenous issues drew unwelcome attention to her as a spokesperson who frustratingly, did not necessarily know what to say beyond a feeling that change was necessary. Identified as someone experienced in working with Indigenous people brought with it a degree of interest and scrutiny from Non-Indigenous colleagues who sought to take advantage of her insights into the club. Others’ expectations exceeded **28**’s own assessment of her expertise which saw her responding sharply to some inquirers:

*People go, 'what would you do?' And I go, 'I don't bloody know what I would do. I just know what I don't like and what needs to change.' But how that looks, I don't know. Maybe I'll know that in another 50 years...*

**NIMHP28** described herself as an advocate for Indigenous issues in her professional realm, and had developed a reputation as such amongst her peers. However, requests for her assistance were met by a self-deprecating retort aimed at ceasing further conversation. Unfortunately, this line of inquiry was not pursued in the course of our yarn as there were features similar to **IMHP2**'s account in Section 7.3.1.3 addressing '*Essentialism and its Impacts*'. Here, the attention paid to Indigenous professionals due to an assumed expertise became overbearing and reductive to their consideration as well-rounded professionals.

**NIMHP15** elaborated the dilemma of who mental health professionals were meant to be useful for. She pondered:

*...am I going to be successful in terms of producing what my employer wants me to produce? That's the apprehension. The apprehension whether I'm going to be accepted by the Indigenous community, that's another apprehension. I think those are the two things that I worried about. Being accepted and whether I can please my employer and produce the result that they want? [Laughter].*

**NIMHP15**'s account articulated the paradox whereby doing a job well meant simultaneously risking their ejection from it, a scenario noted by Indigenous Mental Health Professionals' navigation of fine lines (see Section 5.6.4.2), and even that of my own experience of a tug-of-war in Mary's story. **NIMHPS32** identified an associated site of tension in the nexus between personal and professional realms, or when the professional "*bleeds over*" into the personal. He recalled:

*There would be times when I'd bump into people in the streets with my family and we'd have a session and ...and I can't say, 'see you later' or whatever, and there's a tension in me for that, because it's like, OK, how do I manage my ethical thing about keeping this confidential from my wife at the time and*

*my small children at the time, without seeming rude because if I am rude to you, that's it, it's over.*

**NIMHP32**'s tension at the cultural interface arose as a consequence of the competing demands and consequences of options that aligned, or misaligned with aspects of the participant's personal and professional affiliations. The situation was compounded when what one considered to be the usual parameters of good practice became troubled in different contexts.

**NIMHS38** pondered whether her interest in fixing aspects of the arena involved unresolved incidents within her own life. Her interest in helping others was presented as a counterpoint to what she saw as:

*...the need for me to look at the injustices in my own life, and the need for me to give voice to the part of myself that felt hard done by, and to heal around that kind of wounding. And I think that when people don't necessarily own that part of themselves and continue on fighting the fight for others, that can create a problematic dynamic sometimes. So to me again that is about authenticity.*

**NIMHS40** described how the anticipated critique expected by some Non-Indigenous students forecast their reliance on 'correct' behaviours employed in order to, "...cover your arse<sup>10</sup>". In order to mitigate the likelihood of unbearable scrutiny, some participants adopted an unassuming posture in order to conceal their presence<sup>11</sup>. For **40**, this meant treading lightly to reduce the misconstrual of their actions as disrespectful:

*...you say something at work that is not PC<sup>12</sup> ... something that is not politically correct, all this backlash from the media and society, so, yeah, it is almost like when you say something you have got to validate what you are saying 100 per cent to make sure no-one takes a different meaning in today's society. And that is in all areas, not just Indigenous mental health, but*

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<sup>10</sup> 'cover your arse': colloquial expression meaning to take actions to ensure that you are able to justify your behaviour professionally, legally and ethically in order to minimise possible backlash.

<sup>11</sup> See also Kowal, (2011; 2012; 2015a,b) and Kowal & Paradies (2010) for an examination of visible White-anti-racism and the strategic navigation of the stigma of White privilege in the context of health service provision with Indigenous Australian people.

<sup>12</sup> PC: Politically Correct.

*in a vulnerable group like Indigenous mental health or a group that is very marginalised - Indigenous is marginalised; mental health is marginalised; both together are going to be I'm assuming even more marginalised - it is such an area to tread lightly and make sure, yeah.*

**NIMHP32** described the antithesis to this 'soft' approach whereby in order to satisfy his duty of care to Indigenous clients, he was authorized to implement contact protocols verging on the intrusive. **32** regarded this as an overcorrection to the litany that emphasized the need to initiate and maintain contact with clients due to their Indigeneity. The failure to acknowledge the needs of Indigenous Australian peoples historically, had seen the emergence of policies calling for comprehensive attempts to be made to engage with Indigenous clients. Approaches touted as newly dedicated efforts to provide thorough and competent service were regarded by some Indigenous and Non-Indigenous participants as a variation on the much older systemic practices of Indigenous surveillance. For **32**, the scenario of the apparent Indigenous avoidance of the arena could be interpreted as a rational and functional disengagement from processes implemented to encourage their approach. A failure to consider the historical and symbolic resonance of contemporary policies saw some responses to the changing construction of the arena having the opposite impact to that which were intended, while simultaneously placing often well-intentioned Non-Indigenous Mental Health Professionals in tense and conflicting scenarios.

### **7.2.3 Discourse/ Worldview Layer**

#### **7.2.3.1 Contraindications of the Broad Recognition of Cultural Competence**

Non-Indigenous participants indicated that affirmations of competence were not necessarily transferable across different sites within the arena. The following account suggested that acceptance gained with some Indigenous Community Members, did not translate to ready acceptance by others, reinforcing the notion that the Indigenous mental health arena be considered as a complex territory. **NIMHP37**'s pride at having established a firm footing in

one context became unstuck as she came to the uneasy realization that the same acknowledgement was not readily forthcoming elsewhere. **37** referred to a conference attended by several prominent Indigenous psychologists. She was keen to meet them however, they were not particularly interested in her and were not as inviting as she expected them to be. She described her expectation, “*I just thought they’d be more friendly [Laughs].*” Their reaction shocked **37** given what she thought was her possession of credentials worthy of their acknowledgement, and associations with other Indigenous community members and professionals, including myself:

*...like they’d even met me a few times in your company, so I sort of thought even that I’d been introduced and I was clearly involved in Indigenous mental health in some capacity. But yeah, I just felt very unimportant, and it’s not that I thought I was important that I needed - it sounds like I wanted the spotlight, and it’s not that as much as I would have loved someone to go, ‘wow’, that’s interesting, that work that you’re doing...*

This illustration of a nuanced and inconsistent site has important repercussions for considerations of cultural competence development. It indicates that competence, while demonstrable in an academic sense (e.g. via the provision of the correct answers to an assignment) is a status that must be constantly and repeatedly tended to, negotiated and demonstrated within the same, and across different sites. Competence, even within the same local context, can be regarded as fragile, rather than fixed, and more an attribute assigned in situ, as opposed to a universally and perpetually accepted credential. Cultural competence then, becomes a status assigned through a process of situational construction and social interaction, rather than one predicated or predictable on the sole basis of one’s credentials.

While an assessment of competence may be bestowed in an academic setting, its actual measure is afforded via the interactions that occur with Indigenous people. **NIMHPS32** provided an account whereby the role and skills for which he had trained were only ever implemented once the more basic and immediate needs of the client were met. Even then, the opportunities to conduct therapy were regarded as tenuous at best, with the dual concerns

over time and confidentiality prompting him to question his capacity to practice ethically. While good intentions and a desire to do no harm underpinned many accounts, such intentions did not automatically nor easily translate into easy access or easy presence in Indigenous communities, or with individuals ambivalent, critical or suspicious of seemingly well-intentioned interveners.

### **7.2.3.2 The Paradox of Political Correctness: Enhancing Cultural Security or Impeding Therapeutic Alliances?**

Political correctness was critiqued as a protocol implemented to address cross cultural tensions by limiting the likelihood of behaviours experienced as offensive or disrespectful by clients. Some professionals described this directive as constrictive and counter-therapeutic. **NIMHS40** emphasized:

*...yeah, I guess it is frustrating because you want to help where you can but you don't want to say something that will offend or will be taken the wrong way or that can damage yourself, so, yeah, it is very frustrating, yeah.*

The emphasis on the needs of Indigenous people interpreted through the frame of political correctness, while meaning to dissuade the use of language and practice deemed as offensive, was felt by some to warrant against a necessary openness in communications and as an attack on fairness and equality in health care. It was also viewed by some as an affront to their own freedom of speech. In terms of the proposed framework, it is possible to speculate whether the experience of politically correct constriction were sufficient to usher Non-Indigenous professionals away from further engagement, or whether the quality of subsequent interactions based on resentment and frustration at being told what to do achieved this outcome.

### 7.2.3.3 Context as Lens, Context as Mirror

Exposure to the circumstances of Indigenous clients was overwhelming for some participants. For **NIMHS37**, the disparity between her circumstances and those of her clients proved distressing. She stated:

*I remember talking to health workers and I would be overwhelmed by their situation, and I'd be in tears and the health workers would be just saying, 'that's just the way it is. That's just their life.'*

**NIMHS37** described how it was not just the circumstances of the women she worked with, but their apparent consignment to it that struck her, particularly as she had been proactive in addressing her own difficult life circumstances. For some Non-Indigenous participants, their involvement in the arena provided them with a different view of the same world as seen through the eyes of their Indigenous clients and colleagues. It also provided them with a stark reminder of the quality of their own circumstances and the choices made to achieve their current situations. Paradoxically, the dual nature of the arena as lens and mirror meant that some participants became clearer about their choice to re-enter the arena, while others questioned their capacity to see themselves in it.

## 7.2.4 Myth/ Metaphor Layer

### 7.2.4.1 Shock and Awe: Initial Struggles Within the Arena

A feature of many accounts of tension were their references to aquatic images and themes. For example, **NIMHPS32** described his initial foray into the arena and his accompanying behavior as like:

*...going for a swim in an icy lake. So very tentative. I mean, in a sense you can jump in and swim and there's a big shock and then your body adapts to it. I was a little bit more tentative I mean I think I jumped in at the deep end but I was very tentative in my approach and that was because I was still struggling and again (mentor) was really helpful but I was still struggling with so many different things.*

Notable from his account was that having crossed the threshold, his subsequent steps still felt insecure and unstable. The reference to gradual adaptation resonate with those aspects of Lewin's (1935) theory of approach/avoidance that refer to desensitization to the novelty of unfamiliar contexts, and the Consequential phase of Land, Meyer and Baillie's (2010) educational paradigm. In terms of constructing a meaning that permitted NIMHPS32's resilience within such trying circumstances, his mentor had alerted him to both the shock and benefit of his decision to jump in. NIMHS38's initial experience also contained elements of gradual adaptation:

*I felt all sorts of things. I wanted to be appropriate and I wanted to be respectful, and I felt like a fish out of water. It was like, 'I'm not really sure how I'm meant to behave.' That was when I realised that I don't even really know if there are differences in expectations. I bumped up against all of that stuff all in one kind of moment, like, 'Can I just be me as I always am, and is that okay or are there some things about the way that I would normally behave and interact that are well-intended that would be offensive here or insensitive here?' All those kinds of things just came absolutely flooding to the surface and I just had to sit with all of that. I did and it was alright.*

NIMHS37 offered an evocative summation of the arena, at least in those initial and uncertain stages, "...I just find politically it's a real mine field in this area... I don't know how to play that game. I don't know the rules." 37 alluded to her confusion at the "game", governed by various rules with which one may not be immediately familiar nor privy to. The metaphor of the minefield was also graphic, suggesting potential danger was neither apparent nor predictable and that participants literally had to watch their step. Undoubtedly, the prospect of stepping on a mine appeared more hazardous than walking on eggshells.

#### **7.2.4.2 Leaping In: A Cautionary Tale**

NIMHPS33's enthusiasm attracted a dismissive response from an Indigenous co-worker, leading her to conclude,

*...it's just not going to work if you leap in. I suppose in that instance I was very enthusiastic and didn't take enough time with that particular worker to develop enough of a relationship to be able to, yes, so it all just went in a bad way.*

It was the intervention provided by several of **NIMHP33's** Indigenous colleagues that remediated her faux pas. She went on to describe how the evaluations some received for what, in their minds was an entirely well-intentioned greeting could in fact prove repulsive, particularly if their good intentions were perceived as disrespectful. **33** speculated that the experience of rejection caused some Non-Indigenous professionals to question their ongoing involvement. Efforts to approach must also consider the context into which one is deployed, particularly if said context is ambivalent towards particular kinds of approach, or particular kinds of approachers. Time devoted to assessing the situation, and how one was to be positioned in it appeared to be time well spent, and constituted a more effective preservational and adaptive strategy compared to an over-enthusiastic run through a minefield.

#### **7.2.4.3 “Like Walking Through a Forest”: Approaching Reconstitution**

Having entered the arena, **NIMHPS32** described the ensuing period as, “...like walking through a forest at times and trying to figure out, trying to find my bearings and something else would happen.” Even the provision of an exemplary performance appraisal from his employer was met with a withering self-appraisal due to his uncertainty as to the voracity of their claims. Despite their reassurances, he did not understand what he was doing right, and remained unclear about what he was doing wrong – a position he maintained until his departure from that organization. The metaphor of “walking through a forest” and the inability to establish one’s bearings was evocative of a professional experience devoid of certainty as to whether one was ever heading in the right direction, and one made all the more difficult when one was skeptical about the guidance provided. According to **32**, “I think it got to a point where I wasn’t sure I was being helpful because I wasn’t sure whether

*the tools I had were being effective...*” When asked to consider a metaphorical reference, he offered descriptors redolent with frustration and disorientation, including a metaphor that had been used some time earlier by Indigenous players to describe their frustration at the state of the Indigenous mental health arena:

*The first thing that came to mind was banging your head against a wall. The other image that comes in my mind it's like trying to construct something without the right tools. Trying to build a house with a bottle opener. Or even in the sense it's knowing you have to build a house and to build a house you need these tools but you don't have those tools and you don't even have the tools to make those tools, you've got to find the tools to make the tools to make the tools to build the house, you know?*

#### **7.2.4.4 Broken Dreams? From Game Changer to a Drop in the Bucket**

The critical features of the modern construction of the arena served to reveal that one may, despite what one may espouse, merely be another cog in the machine. This realisation delivered a rude awakening as conventional systems of assessment and processing prevailed, despite efforts to privilege Indigenous worldviews. **NIMHPS35** considered responding by implementing measures that would undo the harm he perceived he had caused by the otherwise exemplary execution of his duties. These included, “...*calling up his (the clients's) mum and offering to drive out to (location) and do pro-bono tutoring*”; measures that would ultimately not be pursued due to a lack of time and a fatalistic realization that they constituted a mere, “...*drop of water in the bucket*” in terms of having an impact on the system. Exposure to the possibility that they were in fact complicit in that which they would otherwise deride, provided some with an uncomfortable insight into the paradox of their involvement<sup>13</sup>. The realization that despite their best efforts to challenge the system, their best efforts would only constitute a marginal impact also required reconciling.

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<sup>13</sup> See also Kowal (2015b) for a related examination of the paradox and costs of White anti-racist involvement in Indigenous health and other social settings.

### 7.3 Indigenous Accounts of Tension and Conflict Within the Indigenous Mental Health Arena

Table 19 presents a summary of the main features of Indigenous accounts of tension within the Indigenous mental health arena. Following Table 19 are more detailed presentations of material relating to each layer of the CLA.

Table 19

#### *CLA Summary of Indigenous Tension and Conflict*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Indigenous participants described experiences within the arena as reductive and essentialising – processes whereby they were sought out due to their Indigeneity, and interrogated solely on those grounds. Some participants described needing to escape from such constant and singular scrutiny;</li> <li>• Participants described hospitalization as constrictive and restrictive, resembling incarceration compounded by the distressing experience of psychotic phenomena;</li> <li>• Participants identified competition over scarce resources, and claims to authority waged between different Indigenous players;</li> <li>• Tension was also described in relation to the intense scrutiny felt by some Indigenous participants to perform well in the arena, particularly in the midst of an audience skeptical of the need to emphasise Indigenous concerns, and the proficiency of Indigenous Mental Health Professionals to address them.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Tension and conflict emerged as a consequence of unfamiliar contexts and competition over tangible and intangible resources. Small practicalities can serve to enhance or detract from the experience of hospitalisation.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Even though a presence had been established, the ability to provide what Indigenous clients requested was sometimes difficult amidst competing cultural expectations;</li> <li>• Professionals felt impotent, ineffectual and constrained by the limits of their employment to travel more extensively (literally and figuratively) with their clients and their movement towards mental health. Roles permitted</li> </ul>

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	involvement while setting the limits to that involvement. At times this conflicted with what IMHPs regarded as a more appropriate and holistic response.
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• Participants likened hospitalisation to being incarcerated, controlled, and away from the usual comforts of home;</li> <li>• The arena was a contested site in which you had to fight for tangible and intangible resources, often with other Indigenous players;</li> <li>• The arena was experienced as a place in which Indigenous professionals were regarded as a novelty or expert. Both designations brought with it stressful and unappreciated scrutiny.</li> </ul>

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### 7.3.1 Litany Layer

#### 7.3.1.1 Difficult Choices, Difficult Consequences

Martyr's (2010) historical analysis indicated that Aboriginal people availed themselves of the prevailing mental health Acts to address troublesome community behaviour, or as a defense in their criminal proceedings.

Aboriginal people continue to seek the resource offered by mental health services however, the choice to engage is fraught with emotional consequences of the reality that a family member has been secured within an institution.

**ICM8** acknowledged that hospitalisation was traumatic for family members.

He was particularly aware of the impact on his mother, "*...mum cries every night and every day she visits me....*" **8**'s account was a poignant comment on the experience of institutionalization for a parent confronted by the choice between two unappealing options – mental health intervention or troubling psychotic behavior for her son. Resolution of the paradox required a difficult decision reflective of Lewin's (1935) Avoidance-Avoidance proposition, with unfavourable outcomes attached to both courses.

#### 7.3.1.2 Role Limitations: Indigenous Mental Health Professionals' Accounts of Helplessness and Impotence

Some Indigenous participants spoke with unease about belonging to organizations whose ideals and practices were, in their opinions, limited in their capacity to effect meaningful service. Indigenous Mental Health

Professionals spoke of their disillusionment at this realization, and in turn questioned their capacity to persevere under those conditions. For example, **IMHP3** and **IMHP4**, having carried out their role in a client's rehabilitation, were left having to explain their inability to continue working with him. Their exchange with their soon-to-be former client, found them speechless:

**4:** *He was looking and asking. You know, he said, 'What can I do?'*

**3:** *Yeah, 'I've reached this point. I've done what they wanted me to do. Now, what comes next?'*

**4:** *'I've reached this point, I'm sober. It is a hard thing to do. Now, what comes next?'*

**R:** *And you felt unable to -*

**4:** *Unable to answer him, do you know what I mean, to give him an answer that was meaningful, you know, and that is hard.*

**IMHP7** offered a variation on the experience of constriction. Her role as mediator for an advocacy organisation saw her responding to complaints raised by Indigenous clients. Her impact was limited however, due to the tools at her disposal – diplomacy, tact and networking – good to a point, but a point at which, “...we can't really promise what will happen, only how much we are going to try.” While providing the opportunity for Indigenous Mental Health Professionals to play a part in promoting the social and emotional wellbeing of Indigenous Community Members, the arena also sets limits on the extent of that involvement in certain sites. Therefore, in addition to the suggested avenues surrounding the arena, trials and tribulations persist within the arena that usher players along well-worn lines of engagement prescriptive of the quality and extent of their expected involvements.

### **7.3.1.3 “You are always looked at differently”: Essentialism and its Impacts**

Indigenous employees spoke about the unwanted attention of their Non-Indigenous colleagues. **IMHP2** described the stress of being regarded as the

Indigenous expert on mental health, and Indigenous psychology in particular. This saw her corralled into lop-sided conversations seeking her input, advice and approval on all things Indigenous. This was a position that she had not requested, nor one she saw herself as occupying. She did not present herself as a spokesperson on Indigenous matters and did not appreciate being viewed in such narrow terms. To evade her inquisitors, she revealed the preservational strategy of retreating to a site of familiarity and support. Opportunities to exit the arena, albeit temporarily offered Indigenous and Non-Indigenous participants a restorative opportunity to de-stress amongst like-minded others:

*2: I think there were times when I wasn't comfortable with it. Being at work was actually quite stressful, because I thought, 'I'm being judged for being Aboriginal. Even though they are not doing it to be nasty or anything like that, I'm still being made to feel like I don't fit, I don't belong.' So, even though you have got the same educational background, because I've worked with other psychologists and social workers, you still are not made to feel like you are part of a team because you are always looked at as being different. So it is kind of like us and them.*

**R: Or 'you and them', by the sounds?**

*2: So it was not a comfortable place to be in, and I know that one of the things that I was constantly arguing for in some places and actively pursuing was just to be able to get away from the workplace or the office environment and just go talk to another Aboriginal person, because, you know, you need it. You can become unbalanced, maybe is another word to pressure. You can become unbalanced and so you need to bring that balance back by just being around someone you don't have to explain yourself to...that you know you are not being judged.*

Such opportunities to retreat could be seen as supporting the resilience of participants individually and as part of larger social groups. Chapter 9 examines these congregations of like-minded and like-emotioned players and argues that such associations mark the commencement of naturally forming communities within the Indigenous mental health arena. The implications of such associations, including their transformation into larger social movements is also discussed.

### 7.3.2 Social/ Systemic Causes

#### 7.3.2.1 Friday on My Mind: Getting Back to Basics

While this investigation had as its emphasis, the articulation of less visible causes of tension and conflict, some Indigenous participants provided important reminders of the impact that more tangible factors played in their experience of the arena. For **ICM8**, when hospitalized, menu options were a cause for concern:

**R:** *What are your memories about being in the hospital?*

**8:** *Sick, yeah, the food was yuck; the food was disgusting. When pay day came I would ring up mum, 'Mum, please send some pizza up, a packet of chips, chocolate, you name it.' The best food I liked in hospital, it is fish and chips. It was every Friday, man; man, I liked that.*

#### 7.3.2.2 Contemporary Examples of Panem et Circenses: The Provision of Resource and the Purchase of Silence

**NIMHS39** speculated about the unspoken conditions associated with the provision and acceptance of resources, and the capacity of certain resources to purchase silence. She considered it “*manipulative*” that such provisions restricted the capacity to critique service by simultaneously providing a resource that undermined the provision of critique. Clients’ complaints could be constructed as a case of biting the hand that fed them, and managed as pleas from an ungrateful or excessively demanding mob:

*...the minute you start getting money from somebody it is like, 'well, don't ask for anything; don't start complaining. Like, don't start complaining about your mental health issues or your problems or the fact that you can't do this or that. You've got money.'*

By framing the analysis in economic terms, the provision of financial or other such resource maintained the focus of interactions at litany and social causative levels while detracting from examination of more substantive issues.

The paradox in this scenario was that in order to enjoy the full benefits of service, one needed to join those whom one did not necessarily trust, while not implicating them in any critical commentary about their service. The provision of service was perceived by some as mere panem et circenses to a more insidious assimilative agenda, suggesting that while the bread was sufficient to provide basic sustenance, the prospects of self-determination were only possible within the constructs of the colonial regimen. Elements of this tension reflect earlier accounts from the Indigenous Community Members' avenue whereby engagement was avoided due to the implication that accepting mainstream assistance meant joining the mainstream (see Section 5.6.2.1).

### **7.3.2.3 “That Did Come Back to Haunt Us”: The Perils of Getting What You Wish For**

**IMHP1** extended the notion of scrutiny by linking it with the idea that bread and circuses were by no means unconditional. His account referred to the kinds of critical questions that could be posed of the work done by Indigenous players:

**1:** *Yeah, okay, yeah, because they are going to think, ‘Well, okay they have got this service. Why don’t they do their work? Why do we have to do their work?’ So that type of comment coming back, you know.*

**R:** *Yeah, yeah. Can I ask what might that comment be about?*

**1:** *I don’t know if it is stemming from prejudice or, you know, racism or what, but it is just one of those types of remarks that I guess - We have always said, ‘Oh why don’t we have services that look after us?’ and we would be saying, ‘Oh you look after Wadjelas<sup>14</sup> first.’ I guess that did come back to haunt us, sort of thing, you know.*

**IMHP1**'s candidness revealed that he had considered the longer-term implications of the emergent construction of the arena. A focus on Indigenous mental health, while addressing an identified litany to Close the Gap, also created pressure to demonstrate that what was demanded and what was provided, do in fact effect an influence on the social and emotional wellbeing

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<sup>14</sup> ‘Wadjelas’: Noongar term for ‘white people’.

of Indigenous Australian people. According to **1**, in order to quash negative evaluations, Indigenous professionals needed to be “*spot on*”. The scenario illustrated the anticipated threat posed by critics of Indigenous efforts, especially if they felt wronged or devalued by the implementation of new priorities and amended approaches.

Traces of this retaliatory position were evident in **IMHP7**'s account as she described her frustration at having to continually justify the provision of services specifically for Indigenous people:

*...what I find impossible to deal with is when people are unwilling to learn about Aboriginal people, are unwilling to accept that that might have anything to do with how they are going to relate out in the field and, hey, we are only what percentage of the population anyway, and resentment from fellow students applying for jobs that Aboriginal people are guaranteed...*

As identified by **IMHP1**, the elevation of a preferred way of working with Indigenous people may be accompanied by critical assessments from those who feel unfairly impacted by that decision. New constructions therefore, unsettle the position of established players, especially if they feel disadvantaged by the proposed changes. **1** and **IMHP7** provided an important caveat to the notion of hard won gains within the arena whereby resources, attention and control are rarely, if ever provided unconditionally. In the fight for better mental health service for Indigenous people, even though battles have been won, the war appears far from over.

### **7.3.3 Discourse/ Worldview**

#### **7.3.3.1 Complicated Safety: Navigating the Tug-of-War of Cultural Responsibilities**

Indigenous participants yarned about the tension invoked by having to navigate between multiple cultural influences. Such scenarios embodied the aforementioned predicament of having to ‘walk a fine line’ (see Section 5.6.4.2), or contend in a tug-of-war. **IMHPS13** recounted the dilemma of

responding to a case of client trauma involving their client's initiation. **13** described his consideration of not only how he should respond, but whether he was in any position to do so. In his quest for cultural safety (see Coffin, 2007) – his client's and his own – **13** referred to finding, “*safe ground*”, or a site of mutual acceptability within which the client could speak without fear of repercussion from his community, and where **13** would not compromise his own cultural integrity. The need to make decisions cognisant of these factors led to the conclusion that, “...*yeah, it can get complicated sometimes. There are lots of different aspects to safety.*”

### 7.3.3.2 The Paradox of Cultural Consultancy

The role of ‘cultural consultant’ (e.g. Westerman, 2004; Garvey, 2007) exacted an overwhelming and unwelcome burden for some Indigenous players, particularly when it was neither their preferred or designated role. Paradoxically, Non-Indigenous Mental Health Professionals who sought guidance from Indigenous colleagues were seen as enacting recommended culturally competent practice, while simultaneously overloading them by virtue of their adherence to that guideline. Thus, much like the aforementioned intrusive follow-up regimen examined in the litany accounts of helplessness, impotence and complicity (see Section 7.2.1.2), the manner in which cultural intermediaries were engaged was also an intercultural practice requiring negotiation.

**IMHP2** described feeling isolated due to the scrutiny she was placed under to explain herself as an Indigenous person, while also being at the beck and call of any inquiry relating to Indigenous matters. Diminished in these interactions were **2**'s professional qualifications and their relevance to her role within the multidisciplinary team. In the eyes of her Non-Indigenous colleagues, her novelty as an Indigenous player overrode her other claims to expertise and value. Subsequently, **2**'s movement to speak with other Aboriginal people assisted her to re-establish balance amongst those with whom she would not constantly have to explain herself. For Indigenous Mental Health Professionals, this constituted a scenario that saw them move towards less stressful sites within the arena. It may also comprise a message to convey to those preparing to work in the arena so that they elaborate strategies that

permit a retreat, or some other amnesty from monotonous and intrusive requests.

### 7.3.4 Myth/ Metaphor

#### 7.3.4.1 Indigenous Professional Animosity: The Battle Lines are (re)Drawn

**IMHP1** illustrated the construction of ‘sides’ amongst Indigenous players. Specifically, the prospect of access to resources meant that competition was evident in the vertical analysis of Indigenous Mental Health Professionals. Ideological affiliation appeared to supercede Indigenous group membership meaning that Indigenous personnel competed with other Indigenous personnel in a bid for authority. Tensions simmered between Indigenous peers from different organisations and ideologies competing for limited pools of resources. In some cases, these rifts invoked the aforementioned disputes between State and Commonwealth ideologies and the Indigenous professionals employed within those respective structures. Bread and circuses it seems fueled battles in the arena that divided and conquered various Indigenous players, or at least subdued them to disputes amongst themselves.

**IMHP1** suggested that animosity was not solely a consequence of an argument over tangible resources. Disputes also concerned the constructions of Indigenous mental health professed by different Indigenous players. Although conflict over conceptual authority was linked to the attainment of tangible resources, a consequence of Indigenous players aligning themselves with particular resource providers was that their relationship with other Indigenous players became strained:

*...for the professionals I think you will have that animosity. I think that will carry on regarding the services, you know. Like, they are often on opposing sides. That's how I feel, because you pick up different vibes from people all the time, you know. I mean, you talk to different people and they give you different opinions and stuff, and even though they mightn't think that it means much, but when you analyse it and you take all that information over the years you think,*

*'Yeah right!' and you know exactly what that means. So, yeah, it comes down to that. I reckon that they do get a bit offended.*

For **IMHP1**, reflecting on tense conversations made an uneasy sense when viewed through the frame of competition over resources. Subtle changes in communications could also be interpreted as strategic movements aimed at aligning the speaker with particular constructions, and of assessing the other as collaborator or competition, threat or ally. **1** suggested that such conflict acted as a wedge to a more unified Indigenous presence, and pitted Indigenous people against each other.

#### **7.4 Chapter Seven Discussion: The Tense Reality of Social Change and the Impact of Paradox in Settled and Unsettled Cultures**

In this investigation of the arena, the paradoxes permitted in unsettled contexts saw some players increasingly conflicted by the need to choose. The absence of a single course of action, or at least the absence of a settled course of action, proved troubling for many participants uncertain as to the best route. Smith and Berg (1997) contend that the state of indecision accompanies a behavioural impasse, or '*stuckness*', characterized by emotional discomfort and apparent immobility whereby a person is figuratively and literally stuck in a divergent scenario requiring the choice between two or more options. For example, novices and experienced professionals, despite their best intentions and preparation, may, as a matter of necessity need to address an inherited and unflattering stereotype applied to them. This feature of the environment may precede their arrival and characterise the scrutiny applied to their initial and subsequent work. In light of such postcolonial scrutiny, emerging students and professionals may find themselves admonished due to the legacy of mistrust inculcated via their predecessors. Tellingly, the sins of the fathers may well be visited upon the sons and daughters who represent a new generation of mental health professional – a generation who, paradoxically, while sharing a critical appreciation of their profession's poor legacy with Indigenous people also find themselves subject to, and subjects of, the very critique that they are trying to address.

A horizontal comparison of Indigenous and Non-Indigenous tension suggested that Indigenous participants were also cognizant of the arena as a site of intense scrutiny and judgment. Enhanced service provision and worker competence was, paradoxically, seen as bringing with it greater surveillance of Indigenous people as service recipients and service providers. This was a feature that served to constitute the aforementioned maelstrom (see Section 5.6.4.1), and meant that the tenure of some Indigenous players was by no means untroubled. Clients would still anticipate treatment reminiscent of practices that had historically traumatized them, while Indigenous Mental Health Professionals could expect a critical, unrelenting and unforgiving Non-Indigenous and Indigenous professional audience.

Emergent constructions of the Indigenous mental health arena may inadvertently reposition roles such that those who were previously authoritative or acknowledged as experts, are marginalized, decentred, or demonized. Such tensions might be seen as features of an unsettled arena, and one in which many players were seeking to establish, or re-establish a viable, fulfilling and effective presence. However, while the aspiration of a better Indigenous mental health service provides a rallying myth, the transformation to a differently constituted construction was one likely to take time to achieve. In the meantime, adaptations to different contexts were likely to incur tensions for those feeling vindicated or wronged in the process.

#### **7.4.1 Assessing the Quality of Change in Unsettled Contexts**

Paradoxically, measures that have permitted an increased Indigenous presence in the arena have brought both opportunities and challenges. In addition to roles that have as their consequence the amelioration of poor mental health, fulfilling such roles has placed Indigenous and Non-Indigenous players in tense and unsettled scenarios. There is evidence of Indigenous and Non-Indigenous pioneers confronting the questions of those unfamiliar with Indigenous issues, or antagonistic towards Non-Indigenous remedies. Pioneers therefore, faced scrutiny, risked marginalization, or were construed as the embodiment of a novel portal into the worlds of those one had been ambivalent towards or hidden from. For some Non-Indigenous Mental Health

Professionals this has meant a confrontation with the antinomy associated with the strict application of novel contact protocols for Indigenous clients, and the prospect that that which was meant to improve service provision has in fact driven Indigenous community members away. For some Indigenous Mental Health Professionals, the emphasis on cultural consultancy has seen them compartmentalized in a manner that they themselves have not necessarily called for. Here, the antinomy of Indigenous authority becomes apparent, with some IMHPs unappreciative of this ascribed status, and the expectation that it places upon them to be at the beck and call of those seeking to be culturally competent. Engagement in the arena therefore, necessarily involves confrontation with tension and conflict due to the options that have become apparent within the unsettled features of its emergent construction.

While activity and transformation characterized much of the emerging litany surrounding Indigenous mental health, it would be prudent to reserve judgment as to the extent and depth of more substantive change. This measured stance is supported in light of the longer term review of the evolving constructions of Indigenous mental health that have promised much, but provided reworkings of long-held constructions, or the same old caterpillars (Hunter, 2004). In terms of the current initiatives and their ability to exact substantive change in the Indigenous mental health arena, for some the jury is still out.



## 8. CHAPTER EIGHT

### NAVIGATING THE ARENA

*Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.*

Viktor E. Frankl (1905-1997)

#### 8.1 Chapter Eight Overview

Frankl's observation harkens back to the proposition that choice and decision-making are core to examinations of paradox and tension. Chapter Eight articulates the various choices made by participants in the Indigenous mental health arena in order to navigate the tensions described in Chapter Seven. The examination regards accounts of navigation as choices expressed by participants in relation to the antinomy and paradox they encounter. Some strategies permit ongoing participation in the arena, while others validate decisions to exit from it. Sites of respite and renewal that assist in maintaining engagement despite the prevailing tensions are identified, and are proposed to occur in emergent communities of like-minded and like-emotioned players. While Frankl notes the emancipatory potential of choice-making, Chapter Eight illustrates that the path to freedom is by no means smooth or straightforward.

#### 8.2 Non-Indigenous Navigation of the Arena

Table 20 presents a summary of the main features of Non-Indigenous accounts of navigation. Following Table 20 are more detailed presentations of material relating to each layer of the CLA.

Table 20

*CLA Summary of Non-Indigenous Navigation Strategies*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Some participants employed behavior aimed at obscuring their presence;</li> <li>• Some employed mimicry deliberately, or naively, as a means of being seen to perform appropriately;</li> <li>• There was evidence of groups forming, comprised of like-minded and like-emotioned others. The ensuing communitas provided shelter, companionship, respite, reassurance, critique and guidance;</li> <li>• These congregations were akin to communities developing in the midst of an unsettled and contested territory. They provided a temporary retreat from tension, before players re-emerged into the arena. In this sense, they comprised comparatively settled sites located in the midst of a larger unsettled territory;</li> <li>• Strategies also included the construction of physical structures devoted to mental health service, or the reconfiguration of preexisting structures as visible signs that the needs of Indigenous people were being addressed.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>• Many features of the contemporary construction of the Indigenous mental health arena were reported as destabilizing to the presence, influence and authority of Non-Indigenous personnel employed there;</li> <li>• Role confusion and role ambiguity meant that despite what were considered good intentions, the practicalities of translating this into a form validated in service proved daunting;</li> <li>• These prospects serve to underpin the ambivalence felt by some Non-Indigenous participants towards entering the arena. For others, the prospect of uncertainty was acknowledged as part of the role.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>• Accounts described the arena as site constructed as a place to learn and as a place to act. Some acknowledged their ‘growth experiences’, and intercultural interaction as a ‘learning opportunity’;</li> <li>• Some viewed their participation as an opportunity to assert their presence in order to make a difference. Those who were there to fix or challenge things, placed themselves at the centre of proceedings so as to direct the actions of others according to their view of what was right;</li> <li>• Some participants expressed certainty about their involvement in the arena, employing a righteous discourse promulgated on the view that a single solution fixes complex problems. Speaking righteously permitted claims</li> </ul>

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<b>Discourse/ Worldview</b>	<p>of authority and truth to be asserted, essentially settling a context such that alternatives were inconceivable;</p> <ul style="list-style-type: none"> <li>• Some participants expressed their disorientation in the arena and experienced it as a site devoid of the usual familiar markers of status, competence and authority. Some participants saw this as a threat to their fair treatment in a supposedly equal context and described this in terms of their feeling victimized or wronged;</li> <li>• Wronged discourses conveyed a construction of the speaker as disadvantaged. The deployment of a wronged discourse permitted an appeal for clemency and a reduction in anticipated criticism. It also served to validate the critique of Indigenous social determinants as a threat to fairness and equality.</li> </ul>
<b>Myth/ Metaphor</b>	<ul style="list-style-type: none"> <li>• Some participants constructed their engagement as an opportunity to adapt. This myth saw participants de-centre themselves from the therapeutic process in a bid to better understand it, and subsequently situate themselves within it;</li> <li>• Navigation was described as a shared journey, and a social and communal activity;</li> <li>• Participants described the value in being ‘slow and steady’. Gradual revelation, gradual establishment of certainty, or of gradually establishing a footing.</li> </ul>

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## 8.2.1 Litany Layer

### 8.2.1.1 Present and Unaccounted For: Evading Scrutiny, Hanging Back and Fitting In

One means by which Non-Indigenous participants navigated their initial anxiety at having entered the arena, was to disguise, or in some other way obscure their presence. **NIMHS38** recalled her tentative entry into a theatre company, a site in which she sought to conduct research into the health promoting benefits of the creative arts for Indigenous Australian people. She described, “...*hanging back and just observing*”. Through her gradual immersion and adaptation, the concerns and uncertainties she had brought with her did not vanish but, “...*got less, less loud perhaps; the volume got turned down, but it was always there for me.*”

Mimicry permitted responses in various scenarios while leaving one restricted to competence only in scenarios amenable to that repertoire.

**NIMHP28** stated it plainly, albeit it with reticence, “...*this is how we do certain things and that is it. This is what we say. There is no flexibility around that.*” The certainty that mimicry provided was however, troubled in different contexts amongst different participants, particularly when no additional consideration of diversity had been attempted. **NIMHPS34** reasoned:

*...if I didn't have any experience as a psychologist and I saw someone for the first time in therapy who was of the Indigenous culture, I am thinking what would flood through my mind? 'Well, I learnt all this stuff at uni about it and I can't go there on that topic and I can't go there on this topic, but I should do this and I should do that', that real segmented sort of chunky sort of way of looking at it. I think that is probably detrimental to an alliance, and I think that if we see people as people with their own attributes and if we ask permission and if we ask what is appropriate, then it doesn't matter what culture you are from.*

While emulating exemplars of competent practice is to be lauded, neglect of contextual and player diversity could mean that practitioners are socialized into all too specific adaptations lacking efficacy across diverse social and structural sites. This point was examined in the preceding section on contraindications of the broad recognition of cultural competence (see Section 7.2.3.1). Latter appeals such as those expressed by **NIMHPS34** elaborate another feature of this vexing question, and propose that explicit considerations of culture may, paradoxically, be detrimental to the genuine establishment of a more nuanced and situationally genuine therapeutic alliance.

### **8.2.1.2 Not Doing As Others Do: The Employment of Covert and Overt Means of Addressing Perceived Poor Practice**

An example of smaller scale action came from **NIMHS37**'s response to what she perceived as a disrespectful display by a senior colleague. The incident acted as a prompt towards her identification with the injustice perpetrated upon a client and her decision to raise the issue, rather than become paralysed by the prospect of doing so:

*I just about cried. I was so devastated. And I'm so, oh my God. I've never had that. If someone treated me like that I would be really angry and I would react to that. But even to be imagined, that that's what happens every day, all day. That's so wrong. And I think that's...yeah. I want to make it different.*

Participants described this type of activity as preempting courses of action aimed at addressing what they saw as inadequacies in practice and procedure. Some, like **NIMHPS31** and **NIMHP14**, were explicit about this however; others were less overt about their remedial strategies. **NIMHPS33** described her non-reporting of DNAs (Did Not Attends) for Indigenous clients that in turn meant they remained active in the system. Her critical reflection yielded difficult questions and mixed feelings:

*Why am I doing that? Because I'm not confident in my colleagues understanding that it might, you know, maybe they do, but maybe they don't? That it might take longer for Aboriginal people to engage with a worker or to engage with the service? I am not confident of that there. But you know I don't actually know, I don't know, and I'm not going to have the conversation now because I'm being a bit naughty.*

Some participants announced their intentions brightly, while others deliberately hid their lights under a bushel. **NIMHPS33** contextualized her actions as the necessary consequence of her evaluation of the incapacity of her colleagues, while her covert approach meant that she avoided their censure. Transgressive acts therefore, may be validated as necessary and performed subversively in settings seen as hostile and populated by ignorant co-workers. **33** viewed her decision as being for the good of her clients – an act validated as righteous in an otherwise settled setting. However, in other sections of **33**'s account, her position and decisions were acknowledged as being isolating for her as she strived to keep her actions from the view of others.

While maintaining opportunities to engage with Indigenous clients, transgressive strategies proved constrictive to other associations within an organisation **NIMHS42** described how she arrived at a view of “*the establishment*” as unjust, due to what she saw as its preference for politically

correct remedial action targeting Indigenous Australian people. As a consequence of her critical stance, she saw herself being labelled by others as a 'do-gooder' for engaging in provocative practices. In order to maintain her presence and validate her actions, she distinguished between doing what's right, and doing what was mandated. However, she noted a dilemma, "...you are against the establishment and against your social justice values inside you." Her resolution reflected the importance for her of the need to maintain the integrity between worldview and action such that, "...you have to know within yourself what you are doing. It sits right with you and you know that, then you should be proud, you know." Perhaps this is an indication of the propensity of some avenues to prepare players for litany level engagement, while in situ, tensions are experienced and resolved according to deeper worldview and myth/metaphor inconsistencies between context and player. From these accounts it appears as if transgressive tensions at the litany are mediated by integrity and alignment at the discourse/ worldview and myth/metaphor levels.

## 8.2.2 Social/ Systemic Causes Layer

### 8.2.2.1 The Real Education Begins: Navigating the Difference Between the Text and the Territory

NIMHPS34 speculated that what needs to be known about working in the arena, can only be genuinely realised in situ. He speculated that guidelines, naively mimicked, could blunt the therapeutic moment if professionals were focused on following them, rather than attending to the person:

*...a lot of what society would say is the way to make things better is to educate. You hear it in the government, 'We need to educate people more on this and more on that, because they don't know. They are ignorant.' I don't necessarily agree. I think education can sometimes be a hindrance, and that is probably - stop me if I am wrong - what you were talking about. If we talk about the Indigenous culture as this specific subset of people with very specific needs, that may be true, but do we need to focus so much on it?*

Important details of an individual's background remain difficult to appreciate without extensive exposure over time to his or her social realities (Tervalon & Murray Garcia, 1998). **NIMHPS34**'s position was one whereby he preferred to get to know the person as they presented, rather than base his assessment on a set of preconceived ideas that may or may not have reflected the lived experience of the client. **34** qualified his approach and argued that the apparent informality, or social yarning (Bessarab & Ngandu, 2010) should not be equated with "*unprofessional*". Rather, that transformation of one's professional behavior in pursuit of better service was an acknowledgement of a situationally adaptive professionalism. For **NIMHPS32**, acknowledgement of a therapeutic rhythm expressed in "*geological time*" (years), rather than "*psychological time*" (months) was accompanied by an insight into that which had seen him impatiently pursue briefer modes of therapy:

*...to me, that's where I went wrong. I was in too much in a rush because no matter how much I was aware of the need to do x, y and z, or go slowly, there was still that Masters and Clinical Psychologist overachiever who wants to push, move things to see results.*

**NIMHP20** reflected on his extensive experience of working in a range of settings with different individuals and groups. His approach was non-intrusive, and cognisant of the time Indigenous Community Members needed to assess him. He was assertive in his presence, but also strategic in framing his inquiries respectfully and unobtrusively. Acknowledging the time needed to assess him, **20**'s approach to locating a client was offered as:

*... 'look, I'll come back in a couple of days is that okay?' You know you ask for permission, and you know...I mean I know that what's happening during that time is that you are being assessed, 'who is this person? What's this about? Is this ok?'*

**NIMHP18** recommended that novices seek assistance from those who had a reputation for working well in the arena. Arrangements whereby they partner with those more experienced could prove beneficial in helping them to find their footing. This observation reflects the aforementioned MCs whose

role is proposed to assist those transitioning between identities (Van Gennep, 1961). It is perhaps a reflection of the maturity of the arena that MCs are sought out, rather than easily recognisable or readily available. However, from a mentor's perspective, a little effort often went a long way in assisting Indigenous and Non-Indigenous players. **NIMHPS32** described how his role as an intermediary for Aboriginal clients and NIMHPs meant that they commenced their therapeutic relationship relatively unhindered by fear and uncertainty and could instead, "*...see each other as another person rather than a patient or a doctor who has known as far as your existence could lock you up or put you in a hospital.*"

A mentor was someone who had established a presence within the arena, and could stand either side of the threshold as an encouragement for those considering that step, and as a guide for those recently arrived. **NIMHPS33** recounted how she became a mentor for her Indigenous colleagues and they mentored for her in a dynamic that acknowledged the respective knowledges of each. Such was the integrity of their relationship, built up over many years, that when times demanded:

*...they could just be really honest, 'The way you said that was bloody terrible', they could tell me and give me feedback on stuff. I think you need it constantly because you can forget. I think because we live in the same world it's easy to forget differences.*

Guidance could be direct and to the point, and for the Non-Indigenous Mental Health Professionals who saw such feedback as constructive, the candid nature of that guidance permitted their approach towards previously avoided or unknown tensions while permitting them to be genuine and imperfect. For **NIMHPS33**, a feature of her transformation was a shift from her attention to her own self-affirming voice, to one increasingly attentive to the lessons offered to her. She was encouraged to become a student of the context, rather than an expert sent to study it.

**NIMHS37** described the acknowledgement of mutual expertise as necessary in a postcolonial work context, "*I couldn't just do it to them because*

*it didn't work, it doesn't work, it's been shown never to work, and it's just not a nice way to work with anybody."* **37** described a change in her worldview:

*I think I used to be, while I don't think I was overtly racist, my ignorance of - I'd still expect people to think the same way as I did, even though I would acknowledge, 'yeah, they're Aboriginal people and they come from a different culture', my expectation would be still that what's important to me is important to them. And what I believe is what they believe.*

**NIMHS37** felt frustrated that people failed to act according to what she saw as normal, however, a shift to a position more considerate of different ways of thinking and acting meant that, *"I can't assume that what I believe is important or that what's important to me or what I value or whatever, is going to be the same because it is not the same. And there are overlaps and there are common things for everybody."* **37**'s new view comprised a significant transformative experience that mediated her frustrated reaction to difference as an affront to her personal worldview.

**NIMHP21** described this mutual respect as a platform likely to foster interest, partnership and ongoing engagement for both the professional and client:

*...if there is consultation and people feel like they've been asked, there's a sense of buy in. So maybe then it's more likely to be effective because people have actually shared, 'I think this', so it's been collaborative. People talking to each other, people hearing what they have to say. Doesn't mean you have to agree but at least it's...that's where I would start.*

However, appeals for guidance were not always met with clear responses. In some instances, participants were made to fend for themselves and to experience the consequences of their actions. Rather than the subsequent accusatory labelling that some participants described as off-putting and uncomfortable, there was, amongst mentors, a mutually understood acceptance of the work as difficult. This in turn provided leeway for indiscretions to be regarded as a natural and expected feature of working in a new area. The relationship was no less constituted by the presence of egg-

shells, however, there appeared greater accommodation of the mess that resulted from their breakage. The imperative was not to buffer the novitiate from the experience of discomfort, but to support their transition, transformation and resilience through it.

### 8.2.2.2 Associations with Like-Minded Others

Communion with others in the arena was described as a source of validation and sustenance for work experienced as frustrating and disintegrating. It provided a rejuvenating social component, and a welcome change from those sanctioned or transgressive acts that fostered insularity and isolation. Associating with like-minded other proved revitalizing, as members shared stories of success and failure, or merely relaxed in a context in which they did not have to continually explain themselves. **NIMHPS33** described her movement towards like-minded others and away from those who came across as “*dismissive*” about improving their practice with Indigenous Australian people. **NIMHS37** described additional benefits:

*...when times were hard I could go to talk to [colleague] and we'd sit and we'd go, 'shit this is hard.'. Or we would find the system really difficult and it was not necessarily that we could fix it or change it but we could acknowledge it and work around it.*

Reassurance from Indigenous colleagues had a particularly positive valence for some Non-Indigenous Mental Health Professionals, suggesting that if their Indigenous colleagues were finding it hard, perhaps it was acceptable for them to say that they were struggling as well. In this respect, such associations were not merely amongst those who thought the same, but with those who likely felt similarly, or as I propose, ‘*like-emotioned others*’. Movement towards like-minded and like-emotioned others could be interpreted as providing respite from the usual critique and antinomy of a space whereby one did not have to leave the site entirely in order to receive a modicum of relief.

The presence of Indigenous mentors also provided important nuance to the litany that all Indigenous people constructed Non-Indigenous Mental

Health Professionals as incompetent or malevolent. On the contrary, Indigenous intermediaries subverted expectations of an all-encompassing ambivalence towards the involvement of Non-Indigenous people. **NIMHP28** described the value a receptive liaison officer had in acting as a safe haven to tentative Non-Indigenous colleagues with sensitive questions. The Aboriginal liaison officer also accommodated political incorrectness as a precursor to the expression of hesitant questions. Overriding any personal offence she may have felt, was a commitment to her people, and the view that an informed Non-Indigenous workforce had a greater likelihood of succeeding if she was able to play a part in their development.

Communion with like-minded and like-emotioned others had as a consequence, the partitioning of relationships along different lines, and the avoidance and derision of those without membership. Resilience was enhanced by these deliberate retreats into a burgeoning community, however a consequence of community development was for its' members to, "*...get a bit closed shop because you don't really then end up with a lot of patience for other people outside of that*" (**NIMHPS33**). Simple players evolved into larger, complex players (Jasper, 2014) to the extent that communities came to acquire social movement-like influence, in addition to providing their initial, small-scale rejuvenatory qualities. Here we also see the development of subcultures within larger, overarching nominations such as Non-Indigenous Mental Health Professionals. The analysis performed here permits an appreciation of their nuanced membership, and further confirms the value of vertical analyses of particular avenues and groups within the arena. It may be prudent to observe the longevity of new compound players, and the various tensions that their influence invokes.

### **8.2.3 Discourse/ Worldview Layer**

#### **8.2.3.1 Establishing Certainty in Unsettled Contexts**

One means of addressing tensions invoked by ideological conflict involved staking a claim to a position that was correct and immutable. The rejection of alternatives and therefore the need to argue about them, made for

easier navigation of conflicted sites. For example, **NIMHS42** addressed the tension associated with decoupling mental health from its cultural construction by claiming the certainty of a Western medical conceptualization, “...*mental health is mental health. You have depression everywhere and bipolar everywhere.*” Within this view, tensions in the arena were managed at the litany and social/ systemic layers, rather than deconstructed as a question of what constitutes mental health. The proposed certainty of some aspects of the arena helped determine that change was only permissible for example, at the level of interpersonal communication, rather than facilitated through an examination of differing worldviews or myth/ metaphors of mental health.

While some participants described tension due to their incongruous role expectations, others appeared staunch in the certainty of their position. With regards to the constitution of Indigenous mental health services, **NIMHP25** stated that:

*...unless it enables Aboriginal people to be completely independent, in charge and self-determinant in their own business and their own life and what not, but if it undermines that one iota, I am suspicious. I don't like it and I don't want to be part of it, and I have a great problem even being part of it...*

For **NIMHP25**, a poor fit was sufficient for him to question his place in such endeavours, and with others professing a different position to his. The paradox of certainty however, was that while the statement of one's righteous position permitted a formidable presence, the inflexibility of that position often rendered long term tenure difficult. Certainty in this regard also limited the sites within the arena that one could comfortably occupy, and influenced the network of people with whom one might usefully associate. Righteousness deployed individually, fostered isolation and, in some cases, served to constrict the range of movements within a work site housing competing views of what was right.

**NIMHP18** expressed a staunch advocacy that saw her express a highly critical regard for those seen as less enlightened to the plight of Indigenous people. While some found their movement facilitated by their association with

like-minded and like-emotioned others, some had little time to commune with those they perceived as weak or wrong. When such personnel proved obstructive, she referred to them as the:

*...idiots sometimes that try to get in your way, and I guess my bottom line is, we are employed, and we're professionals, we're expected to do a job. Let's use our sensitivities and skills for people we work with. If you can't be robust, get out. I guess I've become really impatient and a little hardened and because I know that, if I have someone who might get a little bit upset with me now, I always put that out to them, I'm sorry. Not sorry. But I understand that my expectations might be a bit high.*

A claim to truth or rightness is, however, fraught with difficulty in a social constructionist analysis. As a product of social interaction, truth is deemed less a feature of reality (itself a social construction), and more the consequence of its construction by myriad interpretants. For **NIMHS42** and others who made claims as to the rightness of their actions, it is suggested that a more valid conception would be to refer to the 'righteousness' of their position. Whereas being right justified action on the basis of a claim to an incontrovertible truth, the deployment of a righteous validation relied on a truthful construction promulgated by like-minded thought collectives (Fleck, 1927). Thus, while righteous positions settled disputed contexts through their appeal as indisputable truth claims, their unwavering and singular application also yielded antinomous consequences.

### **8.2.3.2 Patient Professionalism**

The call for patience was echoed by several participants including **NIMHP20** who reflected:

*...you can come out as a graduate and think you are going to change the world and as a young graduate it's quite easy to say, 'yeah I'm going to get out there and change the world, and I want it now.' Well life is not like that. You have to develop patience. You have to develop some tolerance and I mean you have to develop tolerance to things that you don't like, as well things that are quite confronting to you.*

**NIMHPS33** concurred, adding that advice was one thing, but it was the experience of discomfort, failure and success that provided the necessary reinforcing or corrective experience to temper youthful exuberance. To aid in this regard, **NIMHPS32** proffered a work myth aimed at promoting effective longevity, “...by doing it with the handbrake on. Not because, as I said, I think when I look back at what I tried to do, I think I could have been a lot more effective by going slower.” However, the simultaneous demands of employer, profession and client would likely necessitate constant movement, rather than a protracted approach. We could ponder the efficacy of such a strategy in an unsettled context in the midst of a maelstrom as one tried to keep their head above water.

### **8.2.3.3 Establishing a Base of Genuineness: Acknowledging Divergence and Imperfection**

Many of the concerns regarding involvement in the arena highlighted what one should do, and how one should be. For some participants, this meant attempting behaviours that were unfamiliar to them, but had social currency within an Indigenous context. **NIMHP14** described his strategy as one where he did not pretend to act Indigenous in an obvious attempt to minimize difference. Instead:

*I think it is important if you feel to be comfortable with where you are rather than to - And that is not to suggest that you maintain barriers or whatever. I mean, my style with clients is pretty relaxed and friendly and joking, but there is never - For instance, I tend not to try and speak in some bizarre imitation of Aboriginal language. I try and speak in a way that is plain, but it is clear that I am a white fellow. And I think that helps people understand, ‘Well, that is [NIMHP14’s name], and that is who he is and that is what he does’ and it results in less complexity than might occur when those boundaries are getting challenged.*

Some Non-Indigenous Mental Health Professionals reported that finding the right words for a respectful introductory remark was difficult. **NIMHPS32** explained how his opening spiel expressed his fallibility, “I just

*ask permission to make mistakes”*, however, when asked about the effectiveness of this strategy, he replied, *“generally speaking it worked OK. But I know, even with that preamble there were still things I struggled back from because I wasn’t sure how to phrase it, I didn’t know how to express it and I wasn’t able to connect to it.”* Genuineness it seemed, was a genuinely difficult attribute to convey, even if it contained an admission of imperfection, and for some NIMHP’s, a cathartic expression of their vulnerable state. It did however, assist in constructing them as sincere learners rather than imposing experts. This quality of admission revealed to **NIMHPS33** that Indigenous people were more accommodating than he anticipated:

*Even if I do do something that’s not great then you know, over time that can be OK even if you stuff up a bit. I mean, people expect you to stuff up a bit I think. So I suppose I am less terrified because I’ve sort of worked out how people see you out and end up coming to get information or support.*

#### Leeway to the mistakes of Non-Indigenous Mental Health

Professionals was not, however, an indefinite concession. Ignorance on the part of professionals became less tolerated if attempts to reduce it were not seen to be taken. The expression of ignorance that was unaccompanied by the intention to address that state was eventually regarded ambivalently by some Indigenous players. **NIMHP23**’s account made a distinction between an honest non-deliberate error versus intentional transgressions:

*...it is okay to make a mistake. It is just when you know the difference, then it is not so good to make the mistake. So, it is okay to make the mistake if you don’t know you are making it, but once you know that you are doing the wrong thing or saying the wrong thing then it is not okay once you know.*

Mistakes were normalized in this construction, rather than interpreted as deliberate transgressions. This permitted scenarios that accommodated imperfect interactions, rather than the necessity for consistently untroubled exchanges. For **NIMHS40**:

*I mean, yeah, there is always that nervousness of, 'yeah, I might say the wrong thing' but as long as you mean well, then you can always go back and say, 'No, I just meant this and not that'. I mean, yeah, there is that fear that you are going to say something that is not politically correct, but when you become too politically correct, it gets away from what you are trying to do and when you are always covering your arse you don't really take those risks to help people or, from a practitioner point of view, if you are always saying something and it is all PC then you are not really saying what you really feel, yeah.*

For some Non-Indigenous Mental Health Professionals, it was all they could do to offer an introduction explaining their anxiety at being in the arena before placing themselves bare-arsed and at the mercy of their audience. However, normalizing movement towards and away from conflict, and the natural place of mistake-making and resolution appeared to be a more genuine, and eminently more sustainable way of mythologising client/ professional communication at the cultural interface.

#### **8.2.3.4 Commitment and Clarification**

Focusing solely on a macro analysis of the arena overwhelmed some Non-Indigenous Mental Health Professionals. They conflated this view with their having to address the monolithic burden of history, as well as the contemporary gap in health status between Indigenous and Non-Indigenous Australians. This left some repulsed at the prospect of participation within a broader social movement, in addition to their role as health professionals. The scenario poses questions for those involved in curriculum development as to whether the attendant pedagogy broaches the construction of professional roles in terms of the attainment of technical expertise as well as the expectation that they become agents of social change.

Some participants expressed a view amenable to this expanded conceptualization of professionalism. **NIMHP18** described her view of social justice and transformative practice, “...*mental health to me is having access to services, it's about equity, it's about social justice, and it's about uncovering all the ways in which mainstream and dominant culture basically impose or don't acknowledge Aboriginal ways of being.*” For **NIMHPS33**, the impetus

broached broader historical ruptures necessitating the development of, “...a different relationship, ‘we’ meaning ‘Non-Indigenous people’ develop a different relationship with Indigenous people and our history and our joint histories.” **NIMHP15** described a position that urged the demonstration of responsibility based on their profession’s avenue. In it, she articulates the tenor of Riley’s (1997) earlier plea to the profession, from within the profession:

*There is no excuse to say that they can’t make that change. If I say that I feel really sorry and I feel that things have to be better but I can’t do anything because I’m just a psychologist, that’s bullshit. Of course I can do my bit if I want to. I don’t have to be a politician and I don’t have to be financial advisor or a banker to make that change. No. I can do it.*

## 8.2.4 Myth/ Metaphor Layer

### 8.2.4.1 Conceptualising Flexibility and Patience

**NIMHP20** illustrated movement within the arena that permitted periods of introduction and periods of reflection; where ebb and flow worked to the benefit of both players as it allowed each to consider the presence of the other. **NIMHPS33** acknowledged similar processes to which she had become accustomed, noting that the period of scrutiny lasted from a couple of days to several months:

*...people really sus you out, they might not talk to me for six or twelve months, but they’ll watch who I talk to and they might talk to someone I talk to get some information and I’ve seen that happen and then eventually I’ll develop a direct relationship with someone and work more directly with them...*

**NIMHPS32** offered a metaphor to describe the flexibility required to navigate an unsettled and at times, unfamiliar context. His choice resonated with the aforementioned nomination of patience:

**32:** *It’s not going to be done in such a structured and formal way. Here’s a metaphor for you; don’t go to work wearing a tuxedo.*

**R:** *OK.*

**32:** *Don't do it formally...Don't penguin it.*

**R:** *Don't penguin...?*

**32:** *Don't be a penguin. There you go.<sup>15</sup>*

#### **8.2.4.2 Notes On How To Be: Humble Ignorance Preferred Over Naive Imitation**

Imitation in the arena was not perceived by Indigenous Community Members as a sincere form of flattery. Instead, attempts by Non-Indigenous Mental Health Professionals to ingratiate themselves disingenuously were likely recognized by what **NIMHP16** termed well-tuned “*bullshit detectors*”. A more humble, transparent and imperfect approach in which cultural boundaries were recognized resulted in a more accommodating reception. **IMHP7** suggested that from an Indigenous perspective, to confess ignorance was appropriate, and for her it constituted an honest starting point. **7** explained:

*...I often say, 'brilliant, because now we are relating; now we are really talking. Now we are getting rid of some preconceived ideas that weren't going to work. You know, we are beginning to prove we can get them out of the way.*

**IMHP7** explained how she empathised with Non-Indigenous professionals, particularly if their training had failed to speculate on the prospect of their imperfection. From her perspective:

*...sometimes realising you don't know where it is going to go can actually be the most honest and productive place to be in, which I think goes a bit against the grain of how practitioners are trained to be for starters. That would maybe be perceived as losing control or something like that?*

For some however, the invitation to vulnerability was a step too far for those already anxious about their presence in the arena.

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<sup>15</sup> In addition to **32**'s usage, the skill of penguins to remain sure-footed on slippery surfaces seemed apt in relation to the ‘whole of iceberg’ analysis conducted in this investigation.

### **8.2.4.3 Foregrounding the Notion of Handicapping in the Race for Equality**

Along these lines was a response to the predicament of establishing fairness, particularly for those ambivalent towards the provision of Indigenous specific resources. **NIMHPS31** utilized the metaphor of a running track on which some participants enjoyed a head start, or significant handicap. If the starting blocks were not in the same place, the assumption of equality immediately after the starter's gun fires, does not impact all participants equally. Instead equal treatment in unequal circumstances likely entrenches inequality. Therefore current initiatives that were seen to favour Indigenous Australian people were, in this construction, an attempt to establish a commensurate footing from which they could fairly join the race. **NIMHPS32** also employed the metaphor of a race track to argue for the specific regard for Indigenous issues. Doing so acknowledged various commencement points, and that contemporary requests for equality may fail to consider the handicap that others start from. According to **32**:

*...if we looked at it like a racing track, like an athletics racing track, as a white person, I think on the inside about 20-30 meters and that's at the starting blocks. They don't notice that because as far as they're concerned we all start off equally.*

For **NIMHP32**, the provision of specific resources for Indigenous people was not an effort made to advantage them over other participants, but an attempt to construct an starting point from which their fair and equal participation in the race could commence.

### **8.2.4.4 On Being Deliberately Different: The Strategically Disruptive Role of the Provocateur**

Whereas Section 8.2.2.1 described the value of a humble and unassuming approach for Non-Indigenous Mental Health Professionals when working with Indigenous Community Members, a contrary approach was adopted by some NIMHPs when working with other NIMHPs. Several

participants proactively addressed what they perceived as inadequacies in the system. For example, **NIMHP14** recounted a presentation where he sought to prompt examination of sociohistorical underpinnings of remote community violence against nurses. At that time, such examination had been neglected, prompting **14** to adopt a strategically confrontational means of raising the issue, “...so I was trying to be cocky in getting into that discussion. I was throwing a flare down to start a discussion.” The “flare” in this instance, was a keynote presentation at a major Indigenous mental health conference at which key players and multiple stakeholders were present. Flares in other contexts are devices used to signal distress and/ or garner attention. They may be used as illumination to guide, or a beacon towards which others can approach. The description of “*throwing a flare down*” might, in conjunction with the aforementioned “*Brazilian cave*” and obstructive “*metal box*” metaphors, be seen as an act to make visible that which had otherwise been obscured and hidden.

**NIMHPS31** described a provocative way of relating to NIMHPs, making reference to disrupting the “*comfort*” they derived from familiarity and status within a settled site of interaction. However, where a prevailing system was implicated in unsafe or incompetent practice, he explained:

*...we can either decide to be part of the problem or part of the solution here. Now, being comfortable is not something that people should be allowed to get away with more than a little bit, because to be authentic and honest in life you have really got to try and deal with some of the things that make a lot of people feel very uncomfortable and it means making other people uncomfortable to do that.*

Provocation had as its intent, the disruption of established norms and procedures, first for their exposure, secondly for their deconstruction, and finally for their transformation. **NIMHPS31** construed his provocation as constituting part of the solution that saw him becoming somewhat ‘*flare-like*’ in the process.

**NIMHP21** described confronting inappropriateness in the workplace head-on. She framed dissatisfaction with the system as an invitation to challenge it, stating:

*...you actually start to see what the game in play is at that broader systemic level, that really, what you're doing is saying actually 'Well actually, I don't want to play by those rules anymore, I want to do this differently'. But then it's how you negotiate and navigate your way through that so that you can maintain your sense of self and integrity rather than go back in the box and basically be discounted, abused, whatever it is.*

Once again, reference was made to a 'box', symbolic of the mandated system. It was experienced by some as a structure in which professionals were prone to being discounted and abused for their non-adherence to the rules. The experience of which brought some to the paradoxical crossroad of blatant confrontation, transgressive naughtiness, resentful submission or strategic exit.

#### **8.2.4.5 More or Less: Precursors to Transformation Within the Arena**

**NIMHP14** reflected on his presentation to the National Mental Health Conference in which a strategic admission served to transform the frame through which he and his argument were regarded. The temporal context was one in which the emergent critique of oppressive colonial practices meant that at first glance, a white professional talking about Indigenous mental health in an Indigenous forum would likely be seen as affirming the prevailing hegemony. Sensitive to a likely hostile reception, in an attempt to ward off an anticipated backlash, **14** decided in that moment to disclose material explaining his presence in the arena. His admission served to ease tensions, while undermining the expectations that many audience members may have had about his involvement. **14**'s story rendered those assumptions untenable and meant that rather than maintaining distance along preconceptions and prejudice, his admission provided a nuanced interface at which he and others were able to relate. **14** surmised:

*...people then were able to engage around a different issue that beforehand, what they would have engaged with me around was my role, and that constructed me in particular political ways. What they were engaging with me about was as somebody who is interested in doing something about this who has kind of got a connection to what all that stuff means, you know?*

**NIMHP18** described an epiphany that reframed how she considered her professional behaviour. **18** constructed a mythology that the inadequacies within the mental health system were due to government agencies or funding bodies, players she identified as the “*thems*”. The same impediments to her work were also responsible for her employment, placing her in a bind of not wanting to bite the hand that fed her. She noted that for some, but not necessarily herself that, “*...there’s kind of resignation and a compliance with the ‘thems’, which is in this case it’s someone that is a kind of invisible controlling body, rather than we need to challenge that.*” This metaphor resonated with **ICM12**’s earlier reference to Indigenous experiences of being corralled by various colonial institutions (see Section 5.2.1.1). This constitutes a horizontal comparison showing the arena managing the positions and movements of all its players, and make engagement difficult unless strategies are devised to subvert them.

A feature of **NIMHP18**’s full yarn was her Chief Executive Officer (CEO) who, in her support of **18**, validated actions that were not at the time a feature of the organisation’s standard operating procedures. Her freedom to operate in a novel way however, remained conditional on the provision of outcomes for Indigenous clients. Their engagement with her organization provided validation of **18**’s actions and permitted the CEO to prolong her support. She also admitted that were these conditions not in place, she would consider resignation as an option.

#### **8.2.4.6 A Case Study of Non-Indigenous Movement**

**NIMHP18**’s account is worth highlighting as she described a longitudinal picture of initial enthusiasm being tempered by discouraging encounters in the arena. These were sufficient to facilitate her movement back

towards ambivalence. This trajectory is illustrated in Figure 15. Arriving through her fledgling research avenue, **18** exuded confidence from having navigated the ethical hurdles required to conduct research with Indigenous people. However, her initial forays into the field yielded a mediocre reception. **NIMHP18** described her disillusionment at this response, becoming ambivalent to further engagement in the arena. Features of ‘*tea and sympathy*’, or of having been de-centered in the interaction coalesced within her deployment of the wronged discourse utilized to frame her account.

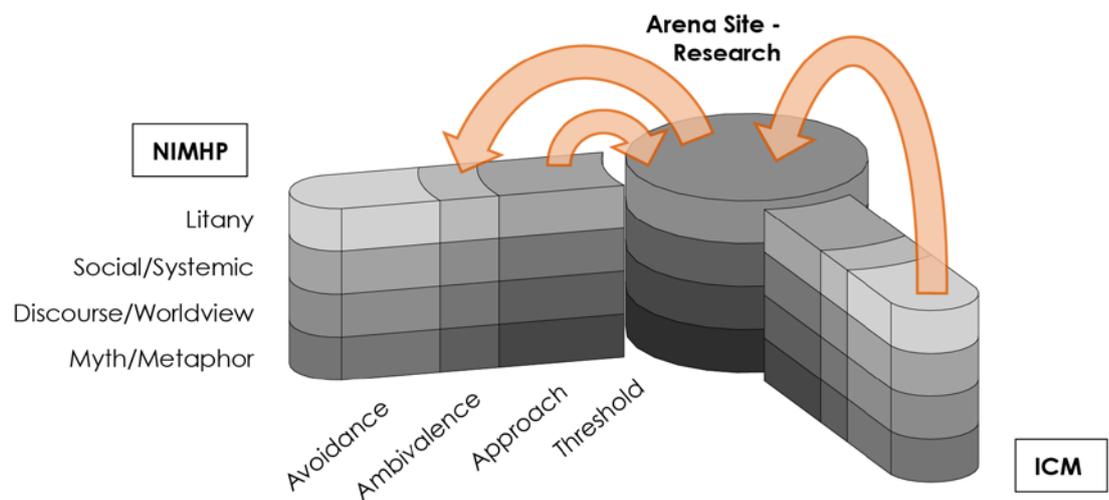


Figure 15: Depiction of NIMHP18's movements towards and away from the Indigenous mental health arena

**NIMHP18** reported returning to the arena on other occasions, often to the same, unsatisfying reception, until, in a moment of epiphany, she ceased lamenting her circumstance and began to view it in a different way. **18** constructed the impasse as one in which she had felt wronged by an avoidant Indigenous cohort that now prevented her from proceeding as she saw fit and had maintained this interpretation until the moment when she realized that she in fact was being taught by those she had previously regarded as obstructive. Reframing her circumstance prompted a reconstruction of her role that represented:

*...such a radical shift, and it was like walking through a door that I could never go back through. That was the transition for me. It was that huge...and it was about that transformation. But it was only the beginning. A little beginning, but huge in retrospect.*

This revised view saw **NIMHP18** reconstruct her experience of rejection and disinterest, as one in which Indigenous Community Members were trying to teach her to listen. Her reconstruction was accompanied by an improvement in both the relationships and research she sought to establish, and, over time, a revised view of her role within the arena. Where she had entered initially as a self-appointed expert, she reported her revised roles in terms of their student intermediary, advocacy and provocateur qualities.

In addition to charting her course over the map of the arena, consideration can also be placed on the deeper features along featured along various points in her journey. **NIMHP18**'s transformation from 'expert' researcher to novice listener, and finally a staunch advocate and provocateur provides a myth containing elements of struggle, epiphany, realization and rebirth; processes facilitated by her expanding openness and discursive reconstruction in relation to the context in which she literally, and metaphorically found herself. Through our yarn, my lasting impressions were of her tireless, assertive advocacy, her resilience in navigating the arena, and the ultimately humbling, and at times counterintuitive journey from expert to novice. The shift in **18**'s worldview permitted a decrease in the volume of her interpretation that saw Indigenous people as uncooperative, to one that meant she now saw the value of that which was being shared. Her little beginning was in fact, a "*radical shift*" from seeing herself at the centre of activity, and the commencement of an important transformative experience that she in turn could not un-know. Her example exemplifies the resolution of a threshold concept that having been achieved, imparted an entirely different quality to how **18** regarded herself and her role.

**NIMHP18**'s account also provided an opportunity for a horizontal analysis. It is possible to examine what may occur when an enthusiastic approach by a NIMHP encounters an avoidant Indigenous Community Member in the arena. For **18**, contact was achieved however, its meaning was

not initially effective. Another example of this kind of encounter was described by **NIMHPS32**. His efforts to approach Indigenous clients in the arena were often not reciprocated with a similar level of enthusiasm. Over time, **32** came to reflect on the myth/metaphor and discourse/ worldview supporting the almost ‘*stalker-like*’ approach professionals were instructed to employ within the arena as a fulfillment of the requirements of culturally appropriate practice.

#### **8.2.4.7 “Like a door opening”: A Positive Consequence of Risk-Taking**

**NIMHP16** decided to risk expressing her concerns about the quality of her professional relationship with an Indigenous colleague despite her being uncertain as to how it would impact on their capacity to collaborate. Encouragingly, her colleague engaged and the transformation was immediate and immense:

*...like a door opening” between her and her colleague, “...it was terrific. It completely changed my relationship with her and my kind of filter with her. I think it really changed her filter on me. I think we both realized we were both doing the best we could and that we did have different perceptions and it was important to bear that in mind when we were deciding what was going on.*

Part of **NIMHP16**’s hesitance was based on the myth that confronting Indigenous people would be construed as disrespectful, and that a politically correct approach was preferable in order to avoid conflict. While such a construction served to keep the peace, it eventually became an impediment to their collaboration and a risk to the quality of what they might in turn offer their Indigenous clients. It was only through stepping through a door of invitation that the tension was addressed, and although the outcome was uncertain, in this instance their mutual contribution produced an outcome of benefit to their ongoing similarly-minded, intercultural relationship.

#### **8.2.4.8 “Some Light Bulb Went On”: The Arena as a Reflexive Prompt**

Reflecting the journey highlighted above, the role of ‘student’ was identified in several Non-Indigenous Mental Health Professional accounts. **NIMHP24** acknowledged her status as a learner when it came to establishing her clinical practice with Indigenous clients, declaring that, “...*they have taught me, rather than me being their teacher. So, tutelage, that is a word that comes to mind, but coming the other way, not me for them, but them for me.*” Asked how it felt to be put in the position of student after many years of doctorate level studies, **24** described the experience as, “...*humbling, humbling*”. ‘Student’ was not regarded as a degraded position, but one from which NIMHPs could acknowledge their lack of familiarity with the contexts of their Indigenous clients, and the ability of their Indigenous clients and colleagues to inform them.

**NIMHS37** acknowledged the power of, “...*actually asking people rather than assuming, and asking what’s important to them or what they think or whatever rather than basing it on my belief. And that’s been a huge, huge, revelation.*” To be a ‘student listener’ permitted imperfection and naivety, while positioning Indigenous people as experts in their lives and instrumental in activities constructed to enhance its quality for them. Here, the notion of co-constructing knowledge was emphasized and served to counteract the tendency that professionals be encouraged to forget their expertise in an act of uncritical deference, or apply it in an act of uncritical righteousness. Instead, from a mutually negotiated basis of co-inquisitiveness, co-expertise and collaboration, it appeared as if a relationship where the respective knowledges of both participants could be utilised to construct a diversely informed, context sensitive and individually meaningful strategy<sup>16</sup>.

**NIMHS44** examined his personal heritage for experiences of oppression and prejudice and in doing so, he was able to imagine how he might respond in similar circumstances. While not offering a complete

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<sup>16</sup> Rappaport (1981) employs the concept of empowerment to refer to co-constructed solutions to paradox whereby players establish a mutually agreed upon strategy as opposed to a single-sided course of action. This option constructs the problem as something other than an either/or scenario, and instead seeks the meaningful input of players from an empowered (rather than *righteous* or *wronged*) position.

resolution, engagement with the questions and circumstances of students such as **44** can encourage more meaningful engagement with the attendant threshold concepts:

*I guess when I think about how I feel about the history of Scotland and particularly with the English I guess there is still some of that resentment. I can't really exactly explain it, so that might be a similar kind of thing going on with the ambiguity with history leads to colonisation and all that kind of thing?*

Some participants used their contact with the arena as the impetus to review their own circumstances. **NIMHP21** redirected her gaze such that her focus shifted from the historically and contemporaneously ubiquitous examination of Aboriginal deficits, to one:

*...on my own community, my own white, dominant culture and really questioning our beliefs and values around Aboriginality, where they come from, putting it in that broader, historical context, so really looking at issues around settlement, around colonization, around who's view of history gets privileged, around how that manifests.*

It was like, "...some light bulb went on", and **21** realized that her change in emphasis prompted speculation around, "...these kinds of issues, which happen all the time I'm told, don't get addressed, the issue doesn't get interrogated, and again, of course, it happens in health care." **NIMHP16's** revised worldview changed her previously dismissive reaction to previously confounding behaviours:

*...I no longer get the inner reaction in me which means that I have changed in some way. Do you know what I mean? The inner reaction is not sort of, 'oh Aboriginal people are unreliable', it is not that. Now it is very different. I really respect that they have that value system because we don't in the West really.*

Both accounts were characterized by an emotional amendment whereby frustration about the 'other', was now mediated by a newfound empathy that served to facilitate a better navigation of their professional relationship.

### 8.3 Indigenous Navigation of the Arena

Table 21 presents a summary of the main features of Indigenous accounts of navigation. Following Table 21 are more detailed presentations of material relating to each layer of the CLA.

Table 21

#### *CLA Summary of Indigenous Navigation Strategies*

<b>Layer</b>	<b>Description</b>
<b>Litany</b>	<ul style="list-style-type: none"> <li>Indigenous people yarned about navigating the arena in various ways. Some followed the rules, some appeared unaware of the rules, and some described their acquiescence to the rules as a means of circumventing additional hardship;</li> <li>Others described a clear rationale for their presence, and constructed strategic positions that permitted their professional and personal navigation amongst various sites;</li> <li>For some, their pragmatic work was assisted by like-minded others with whom they communed and worked. Navigation was experienced as a social and communal activity.</li> </ul>
<b>Social/ Systemic Causes</b>	<ul style="list-style-type: none"> <li>The litany of historical wrongdoings used by some to warrant their ambivalence, was counterbalanced by their concern for the wellbeing of their families and community members;</li> <li>Reminiscent of Martyr's (2010) work, in order to ameliorate that which gave them sorrow, some Indigenous families sought out and engaged with services that were able to restrain and treat those closest to them.</li> </ul>
<b>Discourse/ Worldview</b>	<ul style="list-style-type: none"> <li>Some participants described their assertive and confident use of mainstream mental health service;</li> <li>Participants spoke of the validity of Indigenous perspectives and of Indigenous voices in the arena;</li> <li>Some participants constructed their engagement as a means by which they could play a part in the longer-term transformation of the arena, and as way for Indigenous people to take control of services provided for Indigenous people.</li> </ul>

**Myth/****Metaphor**

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- Participants described ‘playing the game’ as pragmatic and strategic acquiescence to the prevailing structure in order to receive service. They spoke of going with the flow, and of not wishing to stand out in case it brought uncomfortable attention to them, or stood to hinder the service they might otherwise receive;
  - Participants described engaging in the long-game, a strategy aimed at long-term transformation of the arena based on critical and constructive action taken in the short to medium term. By playing the long game, participants viewed themselves as playing a part in a social movement towards better mental health services and resources for Indigenous people.
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**8.3.1 Litany Layer****8.3.1.1 Indigenous Community Members’ Perspective on****Beneficence: From the Arena to the Right Track**

The notion of usefulness was described by **ICM8** who, despite his preference to remain in his community, acknowledged the role that hospitalization, mental health staff and medication had played in returning quality to his life. Referring to his drug use:

*...the hospital told me to give it up. The doctor told me to get off the drugs and that, and I listened to the doctor, ‘All right, doctor, I will do that.’ I gave up drugs without the doctor. The doctor just told me to give them up, so I just give up.*

The broader context saw the decision as having emerged from the doctor’s linking of **ICM8**’s drug use with his experiencing of distressing psychotic symptoms. Asked how he felt about taking those “*schizophrenia drugs*” on an ongoing basis, **8** replied, “...oh good, really good. It has put me on the right track now. Yeah, it has put me on the right track.” This track was one punctuated by intermittent follow-up encounters with a mental health service, and not the longer-term stays that were distressing to both him and his family (see Section 7.3.1.1).

**ICM8**'s regard for the service was similar to **ICM10**'s in that it was constructed in terms that saw it is a useful resource with which he could productively engage. In order for some Indigenous people to develop a less ambivalent regard for the arena, an opportunity must be given to professionals to demonstrate their difference from their predecessors. In collaboration with her counsellor **10** developed a regard for a clinical mental health service that has since seen her able to navigate the arena with confidence. **10**'s identity as an Indigenous person was validated, and she was enlightened by her counsellor's perspective on it. Williamson et al. (2010) noted that despite a long held ambivalence towards Non-Indigenous service and service providers, mental health services were seen as necessary by Indigenous Community Members in some situations.

### **8.3.1.2 Companionship and Collegiality: Social Approaches to Navigating Unsettled Contexts**

**IMHP1** provided a complementary perspective to the concept of community development whereby professional associations provided support and amnesty from a tense, and often hostile environment. For **1**:

*...working more closely with my fellow colleagues has been good for me. Because, I mean, now because I have been open to them that, 'I didn't know this', I guess it has drawn us a lot closer and we can sit down and talk about clientele, yeah, and get a really good rapport out of it. And people do respect me and hold me in high regard in my clinical work, which is good for me.*

**IMHP1**'s yarn described how vulnerability expressed in the company of like-minded others need not be an obstructive or degrading experience. It had in fact, been the precursor to more fulfilling interactions with his peers, and the basis of better quality service for his clients. **IMHP5** conveyed a longitudinal perspective that illustrated the value of companionship in his research endeavours. He described working repeatedly with a cadre of trustworthy others, a strategy that provided steadiness and stability to the trails and tribulations that transect the research sites within the arena. Working with

trusted others over time provided **5** with a sense of continuity within community, a feature he considered a privilege in terms of the camaraderie he had enjoyed over the course of a long, and at times tumultuous professional journey. Social navigation of the arena also constituted an effective way to utilise limited resources while minimising tensions associated with feeling overwhelmed by the litany of problems requiring attention. Strategic projects surrounded by trusted others was unapologetically stated by **5** as a sustainable and sustaining way to remain engaged in the arena in the longer term.

### **8.3.2 Social/ Systemic Causes Layer**

#### **8.3.2.1 Responding to a “rarer breed” of NIMHP: Deconstructing Righteous Privilege**

On the subject of players, **IMHPS13** had developed his own catalogue noting that:

*...there are a lot of bitter and twisted people who are towards the end of their career or escaping disciplinary action from another region, because they offer mostly three-month contracts. You don't attract the best motivated staff by offering three-month contracts. You get a lot of people from Sydney and New South Wales who have never worked with our mob in their life and have taken a job in Broome to be on a holiday with a bit of work.*

He provided a list of “types” he had encountered through his work in mental health and Indigenous education:

*...we have a number of people who work in mental health with different motivations and intent. You do have the paternalistic people versus, I guess, the self-righteous versus the - I don't know, what would you call them...molly-coddlers? You have got the lifesavers, 'I'll save you', you know...*

Interestingly, his impression of the players in mental health led him to an optimistic view of its capacity to transform for the benefit of Indigenous peoples, compared to the rigid constituency of the education system, noting,

*“...in mental health there are not a lot of authoritarians who are trying to dictate terms. They are a rarer breed and more easily managed.”*

**IMHPS13** described his management of one such paternalistic authoritarian, utilizing a mix of critical assertiveness and compassion. This was one of many examples of authoritarianism, evidenced in broad and small gestures including the type of language used to denote their expertise over Indigenous people, prompting **13** to assert, *“...that is what I mean by that paternalism running rampant.”* In a public meeting, **13** deconstructed the worldview upon which her righteous presentation was based, nominating it as secondary, rather than central to the transformative agenda of the community. His strategy did not involve naming and shaming, but kept the door open to her involvement, conditional on her revision of her role. **13**'s strategies were akin to throwing down a flare to spark an examination of the bases of power, expertise and authority presumed by paternalistic authoritarians. However, for some authoritarians, their deconstructed and de-centred status, however sensitively achieved, may be construed by them as a repulsive *'tea and sympathy'* scenario.

### **8.3.2.2 Cataloguing Players: A Creative Treatment**

A comedy production, *'8MMM'*, recently aired on Australian television and utilized the context of an Aboriginal radio station to examine the relationships and tensions inherent to working in that site. I make note of this program in this section because of the byline to the title, *“At the arse-end of the world, in the middle of nowhere is 8MMM Aboriginal Radio, a magnet for three kinds of Whitefellas - Missionaries, Mercenaries and Misfits”* (Australian Broadcasting Commission, 2015). It appears that the qualities of catalogue members are recognizable in contexts other than the Indigenous mental health arena, and provide ample fodder for comedic treatment. Turning the reflective gaze on such caricatures, is akin to a scenario of unstable oppression in that those players who might otherwise have wielded significant influence, can themselves have a light shone on their practices and impacts<sup>17</sup>. A sign of the

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<sup>17</sup> Kowal (2011; 2012; 2015) employs a critical sociocultural lens, as opposed to a satirical comedic one to deconstruct the qualities of such White identities seeking to work in predominantly Indigenous contexts. The treatment may differ but the targets are similar.

times perhaps, is that it is Indigenous Australian people who are seen to be wielding the torch (or the flare). Such satirical comedic initiatives exemplify Inayatullah's (2004) contention that it is artists and creative means as opposed to the usual social causative approaches that are most likely to provoke critical reflection that exacts deep, transformative processes<sup>18</sup>.

### 8.3.3 Discourse/ Worldview Layer

#### 8.3.3.1 Playing the System: The Strategic Deployment of Acquiescence

For some Indigenous people, navigating the system meant not challenging it. Their experiences external to the arena were mirrored within, as were strategies employed to deal with them. After observing disrespectful behavior from a Non-Indigenous colleague, NIMHS37 confided, "...I said, 'Look, I'm so sorry he was so rude to you.' And what upset me more than the fact that he treated her so badly, was that she went, 'Oh, did he? That's how everyone treats me.'" 37 was shocked by the treatment her client considered as 'everyday'. Her client's non-confrontational approach did however, permit her navigation of the arena in a way that did not draw any additional insult or impediment.

While this account suggested the absence of strategy rather than proactive engagement, acquiescence of this kind is also interpretable as a strategic move that permits service reception while reducing the likelihood of worse treatment. Realistic Conflict Theory refers to stable oppression in its conceptualization of the response of subordinate groups to the threat that retaliation might bring further negative consequences. Indeed, many Aboriginal people have been desensitized to racism such that negative or inappropriate treatment by the dominant culture in the context of health service can go unrecognized, or become the norm (Coffin, 2007). Some tensions in the arena never receive attention, the consequences of which may linger in the

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<sup>18</sup> Nakata (2007) also refers to the use of humour and satire as particular forms of social analyses and comment that illuminate our way of looking at our experience at cultural interfaces. 'Getting the joke' provides evidence of knowledge of the complexities in this space. The joke doesn't resolve anything, but it does articulate something recognisable and known (but not necessarily said) about this locale.

minds of those unsure, or unassertive enough to engage them in that moment. For others, their failure to engage should not be regarded solely as a failure to fight back, but rather as a strategic acquiescence to the system that serves to manage the trouble anticipated to occur there. As unbelievable or unacceptable as this might seem, the strategy may also be interpreted as the strategy of an accomplished game-player who may appear to lose the battle, but ultimately win the war.

### **8.3.3.2 Starting with a “Blank Canvas”: Creating the Picture from the Ground Up**

ICM11 described a process through which he sought to clarify the various relationships and responsibilities of those associated with the services he managed. His approach was inclusive and concerned with achieving the correct mix of human and service resources for his community:

*...we take it from the ground up rather than trying to work something from the top down. So, that is what the term ‘blank canvas’ is. We say, ‘okay, what happens when the client walks through the door? Where are they from? Where do they go? What are the protocols? What are the pathways?’ and we take it from there.*

ICM11 described the value of imagining a client’s journey towards and within the arena, reflecting the notion of the aforementioned avenues to service. Indigenous and Non- Indigenous Mental Health Professional avenues were also clarified, with staff responsibilities formalized via memoranda of understanding. Clarifying avenues towards, and responsibilities between the organization, its employees and associates, and Indigenous Community Members served to mitigate the vagueness and uncertainty that constituted the ‘egg shells’ upon which professionals feared to tread. An approach that focused on the movement and experiences of consumers, and the roles and responsibilities of personnel could also be seen as settling a context anticipated as ineffective. A methodical and thorough approach prevented both Indigenous and Non-Indigenous participants from slipping through the gaps, a process that

**NIMHP27** saw as “... *really critical in the mental health workforce, in the way that we go forward and start to try and address mental health issues.*”

Coffin (2007, p.24) stated that:

*...as Aboriginal people, we need to be clearer in defining what is expected of the health care for our people and be more united in a voice that is based around actions to bring about change in creating a more equitable health care system.*

For Coffin (2007), and participants in this study, the intercultural implication was that health services need to listen to the community while the Aboriginal community needed to clearly express what it wanted. Social psychological theory defines inter-sender role conflict as divergence between the role expectations among different participants in a particular scenario. A source of tension identified in this research related to the divergence between what Indigenous people expected of Non-Indigenous Mental Health Professionals, and what NIMHPs envisaged for their role. The necessity for client and provider input signals the appropriateness of models of communication amenable to comprehensive intercultural input.

Role conflict and role ambiguity were experiences noted by Bower et al. (2004) in their examination of new primary mental health care worker roles. Bower et al.’s study investigated the tension experienced by new psychology graduates who, in the course of addressing the critical needs of their clients, were dissatisfied with the degree to which their actual role differed from their expectations of what their work was likely to involve. Their findings highlighted the disparity between professional role designations and client expectations of them as new workers. The lack of clarity around service provision within and between workers, and clients was seen as an impediment to the effective implementation of their skills. This example, and the experiences of those interviewed in this investigation point to the importance of contextual consideration. Failing to regard the circumstances into which new personnel are deployed can leave new workers disillusioned and ineffectual. The key to effective engagement lay in the ability to build and maintain relationships – processes requiring skills of both Indigenous and Non-

Indigenous people. To this end, models of intercultural competence (Bennett, 2004), and transcultural communication (Gabb & McDermott, 2008) seem eminently suitable, due to their emphasis on the dialectic co-construction of knowledge, problems and solutions.

### **8.3.3.3 “I am Not Like the Rest of Them”: Establishing a Point of Difference to the Usual Litany of Mental Health Professionals**

**IMHPS13** evaded the concerns associated with Non-Indigenous Mental Health Professionals and the tensions associated with an Indigenous person perceived as trying to be one. He offered a description of his role that gave the impression of ordinariness and approachability:

*I'm a bloke<sup>19</sup> who is doing his best. You know, sometimes I get it right. Sometimes I get it more right than others and sometimes I get it really wrong, but I think, you know, if you are genuinely there to help people you have got to start by asking questions, back up any promises that you do make, and be really prepared to apologise when you get it wrong. And make sure that, you know, it is heartfelt and that, you know, you are not just saying it to try and cover your own arse or protect the therapeutic relationship, but really acknowledge that, 'Do you know what? What I did, whilst I was trying to help you out, it hurt you. It was wrong, and I'm sorry. I will do my best not to do that again. I will try and learn from this and I hope we can move forward and you will trust me to keep trying to do my best to help you as best I can.*

**IMHP13** nominated himself as a “*bloke*” and a “*worker*”, roles constructed to undermine the litany of mental health professionals as authoritarian, disinterested and distant, and Indigenous Mental Health Professionals as traitorous or superior to their Indigenous clients. His strategy facilitated movement towards clients while aiming to reduce their reticence to approach him. It also eased the tension some Indigenous clients experienced when engaging with another Indigenous person who was seen to be working as a part of an organization that they might otherwise be ambivalent towards. **13** emphasised another point of difference:

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<sup>19</sup> Bloke: Slang term for an ‘ordinary man’.

*I guess in a lot of ways I pride myself when I work with people saying, 'I am not like the rest of them. I didn't do the same course as the rest of them, so let's start fresh. You might have had a bad experience with your school psych, but I am not a psych, so that is okay.*

This differed to **NIMHPS32** who recounted difficulty in connecting with his attempts at formulating an authentic introduction. **IMHP13** parlayed a distinctive position whereby he was able to be one of them (on the Indigenous client's side), but not like the rest of them (other mental health professionals). Within our broader yarn, **13** disclosed that his own postgraduate studies might one day see him unable to retain his *'everyman myth'*. Regardless, his approach remained humble yet assertive, and he was permitted to be professional and Indigenous in ways that allowed others to better consider their decision to work with him.

While his presence, like the presence of other Indigenous Mental Health Professionals in the arena was a relatively new phenomenon, **IMHPS13** had developed a strategy that addressed many of the complex issues that Indigenous Australian people identified as contributory to their ambivalence about mental health service. **13** highlighted the value of a modicum of self-disclosure in this process, and, *"...giving a bit of yourself and trusting that they will respect that in order to ask for something in return, and asking them to trust you."* Trust was not viewed as inherent to one's role, *"...especially from a population who has got a traumatic history with services, especially government services, which we are, you know"*, but as a quality that grew from one was seen as doing in that role. **13** asserted that there has to be *"more to it than that"*, and that reliance on conventional assumptions about the place of mental health professionals in the lives of Indigenous clients, was one requiring transformation.

Indigenous professionals also adopted the role of student in activities involving other Indigenous people. **IMHP7** expressed how humbled she felt knowing the experiences of those she worked with and what they taught her about their experience as Indigenous people compared to her own. The adoption of such a position provided similar benefits to Indigenous people as it

did to their Non-Indigenous counterparts in terms of discouraging a naïve mimicry of what one had read, expected or experienced for themselves.

#### **8.3.3.4 A Place of Our Own: On the Necessity for Exclusive Indigenous Sites within the Arena**

IMHPS13 argued for exclusive Indigenous spaces that provided Indigenous people with the opportunity to discuss issues amongst themselves. He described getting:

*...much better discussion in that closed arena and we actually come to agreement much quicker in that closed arena as to what to say to the bosses than we do when we are sitting in a business meeting and I might say something but someone else will have a counter-argument and then the bosses walk away going, 'well, who is right? What do we do?' And whenever there is conflict and opinions they do nothing. So, this way we can have those disagreements, talk about them, come to an agreed position and then pass that forward so that we have action.*

Noteworthy here was the acknowledgement that behind closed doors, the scenario was not necessarily one of smoothness and conviviality. Indeed, tension and conflict were likely between Indigenous participants however, it was their public display that was managed. While there was much to be debated between Indigenous and Non-Indigenous participants, it was also useful to permit the unhindered discussion of Indigenous issues amongst Indigenous participants. This raised two additional points. Referring back to the metaphor of the “club” (see Section 6.2.4.1), this point supports the notion that there are levels of exclusivity and access within already exclusive venues. Access to such sites invoked images of the aforementioned network of cryptoportici that laced the hypogeum of the Flavian Amphitheatre and their path to different areas of exclusivity (see Section 1.2.3). Secondly, adjournment to an exclusively Indigenous space in order to conduct business reflected the nuance identified via the vertical analysis of the various Indigenous avenues. Within the arena, diversity of Indigenous opinion was demonstrable, resulting in tension and conflict amongst those who might

otherwise regard Indigenous people through a frame that served to essentialise them – a feature of early frames of reference in the historiographic record.

### **8.3.3.5 Validating Preferential Treatment: Foregrounding Indigenous Realities**

Indigenous Mental Health Professionals spoke of the need to validate the emphasis on Indigenous issues and Indigenous identities. **IMHP2** explained the ongoing impact of traumatic histories remained central to contemporary Indigenous struggles, including their regard for the various services provided to address them. For her, the stakes were clear; there remained a perception of inequality between Indigenous and Non-Indigenous Australians, a state that continued to underpin, and at times undermine, the specific consideration of Indigenous needs. **2** reflected:

*What we are still struggling to get, we are still not on par with mainstream. So for us I think achieving that good mental health is a bit more of a struggle or a harder path to actually take. I think there needs to be an understanding of that when you are actually dealing with Aboriginal people or teaching mental health, yeah. I think that is probably what needs to be taught that this is what we actually deal with on a daily basis.*

**IMHP2**'s statement outlined the social determinants underpinning the need for a specific emphasis, while establishing a space into which Indigenous people might authoritatively render their own accounts in order to avoid assimilation by the prevailing mainstream system. The fight for many Indigenous people revolved around asserting their presence and identity, and how both necessitated the consideration of their specific needs (Lea, 2005). This position provided nuance to the critical discourse of preferential treatment by contextualizing the request. For some Indigenous people, '*preferential treatment*' was not constructed as a claim made by equals amongst equals, but as a need inextricably linked to mythologies and discourses that had caused their enduring inequality. Garvey (2007) observed that critique of contemporary requests by Indigenous people for specific consideration often failed to acknowledge the longer history of specific attention that had,

paradoxically, led to the current day concerns requiring remediation. That is, specific attention called for now is a direct consequence of the previous specific attention applied to Indigenous people.

### 8.3.4 Myth/ Metaphor Layer

#### 8.3.4.1 “...*just do it*”: Playing the Game as a Means of Exiting the Arena

**ICM8** spoke of his efforts to learn how one should behave in order to effect an exit from the perceived “*jail*” of hospital. Performing in a way that garnered a favourable assessment was done as a means of expediting his prompt release by taking advantage of the rules of the game. When questioned by a fellow patient as to why he was obeying staff directions, **8** replied that he, “...*could understand how he [the other patient] felt, whereas I thought, ‘no, no, brother, I just do it because I know that is the way to get out of here. Just do what they say.’*”

**IMHP3**’s navigation involved her identification of those processes and personnel that wielded influence and authority, in essence, creating a catalogue of players relevant to her release from hospital. Nurses were regarded as an important conduit given their contact with them was more frequent than that with psychiatrists. Performing compliantly for mental health nurses, and having that news passed on to the psychiatric registrar was a way of setting the scene for a favourable psychiatric evaluation. Security guards were also important in this respect, recognisable as authoritative due to their uniforms, they could also report her compliant behaviour on the ward. Having assessed the institutional context, she was better able to meter her performance for particular audiences that would in turn facilitate the case for her release. Playing the game may appear to be a surface level strategy or powerless acquiescence, however its conception emerges from a deeper consideration of the way authority is recognized and implemented within particular constructions of the arena.

### 8.3.4.2 With an Eye to the Long Game: Nomination of a Reason Beyond Ourselves

Indigenous Mental Health Professional resilience was reinforced through the consideration of how services were likely to benefit not only the current generation of Indigenous consumers, but their descendants. **ICM11** nominated, “...*three to four generations of contracts to be able to make any change because of the stolen generation stuff and, you know, the loss of land, the loss of language, loss of culture.*” Playing the long game was seen as a necessary because, “...*that stuff is going to have outcomes for health, not just delivering diabetes clinics and podiatry clinics, or ear clinics or eye clinics. We need to start merging that with cultural aspects of the delivery of health.*” Within this construction terms such as ‘*pioneer*’, ‘*provocateur*’, ‘*advocate*’ and ‘*change-agent*’ were accommodated within a discourse that emphasized the necessarily long-range response required to address not only the litany of Indigenous mental health, but the substantive issues that helped construct mental health apparatus and the relationships anticipated to occur there.

In historical context, the presence of Indigenous Mental Health Professionals has facilitated change, as Hunter (personal communication, March, 2012) observed:

*... compared to 20 years ago it is a different space. So, there are Indigenous people who are able to take the lead in developing some of the policy and also getting involved in mainstream services, and that has started to change things.*

Within the proposed picture of the arena, pioneers such as **IMHP1** embodied cultural features that provided subsequent participants with a precedence from which to establish their practice. Pioneers accomplish this not only because of what they do differently, but because their difference invokes paradox within a previously stable context. I am able to reflect on statements I have made over many years when asked to describe my agenda within the arena. I have often declared that I see my role as not necessarily one benefitting myself, but something I can help establish for my children should they require assistance in their futures (e.g. Garvey, 2007; 2011). Perhaps the

role of parent serves to crystallize the abstract notions of service and selflessness, into something indelibly close? From my standpoint, not only does this identification permit my approach to the arena, it has over many years helped to sustain my presence within it. The arena may develop a more accommodating structure due to pioneers and their legacies, however, pioneers need not enjoy the welcome of their presence, and need to find ways to endure those structures and personnel who would seek to have them ejected as novelties, intruders, or competitors.

#### **8.4 Chapter Eight Discussion: The Disintegrating Effect of Movement**

According to participants, the degree to which players are prepared prior to their entry impacts the course of their experience and the quality and duration of their tenure. However not all preparation is created equal. Approaches that provide a surface level coverage aimed at raising awareness, encouraged reliance on a naïve mimicry, that lacked the sophistication required to equip providers and recipients of service with the requisite adaptive skills to cope with and overcome the often disintegrative impact of movement across thresholds into unfamiliar and hostile cultural contexts. Naïve mimicry may prove useful in some scenarios however, the complex nature of the arena and the influx and outgoing of patients and personnel may mean that what worked with some people or some groups needs to be revisited, re-navigated and re-negotiated repeatedly. Paradoxically, the prioritization of cultural competence increased the need for players to perform well, and the prospect that they might be caught not doing so. The construction of the arena as a site of cultural, as well as professional scrutiny raised the likelihood of embarrassment, shame and social critique; a level of exposure that proved repulsive for some, and saw them behaving in ways suggestive of their pre-emptive disengagement. In this respect the capacity of individuals to cope with ambiguous and unfamiliar terrains are important threshold concept requiring attention, as is their capacity to demonstrate resilience in the face of setbacks. The concept of resilience is a novel term in this regard, yet one rarely invoked in examinations of tension

and conflict associated with transitional shock or considerations of cultural competence.

#### **8.4.1 The Social Nature of Navigation: *Communitas* and Community Development in Unsettled Contexts**

The adaptive and navigational goals of participants in the arena were not always accomplished alone. Many Indigenous and Non-Indigenous participants expressed the importance of guidance, mentors, and trusted others with whom they could express uncertainty, share the burden, or take a break from the prevailing tensions. Where such associations proved difficult to establish, participants described feeling isolated and insecure – a scenario that brought with it different tensions and adaptive movements. Allegiances made between players in tense and unsettled sites within the arena gave rise to communities of like-minded and like-emotioned others that provided amnesty, retreat and companionship, as well as a moratorium from prevailing tensions.

A related concept, '*communitas*' is considered here as an additional conceptual and analytical tool due to its specific consideration of liminality, transformation and social change. Turner (1969) developed the notion of *communitas* as a way to describe what happened to people when entering the stage of liminality. *Communitas* refers to the sense of sharing, intimacy, solidarity, equality, joy and belonging that develops spontaneously among persons who experienced liminality as a group. Such feelings preempt notions of a better future that permit a shift in the status quo, and serve to dissolve rigid prior obligations of the old world, in favour of a social, cooperative and authentic manner of behavior in a new world. This facility resonates with the features of CLA espoused by Inayatullah (2004) that describe forecasting as imagining scenarios of the future based on different myth/metaphor and discourse/ worldview assumptions to those that influence the prevailing circumstance.

Kowal (2011) proposed that a stigma of white privilege permeated the subjectivities of White anti-racists who sought to intervene well, while evading the accusation of neocolonial involvement. They sought presence and influence but, as proposed by Kowal sought also '*to disappear*' (p.313). The

questions expressed by participants at this juncture elaborated this notion. Uncertainty was evident in questions that coalesced around concerns such as *'what is my role?'*, *'am I being useful?'*, and *'am I being appropriate/respectful/safe?'* Coupled with the intense emotion that accompanied movement across a threshold, the experience for some proved profoundly disintegrating, constituting an experience akin to an existential crisis. When cast into such groundlessness, it is understandable that, as suggested by **NIMHP27**, participants sought to maintain a sense of integrity – a task achieved by the adherence to what was internally familiar or externally unthreatening. Perhaps it is also the case that it is at this point that those who become *'fleeting shadows'* (Hunter, 1995), experience their initial misgivings about being in an unusual and uncomfortable place.

While the findings illustrated the notion of exclusivity for strategic gatherings of Indigenous people, a similar phenomenon was identified for White players in works exploring the benefits of White affinity groups (Blitz & Kohl, 2012). According to Michael and Conger (2009), affinity groups can be an effective means through which people can reaffirm and explore aspects of their identity, as well as providing guidance and support for interacting with those who might not share, understand, or respect that identity. Their study examined the role of affinity groups for White students developing identities as anti-racist White allies. In that context, the group provided a safe space in which students could explore questions concerning what it meant to be White, to critically reflect on their intercultural interactions, and to work on ways to identify and confront racism in schools, their university and in society generally. Interestingly, within the current investigation, Non-Indigenous participants spoke more in individualistic terms (of being sole provocateurs for example), or of desiring camaraderie with like-minded others. The deliberate organization of such congregations may be a navigational strategy worth considering in the arena that provides rejuvenatory *communitas* for Non-Indigenous players.

Examples of alliances between Indigenous and Non-Indigenous players were also provided that exemplified groups constituted in response to the tensions of the arena, rather than as racially exclusive groupings. The benefits described by participants resonated with those identified for affinity groups

generally, as well as housing a more transformative potential. For bell hooks (1990), the experience of community offered within congregations of like-minded and like-emotioned others may be viewed as more than a site of respite from the prevailing tension and conflicts of an arena. She considered marginality as a site of resistance and a site of creativity. It provides a space within which to think beyond the constraint of prevailing constructions, and from there to plan and strategise actions with a transformative agenda:

*This is an intervention. A message from that space in the margin that is a site of creativity and power, that inclusive space where we recover ourselves, where we meet in solidarity to erase the category colonized/ colonizer. Marginality is the space of resistance. Enter that space. Let us meet there. Enter that space. We meet you as liberators (bell hooks, 1990, p.152).*

In this way community development may be regarded as both sanctuary from prevailing tension and conflict, and a commencement step towards social movements intent on bringing larger scale change to facets of the arena. This conceptualization also suggests that the narrative of any community may be viewed as a story of tension and conflict. It indicates that investigations into communities or marginalized groups would do well to consider the conflicting scenarios within which *communitas* occurs, and that prompt their formation as a relief from prevailing tensions. Community research then, becomes an investigation of formative tensions and conflicts, as well as the adaptive measures taken by individuals and groups in response to them. Indeed, the notions of community and *communitas* are useful in conceptualizing the changing constructions of the Indigenous mental health arena, and smaller instances of collaboration and camaraderie that occur there.



## 9. CHAPTER NINE

### IMPLICATIONS OF A MOVEMENT-BASED ANALYSIS OF THE INDIGENOUS MENTAL HEALTH ARENA

*Nothing happens until something moves.*

Albert Einstein (1879 -1955)

#### **A Decision Had Been Made**

*Mary collected her personal items, already assembled in a small bag beside her front door. She calmly approached the car and accepted the assistance of the nurse onto the back seat. I buckled myself into the driver's seat and then paused to check the rear vision mirror. In it I saw the vista of Mary's street resplendent with the faces of children and older community members who had gathered at Mary's house to see what was going on. Their quizzical expressions remained in my mind as they witnessed our government vehicle removing one of their community members. How would they regard our decision to transport Mary to a place of safety outside of the community? How would they regard our return in two weeks' time? How would the priest explain us and our actions? Would we be faced with another full roster of appointments, or a quieter reception due to our service today?*

*I also recall seeing Mary in the back seat, seemingly content, certainly calm, but no more talkative than she had been over the preceding hour. I think the drive back to town seemed longer and certainly quieter than usual as we were not used to having an additional passenger in our midst. We had called ahead and upon our arrival at the third floor of the hospital, several staff were ready to accept Mary into their care. Her admission was smooth and uneventful. She seemed keen to approach that which the hospital would provide, and she was expertly ushered across that threshold by the staff employed in that clinical setting.*

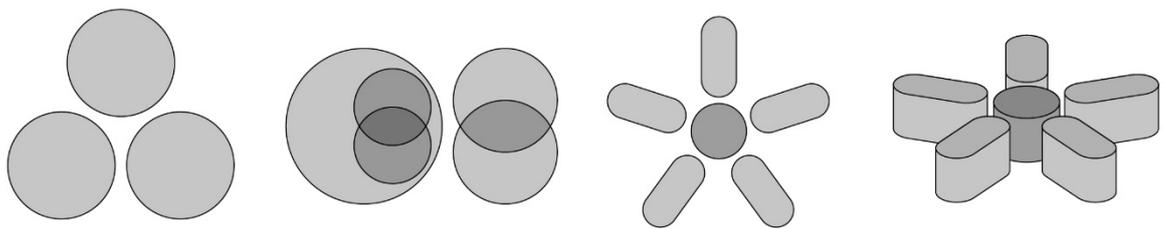
## 9.1 Chapter Nine Overview

We decided to transport Mary to a place of safety. Having considered the available information and options, and having considered several best and worst case scenarios, the decision was made to take Mary to the hospital in town. This was a decision that went against the wishes of the priest, but one that was appreciated by Mary who, upon hearing the news, set about gathering her things for the drive. In terms of the argument outlined in Chapter Seven, for myself and the other team members, our punishment was the uncertainty of what reception awaited us in two weeks' time when we returned. It was only then that the broader implications of our decision would be made clear, and we could go about repairing, reinforcing and/ or renewing our relationships with the various players in that community site. Our reward perhaps, was the knowledge that for at least one community member, our unusual, exemplary service embodied a reasonable decision amongst a complex array of options.

Chapter Nine discusses several features of the investigation, including the implications it presents for considerations of intercultural competence pedagogy and the role of teachers within that endeavour. This includes discussion of a praxis of uncertainty for teachers involved in the preparation of Indigenous and Non-Indigenous players within the often unsettled contexts of the Indigenous mental health arena. To this end, a concept of Cultural Agility is proposed, derived from the contexts and movements identified in this investigation. Deep Competence is also proposed as a useful metaphorical reference to intercultural competence development that deliberately, strategically and comprehensively acknowledges how various players come to be at the threshold of the arena, and the discourse/ worldview and myth/ metaphors that they employ to construct their positions and explain their movements towards, away from and within the Indigenous mental health arena. Chapter Nine concludes with an embellishment of the arena metaphor, extending it beyond a mere site of tension and conflict and proposing it as an exemplary site of transformative potential.

## 9.2 The Capacity of Causal Layered Analyses to Reveal Complex Pictures

Figure 16 offers a series of illustrations that chart the development of the investigation from its original three-participant interest, to a multidimensional examination of complex movements in unsettled spaces. The findings of this investigation reveal a picture of the arena of Indigenous mental health as a site of activity constructed, guided and informed by ideas brought into and developed in that realm, and fought for by myriad interpretants utilizing a range of linguistic strategies.



*Figure 16: Development of a complex picture of the Indigenous mental health arena.*

From this, a picture emerged, not of singular authority nor universally consensual progression, but of a more nuanced site housing interminable struggles for presence, status and certainty in an at times unsettled conceptual and physical space requiring agile navigation from those seeking to engage within it. According to participant accounts, the Indigenous mental health arena is not comprised of one particular site, nor one viewed from one particular perspective. It is in fact more complex, a compound arena hosting battles, protest and resistance, and witnessing alliances rise and fall. There are participants who cautiously take their formative steps and seek to obscure uncomfortable scrutiny, while others move with great certainty on singular paths, or with trusted associates in what are conceivably, the beginnings of communities and social movements forged in the midst of pervasive tension and conflict.

The Indigenous mental health arena houses, intensifies, creates and obscures tensions and conflict; it is a battleground, a cemetery, a repository and site of celebration and sorrow. It is a maelstrom for some, and a site of deep, critical self-reflection for others. These kinds of images permit an emotional rendering of the arena, essential for sites in which movement and struggle are key. These are not observations made merely to validate the conceptual and methodological choices employed here. They are, more importantly, a crucial part of the catalogue of players' experiences, central to their yarns, and intrinsic to their various explanations of engagement. It is also reference to the arena as a site of transformation, benefitting both the cause of Indigenous mental health, and the place of Non-Indigenous persons within that venture. Reduction of the arena to a sole litany of Indigenous/ Non-Indigenous antagonism was rendered simplistic, shallow, and short-sighted by the nuanced picture obtained here. Instead, an examination of the paradoxes and antinomies that have come to comprise current iterations provides an interpretive lens through which to speculate on the tensions and conflicts reported by various players.

Focusing on player accounts served two important roles. First, within the historiography of Indigenous mental health research this method helped centralize the often diminished voices of Indigenous players into the larger account of the mental health arena. Secondly, the social constructionist emphasis eschewed the need to invoke references to '*personality*', '*attitudes*' or '*predispositions*' in explanations and descriptions of movement. The qualitative co-construction of knowledge avoided the pathologising of behaviours regarded as inappropriate, disrespectful or wrong. Instead, the sense-making employed in player accounts of their movements allowed them to be framed as the expression of contextually and temporally specific choices deployed in relation to a particular stake, or in response to particular paradoxes. Movements of any kind, could be regarded as the visible expression of processes that involved the consideration of tangible and intangible factors, while the emphasis on player accounts permitted a picture of their movements as individual, particular, and socially mediated. The investigation suggests that a critical social psychological approach was useful in an endeavor to conduct

generative research within a transformative, Indigenous psychological paradigm.

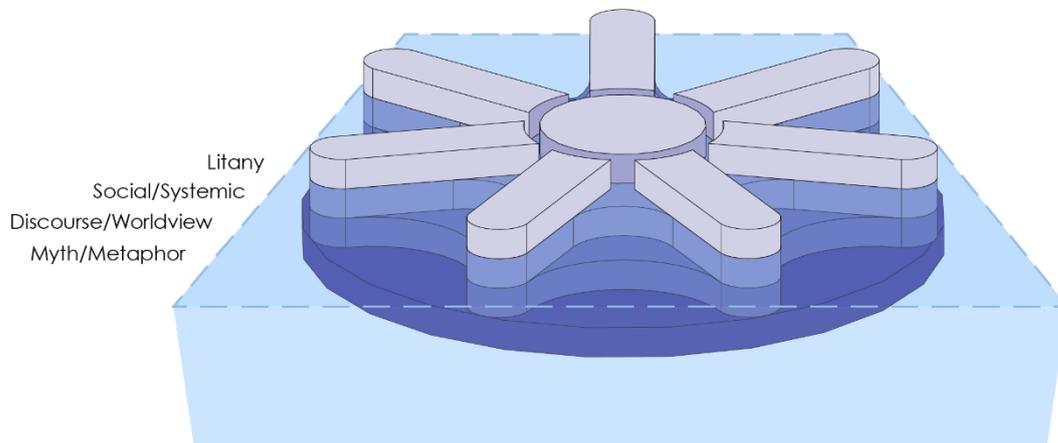
This proposal also shifts the emphasis from conjecture about personality, traits or other such implicit psychological constructs that claim to predict and preempt the likely behaviours of arena participants. Instead, the emphasis on participant derived explanation of movements in context is argued to provide a valid means of examining the activities within and external to the arena, including both individual and group construction and experience. The emphasis on the language utilized by participants also permits speculation around processes of transformation, and the place of strategy in accounts of approach and avoidance.

### **9.2.1 The Presence of Ever-Available Cultural Resources.**

Indigenous mental health has, over the course of more than a century been reconstructed. Successive renditions are different but not entirely devoid of metaphorical and discursive remnants from prior constructions. Indigenous and Non-Indigenous players drew upon various metaphorical and discursive resources to stake, hold and prosecute their claims to authority. In a temporal sense, some of these strategies may be termed old-fashioned, referring to their similarity to historical precedents identifiable in the historiographical record.

This observation led to the consideration of a reservoir of myth/metaphor and discourse/worldview resources from which players drew in order to permit and explain their movements (see Figure 17). It is speculated that these cultural resources do not disappear per se, but their utilization and expression changes depending on the capacity of players to access and utilize them, the quality of the prevailing context, and what it requires of players if they are to establish or maintain a viable presence. It is conceivable that members of different categorical avenues claim their use of universally available ideas, but that such ideas are nuanced within particular avenues or within particular communities. For example, Indigenous and Non-Indigenous participants may both invoke their adherence to social justice, or their commitment to reconciliation, however, the expression and experience of each

may differ as one considers the life experience that each player brings to their conceptualization.



*Figure 17: The Indigenous mental health arena embedded within an ever-present and ever-available cultural context.*

The provocateur role permitted an alignment with positions critical of features of the arena. It was one utilized by Indigenous players, and also in the accounts of Non-Indigenous Mental Health Professionals **14**, **18** and **33**. One did not need to be an Indigenous person to engage in certain provocative and resistant acts that might be construed as '*Indigenous*'. That is, while Non-Indigenous Mental Health Professionals and Students may not claim a kindred identity as Indigenous people, they may pronounce their allegiance to similar myth/ metaphor and discursive preferences as the means by which to navigate and transform the arena. In turn they may find themselves lauded or critiqued for that declaration by other Indigenous and Non-Indigenous people.

Arguably, this pool of cultural resources does not diminish over time. Instead, the discourse/ worldview and myth/ metaphor constituents remain ever-present, available, and harnessed in order to construct a particular version of the world, or more specifically, a particular version of the Indigenous mental health arena. Thus, the dynamic contestation that characterizes activity within the compound arena of Indigenous mental health has at its disposal, the

arguments of constructions past, the potential to construct novel and innovative strategies to assist those invested in its transformation, and the counterpoints deployable in order to undermine that change.

### **9.2.2 Utilisation of the Framework as a Tool with Which to Review**

#### **Previous Works**

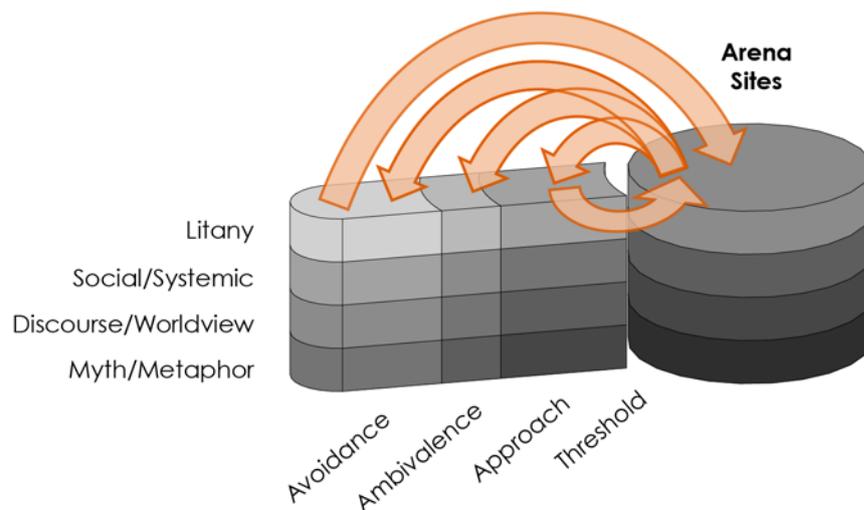
The capacity of the framework for specificity has an additional use as a tool with which to assess and organise the foci of previous research, and as a guide to future research endeavours. For example, it is possible to now read the literature in terms of how it specifically, or non-specifically addresses avoidant, ambivalent or approach orientations from multiple players. For example, the literature review for this investigation pointed to the relative abundance of works that provided commentary on the movements of Indigenous Community Members away from mainstream mental health services, and the ambivalence held by Non-Indigenous Mental Health Students and Professionals towards the arena. Lacking by comparison are investigations of Indigenous Mental Health Students' experiences of ambivalence and approach – an important consideration within future scenarios that call for their increased presence. Likewise the Approach and threshold navigating accounts of Non-Indigenous participants are warranted, due to their relative dearth at present. Thus, the capacity to review the reviews (e.g. Truong, Paradies & Priest, 2014) offers a basis for further strategic inquiry, with the proposed framework providing a useful evaluative tool towards that end.

### **9.3 The Construction of Meaningful Educational Resources: A Case Study of Possible Movements**

Incorporated throughout the thesis are illustrations of various movements. These provide a potentially useful device through which students might better plot their capacities and their concerns, as well as considering the various levels at which change is encouraged or dissuaded. For the teacher, the images provide a visual resource with which to prompt discussion amongst students based on actual, or theoretical movement scenarios. For example,

Figure 18 employs **NIMHS40**'s account to speculate on possible movements she might employ if required to “go up north”, a prospect she did not welcome.

**NIMHS40** expressed her strong reluctance to go up north to work with Aboriginal people, prompting the question as to what happens when a student expressive of an avoidant or ambivalent position is required or compelled to do so? How might **40** navigate the tension at being placed in such a context? For some, their preferred movement may be away from the arena, to become one of the “*fleeting shadows*” identified by Hunter (1995). For others, their departure may not be able to be expedited so quickly, raising further questions about their navigational strategies, particularly in contexts experienced as oppressive and uncomfortable.



*Figure 18: Charting NIMHS40's movement from Avoidance to the arena. This figure depicts 40's commencement from a position of Avoidance to her unwanted placement in a rural/remote Indigenous setting.*

Figure 18 illustrates some of the possible movements emerging within this scenario. From an initial movement from Avoidance into the arena, we see that **NIMHS40** might exit the arena back to her commencement point of Avoidance or Ambivalence. We might consider the repercussions of her

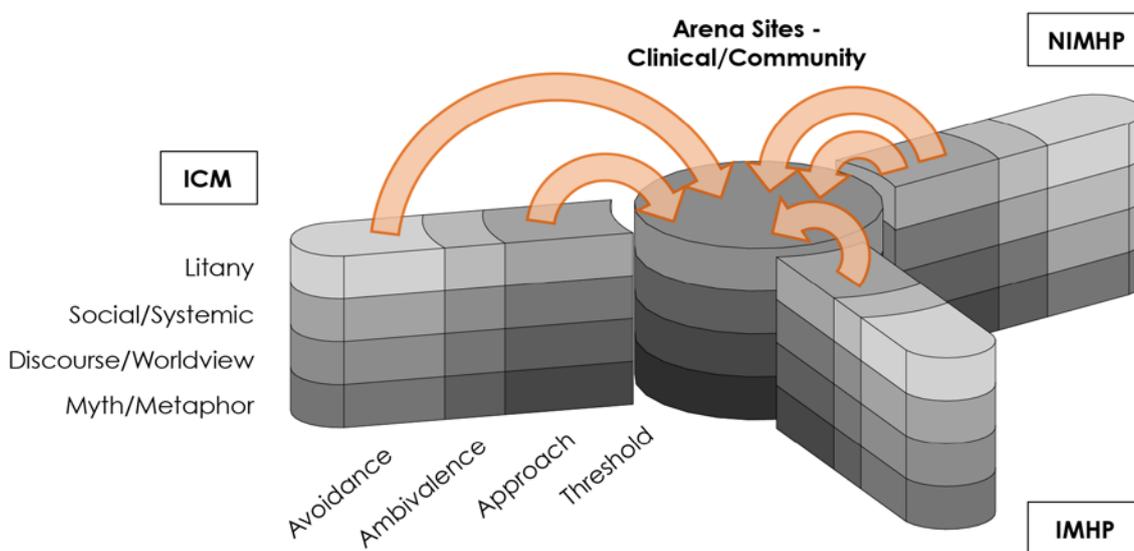
repeated return to the arena from these positions. **40** may also return to an approach-oriented position, depending on the quality of her actual interactions up north. This might see her return to the arena with a different regard for that prospect of this quality of work, likely characterized by a supportive view of her return and her role. Discussion of these speculative scenarios could incorporate discourse/ worldview and myth/ metaphor references either as suggested alternatives, or as an identification of the terms used by the student themselves.

In terms of educational implications, speculation based on the proposal of possible movements provides teachers with scenarios and support material (e.g. an illustration of the framework and the various movements) to incorporate as part of in depth-classroom discussions. For example, it would be possible to request that students consider the various choices for **NIMHS40** by constructing their own interpretations of the various options and the antinomies invoked as a consequence. Students could also be prompted to consider what factors or features comprise the different movement choices, even being encouraged to utilize the layers of CLA to help conceptualise their responses beyond litany and social/ systemic layers of explanation. The viability and integration of these components could comprise the focus of future research into a pedagogy of intercultural competence that incorporates the consideration of movement as one of its core attributes.

Hillin et al. (2007) acknowledged that a greater understanding of the learning needs of workers represented an opportunity to promote earlier intervention, amongst groups for whom mental health needs are high, but uptake of mental health service is comparatively low. An alternative sequence whereby focus is placed initially on the interpretive repertoires students, professionals and community members bring to classes or workplaces as a matter of primacy, and that exposition of Indigenous people and issues take place subsequently? As teachers, we might first engage in discussions about concepts such as social justice, equality, health and illness as a means of establishing or articulating their meaning for participants. Once examined, we might then more usefully incorporate material concerning Indigenous Australian people, and examine the implication of those repertoires on, for example, professional practice and diagnoses. In this model, Indigenous mental

health, or the role of Non-Indigenous Mental Health Professionals become the case studies within which the professional and personal acumen of students and professionals is brought to bear. This approach may also be useful in addressing the threshold concepts that obstruct their meaningful engagement with course materials.

### 9.3.1 Applying the Framework to Real World Examples: Picturing Mary's Story



*Figure 19: Illustrating Mary's Story utilizing the Indigenous mental health framework.*

In addition to charting speculative movements, the proposed framework provides a broad palette upon which peoples' experiences may be illustrated. Figure 19 displays Mary's story within the framework. It highlights the positions of various players and our respective movements into the arena. For example, the priest and Mary comprise Indigenous Community Members for whom Avoidance and Approach characterized their commencement points. For the two Non-Indigenous Mental Health Professionals, their movement to the arena appears similar however, we may, in the course of investigation seek to understand the particular narrative of how each came to be there, including

their constitutive discourse/ worldview and myth/ metaphors. This would represent a vertical analysis in CLA's terms (see Figure 10). This picture could be compared with mine as the IMHP in this case study and constitute a horizontal analysis of NIMHP and IMHP approach positions emphasising depth. Given the conclusion to Mary's story provided above, it would be a further activity in speculation as to where each of the arrows/ players returned to. Would it be to points of approach, or might this particular intercultural interaction prompt a reconsideration of the regards expressed by various players towards the arena? Given the various stakes and emotional repercussions, how might we then prepare our next moves?

## **9.4 Implications for Teachers in Unsettled Contexts**

### **9.4.1 Questions at a Revised Standpoint**

As outlined in the Prologue, an Indigenous Standpoint (ISP) is not merely constituted by opinion, but by the questions that comprise a particular position. At the conclusion of the investigation, the nature and quality of questions that now present themselves are different to those with which I commenced the inquiry. At the beginning, questions concerned the identification of the causes and types of tensions in the Indigenous mental health arena with a view to solving them, or at least reducing their occurrence for future providers and recipients of mental health service. The emergent questions are more circumspect and critical. For example, whereas a question at the beginning may have been to discover how best to reduce the experience of tension for students, the imperative has now become how do we talk about the conflicts associated with working in the arena, deliberately and strategically in class?

The following sections expand this revised position with a particular emphasis on the aforementioned educational objectives of the investigation. They are presented as discussion points aimed at opening up the arena to further examination and reflection. They broach considerations for policy as well as providing questions for the next iteration of this inquiry. In this sense,

they form the basis of a transformative agenda for certain sites within the Indigenous mental health arena, with questions including:

- Are we preparing people to work in spaces constructed in ways that do not necessarily mesh with the progressive messages regarding Indigenous issues they receive in some classes? Is it prudent to align them with the more nuanced realities of their employment, and the diverse constituency of other players? The diversity of backgrounds, experience and expectation prompts the question as to whether it makes sense to speak of a unitary Non-Indigenous cadre of health practitioners, or a singular Indigenous community (Ang, 2003; Paradies, 2006).
- How do current pedagogies conceptualise their audiences in terms of pre-existing knowledge, competence and experience? Indeed, how are these aspects regarded in relation to the learning that cultural competence training deems necessary? How might such attention to the individual be implemented with increasing class sizes, international student heterogeneity, or complex on-line contexts?
- Are policies and guidelines espousing the virtues of cultural competence promoting professional behaviour akin to that of a *'missionary zealot'*, or *'nuisance stalker'*?
- Does current pedagogy require explication of settled and unsettled cultural contexts and the implications of these on the construction of the players within them?
- In order to participate in transformative action, are we inadvertently or directly advising student and professionals to engage in behavior contrary to their employment conditions? Do we place them at risk of censure or dismissal by considering action that may contravene their employer's guidelines?
- Do we require additional and/ or different strategies that address the risk that students place themselves in at having to rely on their own sense of righteousness as a guide and rationale for their behaviour? Furthermore, how do we address the needs of those players who

construct themselves as having been wronged by historical or contemporary policies?

Vignehsa's (2014) call for greater conceptual and theoretical clarity around non-generative organizational practice is an agenda facilitated by the proposed framework. A useful feature of the framework is its capacity to chart movements of various kinds, of various players; a quality pertinent to the consideration of paradox, choice-making and paralysis, and the behavioural, discursive and metaphorical attributes of each position. The emphases on ambivalence and paradox have particular relevance to pedagogical and other resource development as it permits the tailoring of activities and information to appeal to the qualities of particular audiences depending on the construction of their position with regards to the arena, the kind of movement sought of them, or the movement they seek for themselves. This facility is useful for teachers who may encounter, or be required to accompany students during their initial exposure to unsettling material. The prospect of the ongoing experience of paradoxical discomfort may warrant movement away from contexts that continuously expose the limitations of a standpoint, yet paradoxically, constitute transformative opportunities beyond an unexamined and entrenched individual or group stuckness, or perpetual organizational panem et circenses.

#### **9.4.2 Reconsidering the Role of the Teacher: Consideration of a Praxis of Uncertainty**

In addition to pedagogical questions, specific challenges confront the teacher attempting to position themselves in relation to material of an emotive and uncertain quality. Lather (1998) proposed a narrative that undermines the expert position assumed by lecturers as the ones who know. Instead, a praxis of uncertainty, or a praxis of stuck places might better tolerate "*discrepancies, repetitions, hesitations and uncertainties always beginning again*" (Lather, 1998, p.491). Such a conceptualization refutes the priorities that characterise conventional rationalist curricula, including the formers' propensity to seek simple, linear causality at the expense of acknowledging cultural and

contextual complexity. Adams-Webber (1995) contends that when considered via a constructionist epistemology, knowledge elicitation and transfer is achieved by empowering experts and knowledge engineers (e.g. research participants, clients etc.) to engage co-operatively in the construction of conceptual models within a given domain so that they may be applied with a relatively high degree of predictive efficiency. Co-construction of a domain provides a different perspective from those derived via objectivist and positivist approaches to psychology, and regards participants as proactive agents, constantly engaged in a process of meaning-making (Botella & Gallifa, 1995).

A praxis of uncertainty may also facilitate *communitas* within the classroom, with lecturers encouraged to engage imperfectly with their students, while modelling what may be considered preferred or more competent ways of addressing paradox, uncertainty and instability. Such praxis might better accommodate at a conceptual and practical level, the likely diverse paths that people tread within and outside the arena. The role of the lecturer in this circumstance need not be as counsellor nor solution provider. It may instead focus on supporting the questions, and acknowledging the different standpoints that students bring with them to the educational encounter. It may also require teachers to consider the construction of their own parochialism, and how this impacts, impedes or infuses the intercultural interaction with their students. However, the identification and admission of such snares may be a proposition approached by some teachers, and avoided by others.

#### **9.4.3 Pedagogy and Intercultural Competence**

Emerging from the findings is a perspective on tension and conflict that locates its experience as central to the movements of providers and recipients of service. A critical question becomes how is discomfort regarded as a feature of the educational process? Is this an experience to be avoided so as to protect the feelings of students, or might we adopt a different regard for the place and necessity of tension as it relates to preparing students to work in the arena of Indigenous mental health? The latter option raises ethical concerns with regards to invoking discomfort in students, while the first option raises ethical

questions of another kind. That is, do we do our students a disservice by not having them identify and navigate threshold concepts as they relate to their work in the arena? Either option places the onus on teachers and course designers to make decisions about the qualities they regard as important in their pedagogy. The findings here warrant the considered inclusion of deliberately uncomfortable experiences, navigated by students and their facilitators as a preparation to cross likely thresholds in, and surrounding the arena.

#### **9.4.4 Ethics Within a Praxis of Uncertainty**

The proposition also raises important ethical questions for both student and teacher wellbeing, particularly if resources provoking tension and conflict are deliberately incorporated into the classroom. Threshold concepts and paradox also confront the teacher faced with preparing professionals and community members to navigate unsettled mental health contexts. As an act of an ethics of care, it is our responsibility to consider whether we advise them to confront the system as a transformative act. In doing so, are we placing professionals in a position of having to defend themselves against sanction and censure? Do we need to examine the ethics of placing novices in such positions, or question the ethics of not explicitly discussing such likelihoods? Do we as teachers render our own positions tenuous if we are deemed to be promoting transgressive action? Alternatively, does our failure to encourage transformation make us complicit in the status quo?

The paradox underpinning these questions revolves around whether we construct our role as seeking transformation or reinforcement of the arena? The resolution of this threshold concept requires an in-depth analysis of the myth/metaphor and discourse/worldview that comprise the standpoints from which we launch our own movement as teachers towards and away from particular issues and questions with our students. My reconsidered ISP finds much of what I consider to be important for the arena is permitted by my employment of the myth of wanting to be part of a social movement concerned with the improving the construction of the arena for both Indigenous and Non-Indigenous players. Transformation characterizes my discourse, along with a

view of a better arena for my children should their avenues one day require their movement towards it.

#### **9.4.5 The Case for Cultural Agility and the Development of Deep Competence**

This analysis proposes that constructs such as cultural competence are interpretable as measures aimed at installing routine and predictability within contexts recognized as complex and unsettled. Discussions of cultural competence need to extend their purview beyond the acquisition of additional technical proficiency in order to become more cognizant of the impact of the tensions that emerge as a consequence of an attempt to implement or receive service in unsettled contexts. For Indigenous and Non-Indigenous participants, maintaining an effective presence in multiple contexts invokes the need, not only for knowledge of those varied contexts, but an ability to transfer effectively and efficiently between them. The notion of agility is useful to describe such skillful movements.

Cultural Agility is conceived here as an addition to the lexicon of terms and concepts concerned with facilitating cross-cultural interactions. Its derivation links to the centrality of movement as an essential organising feature of interactions and their avoidance in and around the arena of Indigenous mental health. Whereas related terms such as cultural appropriateness refer to knowledge and skill acquisition, the notion of agility invokes the image of attentive and skillful movement; useful in unsettled contexts, populated by diverse players. The value of agility, and the value of mobility are again emphasized.

The concept of cultural agility has been examined by Caligiuri (2012) in organizational psychology and international business contexts. She uses the term in relation to the preparation of professionals to be effective in unfamiliar cultural contexts. She refers to cultural agility as a mega-competency that enables professionals to perform successfully in cross-cultural situations. Culturally agile professionals succeed in contexts where the successful outcomes of their jobs, roles, positions, or tasks depends on dealing with an unfamiliar set of cultural norms – or multiple sets of them. The term has also

been utilized in other Aboriginal contexts. For example, Christa Williams (Nlaka'pamux) (n.d.), Executive Director of the British Columbia First Nations Public Service Secretariat, described the importance of cultural agility for intercultural interactions in that site. She described cultural agility as:

*...respect. It's pausing and appreciating that there are differences, and looking at those with a view to the celebratory rather than seeing difficulties. I think it's a cornerstone of building relationships. To accept our worldview as valid is really important so that we feel respected and valued. Relationships can't be built unless you have this capacity, and we can't work together until the relationship is there. It becomes part of your business.*

Impacting on our agility are resources drawn from our own multicultural reservoirs. Transforming our agility then, is likely to involve reflection on those deeper constituent layers. This leads to the proposal of Deep Competence development as a means by which we consider not only the cultural attributes of our clients or service, but our own positions in order to become strategic in our responses to scenarios we note as impacting our own and others' movements. Competence then, must be considered as the capacity to be agile within unsettled contexts amongst nuanced players. It involves knowledge, but is more than rote recall. It involves appropriate behavior, but is more than naïve mimicry. It involves critical reflection, but requires decision-making and action in paradoxical scenarios. The notions of agility and depth resonate with the worldview of many Indigenous Australian people who continue to acknowledge and practice activities borne from an intimate knowledge of place and rhythm. Likewise, such notions may prove appealing to both certain and uncertain Non-Indigenous players seeking to move better within the Indigenous mental health arena. There is evidence from this investigation that this is already the case.

#### **9.4.6 Achieving Depth: Addressing the Emotional Experience of Movement**

The appeal to greater depth was warranted through this investigation, however a question emerges as to how to operationalize what **NIMHPS31**

referred to as “*a shift in the heart*”? In the present analysis might such a move involve a shift in myth/ metaphor or discourse/ worldview? Professional development activity based on the notion of topping up knowledge and awareness, may ultimately maintain engagement at a superficial level unless attention is paid to the stress incurred as a result of the consideration of alternative constructions of reality, prompting the fossilization of a position, rather than movement to a post-liminal status. In addition to factual awareness, emphasis must be placed on how community members, students and professionals are guided to navigate the tensions that arise around issues of authority, expertise, fear, understanding, countertransference, critique and mistrust (e.g. Garvey, 2007) as part of the struggle to decolonise oneself from the features of one’s professional and other socialization (e.g. Kowal, Franklin & Paradies, 2013).

A caveat to this proposal for depth involves the question of whether it matters what students think or feel, as long as they perform correctly (e.g. Duncombe & Jessop, 2002). Performativity is a term often used to name the capacity of speech and gestures to perform an identity. According to Butler (1990), gestures and speech acts do not express an interior identity; they perform that identity and even its assumed quality of interiority. The implication for facilitators is the question of whether we are required to invest time and resources into the transformation of the students’ inner worlds, when guidance as to how one might best perform in order to communicate the appearance of competence is seen as sufficient? According to the findings of this investigation, a surface level performance of competence may prove useful in some contexts for a little while. However, without the capacity to be agile, or to be able to think and feel deeply about context, performances are likely to become restricted in their relevance, and performers increasingly frustrated by the limited territory they are able to navigate in a meaningful, competent and interactive manner.

### **9.4.7 Incorporating Tension and Conflict Through the Examination of Paradox**

It is proposed that the deliberate engagement with paradox be considered as a core feature of endeavours such as intercultural competence or intercultural communication training (see also Kowal & Paradies, 2010; Kowal, 2006). The task in such endeavours might then be seen as the co-option of paradox and its strategic and deliberate inclusion in experiential learning activities, rather than its excision from the experience in the interests of maintaining comfortable classroom equilibrium. Further research into this phenomenon may be useful in the Australian context, emphasising the experience of fear and other emotional aspects as an anticipatory construction permitting avoidance and ambivalence towards engagement with Indigenous people. The emphasis would not be to diminish the validity of the experience for students, but to deconstruct its genesis, and to facilitate critical reflection on the materials and experiences that have contributed to it. The goal may not be the adoption of an Approach position, but more to disrupt the certainty of avoidance by deconstructive, contemplative and disintegrative reflection. Such contextualist explication could serve to enhance the sophistication of cultural competence activities based on more mechanistic ontologies. Once again, the exploration of students' capacities to navigate paradox becomes paramount and should be seen as foundational to their capacities for agility within unsettled contexts.

Well-intentioned actions based on a simplistic understanding of Indigenous perspectives may compound, rather than alleviate problems (Hunter, 2002). It is this limited starting point that may reinforce a naïve mimicry of supposedly useful intervention, rather than the complex terrain that characterizes the less visible aspects of assistance and service in the arena. Instead, Haynes, Taylor, Durey, Bessarab and Thompson (2014, p.4) emphasise:

*Rather than viewing partnerships merely as arrangements between disembodied entities, sometimes contractual in nature, they are better seen as activities between people and organisations and essentially dependent on relationships, occurring in and intercultural space that is complex, dynamic*

*and subject to changes in power relations. Theoretical models aiming to understand and improve partnerships indicate the complexity of building and maintaining such partnerships and stress the importance of understanding factors that can strengthen or derail their effectiveness.*

This being said, it is inaccurate to presume that metaphorical language directly reflects or completely maps a target domain. However, the capacity for metaphor to both reflect and support systems is significant and due to this relationship, endeavours aimed at changing the quality or structure of systems would do well to consider the place of myth and metaphor in their analyses. It is worth considering the impact of the metaphorical bases of students or graduates yet to enter the workforce, particularly where the images utilised by experienced professionals contradict the emerging metaphors for healthcare that exuberant graduates are encouraged to think and act in terms of. The question becomes one of how might we consider and incorporate metaphorical material in the educational experience, both as an avenue into the way students consider their work and themselves, and as a platform from which to engage in discussion about other aspects of their complicated immersion into the Indigenous mental health arena.

This permits the question of the role metaphors play in the construction of concepts such as Indigenous mental health, and whether there are there metaphors that may be considered hegemonic in that realm and how might these serve to maintain the activity conducted there, and regulate alternative conceptualisations that threaten the way things are done. It also permits valid speculation around metaphors such as 'arena' in describing systems of health care, and prompts consideration of alternative myth/ metaphors as foundational bases for critique and transformation. By opening up space for the articulation of constitutive discourses, worldviews, myths and metaphors, CLA facilitates the construction of alternative future scenarios by loosening the assumed or unquestioned inevitability of a current course. The consideration of alternative discursive and mythical platforms warrants the signification of potential 'futures', rather than designation of a singular future. The nomination of options is fundamental to a transformative agenda as they show that under particular conditions, change is possible.

### **9.5 Constructing the Arena of Indigenous Mental Health as an Exemplar of Transformation**

Mental health for Indigenous Australian people is not solely addressed within the walls of an institution. It remains a state, and an experience that is navigated within the broader context of a person's life, and engagement with the mental health professions is an occurrence only for the minority. Indeed, one of the main contributions this work has to offer is of the area surrounding the walls of the arena and how for many of the participants, their tensions and conflicts commenced here. Ironically, or perhaps necessarily, tensions have emerged as a consequence of changes wrought to address the litany of poor service endeavor. In light of such struggles, it is a wonder any work gets done at all! In this respect, the metaphor of the arena in its more conventional meaning remains an eminently apt one into the 21<sup>st</sup> century. However, this has not always been the case, at least within the historiographic record, and Hunter's (1994) nomination of the '*arena*' emerging in the late 1950s appears accurate, with prior descriptions intimating a relatively settled context in terms of the hegemony enjoyed by the emergent mental health professions.

While mental health and other professional activities sought to establish themselves within the Australian continent, there are accounts in the historiographical record that emphasise the leading role taken by mental health professions in this regard. Although less documented, there are instances of interactions that challenge the prevailing view of Indigenous and non-Indigenous people. It is within this construction that the arena of Indigenous mental health exhibits its most interesting feature and potent paradox. That is, while in many ways a microcosm of the context within which it is situated, it is also a site of potential and promise. Within the Indigenous mental health arena, and due in some respects to its insularity, are birthed different ways of relating, regarding and assisting. The compound composition of the arena permits players to identify, confront and navigate their myriad inter, and intrapersonal conflicts in encounters of personal and group development. Such instances provide exciting counter narratives to those myths that otherwise facilitate the tentativeness and uncertainty that has come to characterize and dissuade some from approaching or returning to the arena. In this construction, the arena has

the potential to expand its regard beyond a site of conflict, to one in which it is seen as an exemplar and transmitter of transformative myths within and beyond its actual, and metaphorical walls.

This suggestion makes the documentation of good work and the formulation of good relationships foundational for the next iteration of celebratory accounts that players such as those involved in Australian psychology and the Indigenous mental health arena might aspire to. These instances should be celebrated in the face of the tensions and conflicts that seem to conspire against their occurrence. The same applies for Indigenous people who, perhaps counterintuitively, describe their experience of good service at the hands of those who are otherwise lambasted in the predominantly critical historiography. Neither though is an easy concession, nor naïve acquiescence to one's circumstance or the status quo. Much like the active construction of one's standpoint, the exposition of such activities must in turn become sites of contestation, asserted, defended and, if answerable to the reconstructions demanded of a transformative paradigm, maintain both the capacity for adaptation, and the facility to acknowledge both their transformative potential and limited viability.

## EPILOGUE

*Maturity is achieved when a person accepts life as full of tension.*

Joshua Loth Liebman (1907-1948)

### **An Abrupt Exit**

*I am uncertain as to Mary's course following her admission to hospital. I am not aware of the duration or quality of her stay, or of her receiving a formal psychiatric diagnosis. Our presence in the arena is, for the most part, temporary – as is our involvement with other players in that site. I am also unclear as to the subsequent reception of the mental health service by that community as it was shortly after this story that I accepted an invitation to move to Perth and to work at the Centre for Aboriginal Studies. My role involved the development and delivery of a counselling and mental health course for Indigenous students, and I regarded this as an opportunity to meet different people, develop different skills and experience different facets of the arena. My plan was to spend two years in Western Australia, and then to return home to Queensland. A little over two decades later I am yet to make that move.*

*I did however, hatch another plan. Following many years and many thousands of conversations about Indigenous mental health, I decided to enroll in a PhD...*

### **Commencing the Next Iteration**

According to this investigation, tension and conflict are an enduring feature of anticipated and actual encounters between Indigenous and non-Indigenous Australian people in the Indigenous mental health arena. Concerns regarding authority, status, role and service were evidenced in many of the participants' accounts, in ways that mirrored and added to the features identified by the researcher through my own autoethnographical reflection. What began as an idealistic agenda to mitigate the tension and conflict of the Indigenous mental health arena, has since shifted to one that acknowledges the place of tension in provoking and stifling action. Senatra (1980) made the

point that a goal is not necessarily to eliminate stress, but to contain it at levels that are tolerable and low cost for individuals and organisations. The implications of this amended view of the place of tension extends to educators such that they not simply seek a conflict-free approach, but aim to manage the place and functionality of tension in the workplace by understanding the problems faced by professionals and community members in their quest to provide and receive service in complex and unsettled organisations.

By the completion of the project, the notion of the Indigenous mental health arena has come to be regarded less as a curious metaphor with a limited range of combative associations, and more as an eminently suitable platform from which one might speculate upon the educational, reflective, and aspirational activities regarding the field. Its capacity to do so was demonstrated with what I identify as my own transformation regarding its use, from one that initially reflected my own general distaste for conflict, to a standpoint constituted by a different regard for its place in social interactions. My revised position sees it not merely as an experience to be remedied, but as a natural, informative, and valuable resource with the potential to bring about deep personal and community transformation.

I am also able to identify a shift in my previously held assumptions as to the kinds of accounts I expected people to recite due to what I presumed of them, their identities and their roles. This realisation embodied a threshold experience for me, corrosive to my own parochialism, and humbling and liberating at once. The research process allowed me to reflect on and develop my own Indigenous Standpoint, and provided a diagnostic opportunity to gauge the extent of my own intercultural competence, cultural agility, and capacity to develop deep competence.

I concur with Jasper's (2014) assertion that the '*arena*' provides a useful heuristic device with which to map, chart, identify, excavate and predict particular sites of tension. Coupled with the depth-sensitive methodology employed in this investigation, I am now aware of a much more detailed territory with, and within which players must construct the mythical, metaphorical and discursive resources that will permit their movement and engagement as providers and recipients of mental health service. I hope that

this work serves to illustrate and reinforce that utility, while providing a useful depiction of its surface and more subtle territories.

Finally, and in reference to my stated smaller and selfish objective, let it be known that amidst the presence of detractors and snares, at least one ageing bloke stands ready to step over the edge again, to tread water, and to converse imperfectly, patiently and fleetingly with those in the process of making their own path within the unsettled territory of Indigenous mental health. For those intrigued by the prospect of similar encounters, I offer the words of poet Rumi in the spirit of invitation:

*Out beyond ideas of wrongdoing and rightdoing, there is a field. I'll meet you there.*



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**APPENDIX A: Article 1**

Groot, S., Rua, M., Masters-Awatere, B., Dudgeon, P., & Garvey, D. (2012).

Ignored no longer: Emerging Indigenous researchers on Indigenous psychologies. *The Australian Community Psychologist*, 24(1), 5-10 (Editorial). Retrieved from

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**Editorial: Special Issue****Ignored no longer: Emerging Indigenous researchers on Indigenous psychologies**

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Indigenous peoples have been primarily constructed as exotic subjects of research. We have often been denied the status of informed research instigators and producers of valid knowledge. In many respects Indigenous psychologies remain marginalised in the broader discipline of psychology. Research in the global discipline has failed to recognise or embrace our own psychological systems, histories, socio-economic and political conditions and worldviews. Further, psychological research rarely employs cultural concepts germane to our distinct groups when interpreting our thoughts and behaviours. These omissions reflect missed opportunities and the continued dominance of Anglo-American worldviews in the global discipline of psychology.

Indigenous psychologies recognise that people have complex and highly developed understandings of themselves and there is more than one legitimate psychological approach to understanding the social world, the place of different people within it. The development of many Indigenous psychologies has been closely associated with processes of decolonisation and with assisting Indigenous and minority groups to find a voice and gain access to resources for self-determination. Dissatisfaction with the unquestioned, derivative, and explicative nature of psychological research that is deeply rooted in individualistic strands of North American focused psychology has led Indigenous researchers to look outside the

discipline in order to begin solving the devastating problems within our own communities.

The discipline of psychology is expanding world-wide and requires the establishment of psychologies relevant to each culture around the world. These various traditions can be constructively connected to an evolving global discipline that embraces diversity and difference (Lawson, Graham, & Baker, 2007). Globalisation offers an invaluable opportunity for psychology to enhance its content, methods and scope. This must be nurtured and it should be addressed by an open and inclusive discussion on how we may implement it. What is required is a strategic collaborative interaction that seeks a responsive global psychology (Lawson et al., 2007).

Many decisions shaping the circumstances of Indigenous peoples are made beyond their life worlds, and it is up to us, as critical Indigenous scholars working with community groups, to help bridge this divide through advocacy and joint action. As current and future psychologists, we need to situate our work within local socio-political contexts. This special issue highlights analytic approaches informed by Indigenous world views which are crucial for extending our psychological engagements with human diversity in more complex and relevant ways. Here we explore the breadth of Indigenous psychologies through the current work of emerging Indigenous researchers on issues of relevance to our communities.

In this special issue, edited by Mohi, Bridgette, Shiloh, Pat and Darren, we showcase work conducted within several such Indigenous psychologies. This collection of papers from emerging Indigenous scholars reflect a vibrant, healthy and supportive research environment in which conversations relevant to Indigenous peoples are taking place, and where culturally diverse perspectives and methods are valued and accepted. Here, culture is not simply seen as an abstract set of concepts. Culture constitutes a field of human action, meaning making, and self-production. It is through culture that all people construct themselves and make sense of the world (Groot, Hodgetts, Nikora, & Leggat-Cook, 2011; Nikora, Rua, & Te Awekōtuku, 2007).

In doing so, we consider the position of emerging Indigenous psychologies within Australia, Aotearoa and the broader Pacific region. This leads us into the first theme for this special issue of *people*, their cosmologies and orientations, where they come from and how they understand the world and their place in it. From there we move into how indigenous people's understandings of themselves and the world inform *theorising* within Indigenous communities by Indigenous scholars. This in turn informs the *methods* we use to work with our people rather than on our communities. Indigenous theoretical frameworks and research methods allow us to develop the ways in which community issues are understood and addressed in dialogue with those communities. Theories are often developed from within our communities inform the use of research methods to obtain insights that can be *applied* to addressing a range of social and economic issues.

It is important to start with a paper from Country where this journal is located. Anna Dwyer's contribution lays the foundations for this special issue. Anna talks of the enduring resilience, creativity and deep understanding of the relationships between human beings

and their environment that Indigenous peoples share across oceans. The title of this article 'Pukarrikarta-jangka muwarr – Stories about caring for Karajarri Country' recognises the centrality of Country to social relationships and the spiritual and emotional wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities (Kelly, Dudgeon, Gee & Glaskin, 2010). The importance of fostering Indigenous social and emotional wellbeing through an understanding of the connection to land, language, culture, spirituality, ancestry and family and community is explored. These factors are inextricably intertwined and afford a bastion for Indigenous peoples to draw from in the face of adversity, buffering communities from the impact of stressful circumstances on their social and emotional wellbeing (Kelly et al., 2010). Anna leads readers through the supportive consultation process between Indigenous and academic institutions resulting in the Kimberley Aboriginal Caring for Country Plan. This contribution challenges a dominant colonial framework in Australia that continues to undermine the legitimate use of Indigenous people's extensive and comprehensive knowledge to manage homelands.

Byron Malaela Sotiata Seiuli's paper titled 'Uputaua: A therapeutic approach to researching Samoan communities' calls attention to the significant gap witnessed between an inclusive understanding of health and the realities of Samoan and other Pacific communities. The Uputaua Approach outlined in this paper provides a supportive guide for clinicians, health professionals and researchers alike to be reflective of their role throughout the engagement processes. Byron draws upon his own personal, cultural and professional experiences to unpack the conceptual framework encompassed by the Uputaua Approach. Where psychology has historically neglected the spiritual dimension of human existence the Uputaua Approach addresses this oversight. In his paper, Byron contends that the specific beliefs of Indigenous people must be

considered in order to bridge gaps between psychological concepts developed in one cultural context and the application of these ideas to addressing the needs of Indigenous people in other contexts (Sue & Sue, 2008). Beyond addressing the body, mind and social dimensions is the need to locate these within their familial, ancestral, environmental and divine connections.

Ingrid Waldron makes an invaluable contribution to the comprehensive yet historically muted body of research on African-centered psychology. This paper titled 'Out from the margins: Centring African-centred knowledge in psychological discourse' assertively critiques the applicability of Anglo-American psychology to the African peoples of the diaspora experience with its assumptions of inferiority. Ingrid contends that marginality can be more than a place of exclusion. It can also constitute a space for resistance. Her paper provides an overview of the vast healing approaches utilised by African peoples of the Diaspora that are informed by Indigenous and various Euro-Western approaches. Within an African conceptual framework it is recognised that spirituality is an intimate aspect of the human condition and a legitimate aspect of mental health work (Sue & Sue, 2008). Such recognition is extended through Ingrid's discussion of the limitations of Cartesian-orientated Anglo-American psychology which is challenged by Indigenous people's conceptualisation of the interconnected self.

Andre McLachlan, Ruth Hungerford, Ria Schroder and Simon Adamson's contribution titled 'Practitioners experiences of collaboration, working with and for rural Māori' showcases how qualitative research strategies can be indigenised and adapted to better reflect Māori cultural concepts and values. Andre and colleagues challenge assumptions that prescribe Kaupapa Māori Research (KMR) as a descriptor for research with Māori communities. They present KMR

as comprising the development of a rich philosophical framework and theory that outlines a set of methodological principles, processes and intervention strategies. From this perspective, KMR does not preclude the use of quantitative methodologies. KMR can be used to shape and inform different research methods with emancipator relevance for Indigenous peoples. Through an example showcasing the use of KMR across health and social services in a rural setting to address the needs of Māori with substance use issues, Andre and colleagues highlight the need to recognise the diverse lived realities of Māori today. These authors argue that it is crucial to understand that Māori practitioners and those Māori accessing services may have different understandings and experience of the use of tikanga (practice informed by Māori values).

Our fifth paper, by Arama Rata, Jessica Hutchings and James Liu titled 'The Waka Hourua Research Framework: A dynamic approach to research with urban Māori communities', employs a methodological framework at the interface between Indigenous knowledge and Western science. Utilising such a research approach allows for the generation of new and distinct insights that enriches both knowledge bases. Ancient Māori values utilised in the framework provide the bases and processes of scientific inquiry. The Waka Hourua (double-hulled sailing vessel) research framework was developed as part of a community-driven intervention at a low-decile State secondary school to reflect the diverse realities of Māori community members. Arama and colleagues draw comparisons across indigenous communities encompassed by a holistic approach to research where analyses comprise social relationships and connections between people, the physical environment and historical events. While it is difficult to turn research into action within the limits of a PhD, Arama successfully contributes to broader agendas of change. This is evidenced by key stakeholders expressing satisfaction with the outcomes of intervention activities central to

this project.

Arlene Laliberté's paper titled 'Participatory action research in Aboriginal contexts: 'Doing with' to promote mental health' details her experiences and reflections as a Canadian First Nation community psychology researcher working alongside Aboriginal Australian peoples. This paper highlights the positive contributions the Collaborative Research on Empowerment and Wellbeing team that Arlene has been involved with in supporting positive mental health outcomes within Indigenous communities. Employing a participatory action research approach, Arlene demonstrates the strength of supportive relationship building when working with Indigenous communities. Participating communities included two remote communities, a rural community easily accessed and close to a large town and a mixed Aboriginal and non-Aboriginal community close to a large urban centre. Arlene reflects on the tensions and strengths of integrating "insiders, "outsiders" and multiple perspectives to obtain a comprehensive and integrated understanding of the issues that face Indigenous communities and how we might respond in constructive ways.

Pita King, Amanda Young-Hauser, Wendy Li, Mohi Rua and Linda Waimarie Nikora's contribution titled 'Exploring the nature of intimate relationships: A Māori perspective' looks at the imperfect beauty of intimate relationships from a Māori perspective. The complex interplay between identity change, violence perpetuated by men and women, communication and culture is explored. The processes of colonisation have undermined the role of women in Māori society and are seen to be a major contributing factor to the high rates of intimate partner violence within the Māori population. The sadness and loneliness played out in relationships as they sometimes dissipate, as well as the cultural values

enacted in each relationship, providing a framework to connect, negotiate and relate to one another is considered. Pita and colleagues seek to enhance current understandings of the nature of intimate relationships as a preventative approach to promote more loving, compassionate and violence free intimate relationships.

Our eighth paper by Glenis Mark and Kerry Chamberlain, titled 'Māori healers' perspectives on cooperation with biomedicine', outlines some of the tensions occurring between Māori health practitioners and General Practitioners, whilst providing practical solutions to emerging tensions. Glenis explores the contemporary role of Rongoā Māori as part of a traditional system of healing that has developed out of the cultural traditions of Māori. Where tohunga (traditional Māori priest) once held a prestigious position in Māori society, colonial policies aimed at suppressing the practices of such tohunga have seen the role of rongoā relegated to a secondary and alternative form of health treatment in Māori society today. The authors contend that Indigenous healing practices and belief systems entail experiential and lived realities. The paper demonstrates the importance of holistic care involving spirituality for Māori healers during rongoā healing could be shared with doctors. Conversely, healers may benefit from becoming informed of basic biomedical practices such as recognising the need for patients to be referred for biomedical treatment.

Stanley Kamutingondo, Darrin Hodgetts, Shiloh Groot and Linda Waimarie Nikora's paper, titled 'Zimbabwean medication use in New Zealand: The role of indigenous and allopathic substances', considers what becomes of indigenous forms of knowledge regarding medications and health care when groups move from their homelands to another country; in this case from Zimbabwe to New Zealand. With the colonisation of Zimbabwe and the creation of a Westernised professional class in urban centres, there has been a shift away from vanaChiremba (traditional healers) towards Western

medications and associated practices. Zimbabweans come from a background of interdependence where sharing, unity, respect and love are important components to their everyday lives. The authors explore how these families respond to illnesses within domestic spaces in a new country in the context of both their traditional and Western medical approaches to support each other and ensure the appropriate sourcing and use of medicinal substances. These authors reflect on how striking divisions between Indigenous and Western traditions is problematic in that, once taken into the home, allopathic substances are transformed socially into cultural objects through their use in household healthcare practices.

In our final paper titled 'Māori children and death: Views from parents', Juanita Jacob, Linda Nikora and Jane Ritchie consider (through the eyes of their parents) children's participation in tangi (Māori death rituals) as an important forum for the expression of grief and providing continuity and support with familial networks. While death may come to us all, how children understand and respond to death varies across cultures. Tangi as an institution has largely withstood the devastations of colonisation and remains deeply rooted within Māori communities. The process of conveying knowledge of death, dying, mourning and culturally defined responses from parent to child occurs within the whanau (family) rather than through media or counselling. The increasing challenges of urbanisation and associated kinship fragmentation threaten the continuation of this practice and the authors emphasise the need to ensure these practices continue to persist between parents and their children.

Each paper located within the pages of this special issue shares multiple commonalities and echoes Martín-Baró's definition of liberation psychology as "a paradigm in which theories don't define the problems of the situation; rather, the

problems demand or select their own theorization" (Martín-Baró, 1994, p. 314). Combined, these papers demonstrate that while structural intrusions have clearly posed challenges to Indigenous wellness, we are not passive in the face of socio-political upheavals. We are resilient and we are adaptive. This special issue problematises racist discourses regarding Indigenous peoples that associate dark skin with a lack of motivation, low achievement, poor self-discipline and violence (Gowan, 2002; Groot et al., 2011; Kingfisher, 2007). The analyses offered by the 10 papers comprising this collection, rupture negative stereotypes that focus on deficits, and demands that the broader discipline shifts over to incorporate Indigenous strengths, capacities and knowledges into our responses. If articulation is the catalyst for change, then to be heard, to be read, connects us. After all, "without language, there are no true meanings" (Dwyer, this issue).

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Editorial

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**APPENDIX B: Article 2**

Garvey, D. (2011). Closing gaps, maintaining cadence and removing trampolines: A personal reflection on 20 years in health. *Medical Journal of Australia*, 194, 543-545. Retrieved from [https://www.mja.com.au/system/files/issues/194\\_10\\_160511/gar10370\\_fm.pdf](https://www.mja.com.au/system/files/issues/194_10_160511/gar10370_fm.pdf)

DR ROSS INGRAM MEMORIAL ESSAY COMPETITION

## Closing gaps, maintaining cadence and removing trampolines: a personal reflection on 20 years in health

Darren C. Garvey

A number of inquiries have drawn attention to the unacceptable gap between the physical health status of Aborigines and that of the remainder of the community. The House of Representatives Standing Committee on Aboriginal Affairs report, Aboriginal Health, and the National Trachoma and Eye Health Program of the Royal [Australian] College of Ophthalmologists are recent examples. Comparatively little attention, however, has been given to the mental health needs of Aborigines.<sup>1</sup>

### Health is overrated

I arrive at work, sweaty but satisfied, 50 minutes or so after leaving home. "Closing the gap is going to kill me!", I joke with a colleague as I haul my bicycle up the stairs. My efforts to delay the sprawl of a once moderately shaped midsection mean that I arrive at work at least once but ideally up to three times a week in this manner. As much as my two young boys enjoy using that expanding part of my anatomy as a surrogate trampoline, I felt its recent growth spurt demanded some attention. On reviewing my shape, taunts of my unappreciated high school nickname, "Fat Garvs", began to revisit my consciousness. This, coupled with an awareness of the high hospitalisation and mortality rates associated with cardiovascular disease for Indigenous men aged 35–44, meant that I was unable to sustain the delusions that my clothes had mysteriously shrunk during winter, that it was OK to be breathing a little heavier from a strenuous round trip to the mail box; and that watching sport burns the same number of calories as *doing* sport.

For the most part, it is easy to be distracted during the morning ride from Fremantle to Bentley. Majestic black swans and other waterbirds meander by along the Derbarl Yerrigan, pausing now and then to graze happily on its banks. By comparison, I imagine cars and other vehicles crawling by on congested roads, pausing now and then to wait impatiently at traffic lights. My laboured breathing belies the fact that I am glad of my choice of transport and the environment through which I propel it. The journey home, however, is another story. There is the "Fremantle Doctor" to contend with — an afternoon sea breeze, often blowing between 15 and 20 knots and penetrating as far as 100 kilometres inland. It provides welcome relief from the heat of the day, but little relief for those attempting to travel against it by bicycle. The potential of this force to both help and hinder isn't lost on me, but on some days it's easy to feel ambivalent towards the bloody Doctor! "Yep, closing the gap is going to kill me", I joke to myself through gritted teeth as I press on, searching for a gear that allows me to keep a steady cadence into the headwind.

The ride to and from work oscillates between enjoyment and pain as I negotiate serene distraction and powerful opposition. Maintaining momentum in the face of the latter can be difficult; however, I know that my thoughts about the conditions can mediate their influence on the journey. An unbearable, hopeless, pointless slog is draining, whereas regarding the ride as a challenge

invokes (for a competitive person like me) a sense of energy and purpose. Can I turn the pedals five more times at this rate? What about five more? Five becomes ten, and so on, and before long an intermediate goal is reached — a tree 100 metres up the road, another cyclist, a street sign — something to aim for, and a small success to celebrate ... until the next landmark. I find strategies like these give focus and permit completion, while overcoming the struggle provides a sense of achievement likely to prompt another effort tomorrow. This is good, because removing a trampoline isn't done in a day.



### The changing nature of work

Work is a little different at the moment. It is still at a university — the same one at which I have been employed for close to two decades. In the beginning, I was invited to join the counselling and mental health program being developed at the Centre for Aboriginal Studies (CAS). As a recently graduated psychologist, it was felt that my expertise would be of use to the course and its students — Aboriginal and Torres Strait Islander people from many parts of Australia, diverse yet united in their desire to participate in the restoration and promotion of the social and emotional wellbeing of their families and communities. This meant leaving Cairns and my role in community mental health, but the lure of a new experience and an adventure in the west was too good to miss. "It will only be for two years", I told myself and others when I departed. Eighteen years later, I am still reminded of this promise during visits home.

The program we developed set the benchmark for some time, cresting the wave of an unprecedented focus on Indigenous mental health that was heralded and constructed in such landmark publications and events as the Royal Commission into Aboriginal Deaths in Custody,<sup>2</sup> the National Inquiry into the Human Rights of People with Mental Illness,<sup>3</sup> the first National Aboriginal Mental Health Conference in Sydney in 1993, the "Ways forward" consultancy report on Aboriginal and Torres Strait Islander mental health,<sup>4</sup> and the "Bringing them home" report.<sup>5</sup> However, tremors in the Indigenous mental health arena had been felt earlier, along with an attendant frustration at the lack of meaningful response.<sup>6</sup> The opening quote of this essay is illustrative of the relative neglect of Indigenous mental health. Perhaps surprisingly, it is not sourced from any recent report but is an observation made 31 years ago in the foreword to a special "mental health" issue of the *Aboriginal Health Worker Journal*.<sup>1</sup> More recently, on the eve of National Close the Gap Day 2011, these old concerns are being echoed.<sup>7</sup> While the Close the Gap campaign is commemorating its fifth anniversary of mobilising the current generation's efforts in Indigenous health, discussion of a mental health gap for Indigenous Australian people was occurring at least a generation earlier.

The 1990s also saw a change in the way that my profession sought to engage with Indigenous Australian people — a relational gap of sorts — prompted by the aforementioned documents and at the insistence of a small but active Indigenous membership. In

## DR ROSS INGRAM MEMORIAL ESSAY COMPETITION

1995 I was able to observe an interested, ambivalent and curious audience watch the first Aboriginal keynote address to the Australian Psychological Society, delivered by Aboriginal leader and activist Robert Riley. I knew Rob as the man who had taken me, sight unseen, into his home during my initial weeks in Perth. He was a supporter of the CAS, and his offer of accommodation was brokered thanks to his friendship with the then Head of the Centre, Pat Dudgeon. I would argue that Rob's challenge to the profession to examine its consideration of Indigenous people retains currency within and beyond psychology.<sup>8</sup> I would also lament his tragic passing not long after, and question what else I should have done with my supposed expertise to assist him to maintain cadence in the significant headwinds he encountered.

Of that period at the CAS, I recall with fondness and frustration the late nights spent preparing student workbooks, the friendships forged and fractured by debates over self-determination and mental health competencies and, of course, how we were meant to assess this stuff in ways demonstrative of student utility, academic rigour and community appropriateness! With our attention well and truly focused on the conceptual and practical requirements of course delivery, I doubt we took the time (or had the time) to consider the symbolic significance of our endeavours — the collaborations, real, messy and imperfect, that arose as we attempted to negotiate and reconcile the kinds of cross-cultural and interpersonal tensions involved in facilitating Indigenous health.

It was in many ways a journey into the unknown; an intense and tumultuous time. I remember feeling part of something special, something important, and that we persevered and problem-solved in uncharted territory. I also remember burning out after about two years, to the point where I was unable to recognise the destructive symptoms and had to be told, in no uncertain terms, to take a break. I had tried to keep up with seemingly inexhaustible mentors and a relentless workload; possible for a time, and made easier by the excitement and novelty of the endeavour. Ironically, though, I would fall foul of the very advice we gave our students — to look after themselves in order to avoid such a state of exhaustion, and to be wary of the expectation placed on them to be "superhuman" health workers. The maxim "if you don't look after yourself, you won't be of any use to others" rang true as a description of my own debilitated state (one from which I would, thankfully, recover). If there was any consolation, at least I could now use personal experience to illustrate the lesson, and pursue a more sustainable tempo.

### New landmarks

While my roles and goals have changed over the years, one constant has remained — an annual ritual of PhD avoidance. A new year's resolution to enrol would be broken as semester-based demands were allowed to take priority. However, the mantra of "there's always next year" becomes less reassuring when considered in the context of the gap. Indigenous people get to use the "there's always next year" excuse some 15–20 fewer times than other Australians, on average, so, statistically at least, now was the time to focus on that next landmark.

It should come as no surprise that the research I am pursuing concerns what has been described as "the tensely contested arena" of Indigenous mental health.<sup>9</sup> This is motivated by my own

questions and experiences of the arena, and by the thousands of conversations over 20 years with people interested in, ambivalent about and curious about the social and emotional wellbeing of Indigenous Australian people. To continue the metaphor, I am not only interested in the tension and conflict apparent on the arena's floor, but what characterises the *hypogeum* (Greek for "underground"). In an arena, this refers to a subsurface network of channels and compartments that house combatants, props and other gladiatorial paraphernalia that would eventually be released into the main stage. In terms of my research, it involves an examination of the discursive resources and deeply held myths and metaphors about wellness, relationships and services that have formed Indigenous mental health, and the attendant tense and conflicting responses to it over time. My research is also concerned with bridging and negotiating gaps between people — addressing those enduring dilemmas<sup>10</sup> involving the providers, consumers and designers of Indigenous mental health services. My sense is that, until and unless we are willing to consider the role of these less apparent yet influential linguistic and ideational precursors, we will continue to experience conflict in the arena, and the gap-centred litany, such as that in the opening quote, will endure.

### Moving forward

My 20 years in health have been characterised by achievements and disappointments, friends made and lost, and lessons often learned the hard way. I maintain a sense of optimism inspired by the Indigenous and non-Indigenous people I've met who, despite the challenges, remain committed to Indigenous health. If my time in health and my more recent forays into healthy activity have taught me anything, it is that it is worthwhile setting goals, adopting attitudes and behaving in ways that support a sustainable rhythm over the long term. This is not to say that bursts of energy and enthusiasm aren't useful or necessary; it is just that shining brightly can often mean shining briefly.

My advice to those who choose to engage with the health concerns of Indigenous Australian people or who are about to graduate to such endeavours? Work to maintain a healthy cadence. Negotiate reasonable goals. Develop ways of enduring those inevitable headwinds, and take the time to acknowledge and celebrate landmarks reached. And do be interested in the momentum of others, especially when their tempo is flagging.

For me, in addition to a renewed work focus, I have recently been given two beautiful reasons to remain personally and professionally invested in health. If I can build bridges for my sons to negotiate their way with their own "bloody Doctors", and in any way contribute to their life's quality as well as its longevity, then the ride will have been worth it. Unfortunately though, while Ollie and Elliot get immeasurable joy from pounding my midsection with their energetic play, I need to say, "Sorry boys, daddy's trampoline won't be there much longer. But don't worry, he'll be able to get you a real one with the money he saves on new clothes!"

### Acknowledgements

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## DR ROSS INGRAM MEMORIAL ESSAY COMPETITION

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**APPENDIX C: Article 3**

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"A funny thing happened on the way to the hypogeum": An account of crisis and congruity in the arena of indigenous mental health

Darren Garvey

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# “A funny thing happened on the way to the hypogeum”

## An account of crisis and congruity in the arena of indigenous mental health

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### Abstract

**Purpose** The purpose of this paper is to provide an account of the author's negotiation of a methodological and personal crisis that emerged in the course of his PhD research. It provides a description of the research project and how, in its implementation, questions emerged for the author regarding the likely “indigenous credibility” of the work, and the repercussions of this for him as an indigenous researcher.

**Design/methodology/approach** The author provides a narrative account of the events and responses, identifying critical issues, courses of action and subsequent outcomes. Opportunity is also provided for the reader to consider their own response to the issues identified.

**Findings** The author discovered that the initial misgivings regarding the research project were misguided following a broader reading of the literature regarding Indigenous Standpoint Theory and Causal Layered Analysis. Indeed, as well as allaying the initial anxieties, a number of aspirational congruities between the approaches became evident which, in the opinion of the author, will lead to a differently rendered layering of the arena of indigenous mental health. The author also discovered that a source of his initial misgivings were related to his own essentialised constructions of what constitutes credible indigenous research.

**Research limitations/implications** The paper has implications for those indigenous researchers who may be grappling with methodological issues related to their research, particularly those considerations regarding Indigenous Standpoint and other nominally indigenous theories/methodologies.

**Originality/value** The paper presents a novel attempt to compare and contrast methodologies specifically identified as indigenous, with those that could be utilised as complementary to them. Such attempts at collaboration serve to challenge essentialised expectations about what can constitute meaningful research by, and for indigenous Australian people.

**Keywords** Indigenous, Mental health, Causal layered analysis, Indigenous standpoint theory, Research, Australia

**Paper type** Viewpoint

### Introduction

The most exciting phrase to hear in science, the one that heralds the most discoveries, is not “Eureka!” (I found it!) but, “That's funny [...]” (Isaac Asimov).

Hunter (2004, p. 2) described the confusion that has accompanied changing constructions of indigenous mental health as constituting a “tensely contested arena,” one in which conflict between differing constructions are played out in policy, practice and training, and impact the experience of clients and employees of mental health services. Continuing the metaphor, the author, as part of his PhD research, is interested

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not only in what happens on the arena's floor, but also the nature of the hypogeum (Greek for "underground"). This involves the investigation of discursive resources and deeply held myths and metaphors about wellness and service that have contributed to the construction of indigenous mental health and contributed to the attendant tense and conflicting responses to it over time.

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While a causal layered analysis (CLA) of literature and interview data were being conducted according to the levels prescribed by Inayatullah (2004), the author experienced what might be described as a methodological and personal crisis relating to the project, prompting him to delve into the field of indigenous methodologies and in particular, the concept of indigenous standpoint theory (ISP) for guidance. The detour proved to be both challenging and fruitful as the author was struck by the aspirational congruities of CLA and ISP in terms of their objectives, constitution and use. Their comparison would prove useful in terms of enriching the analysis of the data, as well as providing insight and resolution to the concerns that had prompted the initial crisis.

### Background

My participation in the mental health arena spans close to 20 years, beginning in Cairns at the Community Mental Health Service on Sheridan Street, not far from the 2011 AQR/DPR Conference venue. As a fledgling psychologist, I encountered the spectrum of symptoms and service responses associated with mental health, and in particular, gained important insights into the fledgling arena of indigenous mental health. The Royal Commission Into Aboriginal Deaths in Custody (1991), and reports such as *The Inquiry into Mental Illness* (Burdekin, 1993), and *Ways Forward* (Swan and Raphael, 1995) heralded the emergence of a substantial focus on the mental health of indigenous Australian people, characterized by a critical overview of conventional attempts at problem conceptualization and service provision, as well as the acknowledgment of the dearth of relevant and meaningful information from which to commence.

Tellingly, much of what was unknown and concerning about indigenous mental health two decades ago remains unknown and concerning today. From my vantage points as a university lecturer and consultant since leaving community mental health, and now as a PhD student with an interest in the construction of indigenous mental health, this observation is evidenced by each new wave of (indigenous and non-indigenous) students asking the same or similar questions as their predecessors, and via exposure to the concerns of the indigenous, professional and student communities who comprise my current research participants.

The aforementioned critique of mental health services voiced by indigenous and non-indigenous people working in the arena has served to cast a differently informed light onto the often taken for granted procedures of a predominantly western medical construct of mental health. It is unsurprising that the exposition of usually contrasting views of mental health – from conceptualization and theory, to service provision and evaluation – have served to highlight tensions between what is desired, what is provided and what is valued. This has seen authors such as Hunter (2004) characterize indigenous mental health as constituting a tense and contested arena informed by myriad stakeholder perspectives on what constitutes best practice that are often stymied by systems engendering ways of working that are resistant to critical evaluation. It is acknowledged that despite these tensions and conflicts, people still train toward, seek access to and provide service within the arena. How students,

professionals and the indigenous community do so, and in particular, the discursive resources employed to support their engagement as receiver or supplier of service, is of particular interest for the author's PhD.

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#### The seen and unseen: considering the hypogeum

Q: What images, words or activities come to mind when you hear the word "arena?"

As a stepping off point for the research, Hunter's use of the term "arena" provided a metaphor that resonated with much of my experience in the area, and the conceptual and practical tensions that I had both witnessed, heard about and upon reflection, contributed to as a state health employee. As some of your associations and images might suggest, the word "arena" conjures up violent, competitive, gladiatorial imagery? A space associated with combat and life or death determined by ones ability to fight, or the whim of a hostile audience? "Arena" struck me as an interesting choice to describe a site aspirationally associated with the amelioration of human suffering, while as a venue it is one seemingly associated with its antithesis.

Examining the metaphor further revealed the origins of the term. Although understood and utilized as a reference to a usually grand structure, the source word is from the Latin *arena* or *harena*, meaning sand. Sand was an important element of an arena – useful as the primary surface upon which gladiators battled and for its capacity to absorb the byproducts of those encounters. A new layer of sand would certainly help highlight blood stains, adding to the gore and spectacle for those located higher up in the stands. The remnants of battles accumulated and covered over also lead one to consider what would be recounted "if these floors could talk?"

Perhaps something less known is that beneath the floor, in an iconic arena such as the Roman colosseum for example, there were a series of underground tunnels and spaces where slaves and animals were kept ready to fight in the gladiatorial games. They would be hidden from view and let up through trapdoors under the sand covered arena at various times, both supporting and adding to the spectacle above. Situated below the visible floor, this underground area was known as the hypogeum (*hypo* – below, *geom* (gaia) – earth/ground).

The image of the visible arena and a "less visible" yet contributory hypogeum, and the notion of interconnected levels are important here. It is this layered architecture that coincidentally reflects an important feature of the analytical strategy I had adopted to look at the literature, interview and focus group material – an approach called CLA (Inayatullah (2004, p. 1).

CLA organizes and considers data at four levels:

- (1) The litany level offers the public description of the issue, often considered as the official unquestioned view of reality.
- (2) The social causation level takes a systemic perspective on explanations of causes of views presented in the litany utilizing economic, cultural, political and historical factors. Data in the litany are explained and questioned at this level but not necessarily the paradigm in which the issue is framed.
- (3) The discourse/worldview level examines how the issue is constituted. At this level deeper, unconsciously held ideological, worldview and discursive assumptions are unpacked. Different stakeholders explanations of the litany and system are explored.

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- (4) The myth/metaphor level: explores the subconscious emotive dimensions of the issue. This level provides a “gut level” element to the inquiry using language that invokes emotive and visual imagery.

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Here we get a sense of layers much like those of an arena and a similar emphasis on what is visible (the litany and social causes) and the less visible (discourse/worldview) or subconscious (myth/metaphor). From the initial metaphor, the subsequent methodology provided a fitting emphasis on levels and depth that mirrored the PhD's intention to delve into the hypogeal content of the indigenous mental health arena. CLA seeks to examine the taken for granted, the status quo, the visible by locating and historicizing that which we see as the conventional, and it does so by challenging us to layer our analysis – to venture into the hypogea so to speak and to excavate the myths, metaphors and discourses that serve to support the social causes that are given to explain and justify the litany.

#### *A looming crisis*

About a year into the process, I experienced a crisis of sorts, described above as methodological, but upon reflection, one also activated by personal, as much as project concerns. In essence, the crisis concerned the question as to whether the research was, in its conceptualization and conduct, “indigenous” enough? Rather than a critique arising from an ethics committee or from colleague/community feedback (which was generally encouraging and supportive), the question arose from my own thinking about what may have constituted a critique of the project as not embodying a sufficiently strong critical indigenous agenda, or employing predominantly, or solely indigenous methodologies. The repercussions impacted the personal realm which may have accounted for the strength of my anxiety. Specifically, would a supposedly insufficient indigenous research project call into question my identity as an indigenous person?

While this impasse was of my own creation, such was the strength of the concern that following a period of disillusionment with the project, my response was to revisit the field of indigenous methodologies, “a vigorous and active field of knowledge production involving Indigenous peoples from around the world, including Australia, applying their own lenses, perspectives and understandings to social research and methodologies” (Morton-Robinson and Walter, 2009). My thought at the time was of salvaging the project by somehow retrofitting the methodology to become “more indigenous.” However, far from allaying any apprehensions, reading what other indigenous authors have identified as “indigenous research” merely served to entrench my anxiety.

For example, in contrast to what he regards as frustrating, remote and often unacceptable western research methodologies, Foley (2003) outlined an ISP driven by an indigenous epistemological approach operationalized by:

- indigenous protagonists – researcher and supervisors;
- priority destination – knowledge is recorded for the indigenous community, not the academy;
- individual and community ownership – the indigenous participants are the owners of the knowledge, not the researcher;
- language – traditional language is the first form of recording. English interpretation is the second genre of recording; and

- indigenous researchers possessing particular theoretical familiarity such that:

the practitioner must be well versed in social theory, critical sociology, post-structuralism and post-modernism to name a few. This is not so the Indigenous researcher may reproduce them, but rather to be acutely aware of the limitations of these discourses to ensure that Indigenous research is not tormented or classified in the physical and metaphysical distortions of these western approaches (Foley, 2003, p. 50).

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My research as it was conceived and structured failed to meet several of the criteria prescribed by Foley. I had chosen non-indigenous primary and co-supervisors, utilized English as the primary investigatory language, and sought the perspectives of indigenous and non-indigenous people on an arguably indigenous subject – indigenous mental health – the outcomes I forecasted would benefit indigenous and non-indigenous participants in the mental health arena. As an organizing framework, CLA in acknowledging its post-structural roots (Inayatullah, 2004), could also be regarded as privileging and embedding colonizing discourses (Foley, 2003). Did that make my research less than indigenous and by extension, could that make my identification as an indigenous researcher problematic for not having recognized and addressed these criteria? Was its focus and analytical process inherently western, and as such, likely to contribute to what Foley describes as the bleak future of “post-colonial extirpation of Indigenous epistemologies” (Foley, 2003, p. 50)? In turn, would I be cast as an indigenous collaborator in this extinction, a traitor, a fraud? I am uncertain whether readers have encountered similar anxieties whereby their research choices and conduct are regarded as both a marker of their research capability and cultural identity?

#### **Negotiating the crisis**

Upon further consideration, the gap between what certain authors had prescribed as authentic and valid research concerning indigenous people and my own plan for this did seem to abate. For example, the emphasis on epistemological conservation (Foley, 2003) and empowerment of indigenous communities via the preservation and retention of indigenous knowledge (e.g. Rigney, 1999), reflected the stated goals of my own research to respect indigenous epistemologies with a view to community and individual empowerment. A closer reading of CLA yielded a better appreciation of the depth and transformative emphasis built into its layered framework. Eventually, the initial crisis changed somewhat to a less debilitating question of whether a respectful articulation of indigenous standpoint(s) could be achieved via methodology(ies) complementary to those described by authors such as Foley, and could vigilance and a deliberate ongoing and conscious critique of “western” methods act as a mediating influence on their assumed malevolent potential?

#### *Methodological parallels*

An additional account of ISP that served to allay some of this anxiety was provided by Nakata (2007) who described what he saw as the features of an ISP at the “cultural interface,” that “contested space between two knowledge systems.” For Nakata, the cultural interface is not as clear as to be a simple binary, clearly black or white, or indigenous or western. Instead, to comprehend the interface is to be cognizant of what are often tacit or unspoken histories, discourses, social practices and knowledge technologies that come to inform what we know, how we make sense, and how we interact in the everyday. Upon reading this paper, I was immediately struck by several

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aspirational congruities and kindred methodological concerns between ISP and CLA. By aspirational congruities I mean similarities about what both lines of inquiry and analysis were interested in promoting and achieving in terms of the attainment and treatment of data and the subsequent return, use and meaning of those findings to the communities from which they were derived.

Parallels emerged in several areas including:

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- objective: the purpose and position of the methodological approach;
- constitution: the sources, structuring and consideration of the data; and
- use: the application of findings.

#### *Objective*

The idea of articulating that which is unseen yet influential is taken up in Nakata's standpoint perspective. ISP in these terms is viewed as a way for indigenous scholars to read western systems of knowledge, particularly that body or corpus of knowledge developed about us but not necessarily by us or for us. The development of an indigenous standpoint is regarded as a means by which to recognize, challenge, negotiate, overcome, correct or agree with representations of us by others. Nakata considers why this is important:

Standpoint theory is a method of enquiry, a process for making more intelligible "the corpus of objectified knowledge about us" as it emerges and organizes our lived realities.

Nakata regards indigenous agency as framed within the limits and possibilities of this constituted position. This can be experienced as a push-pull between positions of "indigenous" and "non-indigenous," and the tension associated with the constrained repertoire that this binary enforces. Reflection on this tension is valuable in providing a means to see how one is being positioned and to defend a position if required. He states that the tensions associated with the tug of war create physical consequences as these tensions inform and limit what can be said and what is to be left unsaid.

The issue of perspective is central to Nakata's theory. He sees this as:

Theorizing knowledge from a particular and interested position, not to produce the "truth" of the Indigenous position or the awful "truth" of the "dominant" colonial groups, but to better reveal the workings of knowledge and how understanding is caught up and is implicated in its work.

To put these points in the form of a question, how are we as indigenous people (and indigenous researchers) constituted, constructed and constrained by knowledge assembled about us but not necessarily by us? This kind of question resonates with CLA's imperative of examining structural and deeper precursors to accepted litanies, in this case, the litany or construction of indigenous mental health or indeed, the construction of the ideal "indigenous researcher." In addition, the levels suggested in CLA provide a useful starting point or organizing framework by which to begin to arrange the visible and invisible elements of the corpus, especially how various discursive resources and metaphorical assumptions serve to position us.

The challenge is to conduct research that considers each layer of analysis which can often require different ways of knowing and in this sense CLA seeks to integrate methodology and is not against combining or complementing differing research traditions. The inclusivity of CLA to different ways of knowing underpins its aspiration to privilege discourse, myth and metaphor that might otherwise be absent from constructions of the conventional litany. Doing so encourages the creation of

authentic alternative futures and integrated transformation and an articulation of the less visible via movement through the hypogea if you will.

“Future studies” as the field of inquiry from which CLA emerged has moved conceptually from ontological concerns about the nature of predictability of the universe to epistemological concerns about the knowledge interests in varied truth claims about the future (Inayatullah, 2004). To this end, CLA along with ISP are cognizant of the means by which information is obtained, managed and analyzed. As a theory CLA seeks to integrate empiricist, interpretive, critical and action-learning modes of knowing whereas some proponents of ISP call for the increased use of indigenous methodologies that harness distinct ontological, epistemological and axiological traits when contrasted with conventional western scientific endeavor (e.g. Moreton-Robinson and Walter, 2009).

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#### *Constitution*

CLA can be seen as echoing the aspiration of ISP to privilege previously silenced or marginalized voices, in particular the voices of indigenous Australian people. This is a point examined by Rigney (1999, p. 9) who argues that using an indigenous methodological framework within research means pushing boundaries in “order to make intellectual spaces for Indigenous cultural knowledge systems that were denied in the past.”

For ISP it is this examination of what I would characterize as a sanitized version of Aboriginality and Aboriginal history, and the place of indigenous people within it that has become a common litany. That is, one in which much what is portrayed as information about indigenous people has been cleaned such that culture, voice or indigenous perspective is controlled for, or regarded as superfluous to a particular, objectifying analysis. As an aside, it is interesting that the notion of dirt and dirtiness occupies dual positions here – specifically that western scientific research and its imperative to “clean data” can be simultaneously regarded as one of the dirtiest words in the lexicon of many indigenous peoples (Smith, 1999). In terms of my research project, a pertinent question arises as to whether the power to render invisible (or to normalize) that which others might regard as problematic (or dirty) is at work in the arena, serving to marginalize (or in Nakata’s terms, confine and restrict) the presence and influence of indigenous standpoints on mental health?

Much of the evidence for this process of “de meaning” indigenous knowledge comes from observing what happens when the findings are returned to community in the form of services, policy or information, and the subsequent critique by indigenous people as to their inappropriateness and embodied disrespect. It seems that much of what has been removed in the process of constructing indigenous knowledge are the very features that give it its meaning, power, significance. I think CLA broadly, and ISP specifically appreciate this in their respective emphases to re-privilege or make visible marginalized and silenced perspectives.

#### *Use*

Inayatullah argues that within the empiricist framework, the goal is to offer better litanies without challenging the overall project. For example, it might be observed that improving health service sees professionals trained to make fewer mistakes, and health systems audited for structural inefficiencies (level 2 “depth” of analysis aimed at changing the litany), while less concern is focussed on the relationship between doctor or professional and patient and how this is structured according to a less visible set of

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expectations, worldviews and metaphors describing the nature of healing, helping and health (levels 3 and 4 emphasis aimed at understanding the invisible precursors to more observable structures).

This point was exemplified through a case study examining the profession of psychology and its consideration of indigenous Australian people in the last two decades. For example, there has been a recent turn to the establishment of cultural competence as a requirement of psychological training. Indeed, text book and other material written by myself and others are attempting to embed the language and spirit of cultural competence into undergraduate curricula and postgraduate development (Garvey, 2007; Ranzijn *et al.*, 2009; Walker and Sonn, 2010). At one level, psychology remains on par with the latest professional action to address concerns regarding cross-cultural activity by promoting its competence focus, however, I remain cautiously optimistic as to the whether the portent of cultural competence will deliver a differently constituted version of the profession – addressing relationships in terms of how they are conceptualized and regarded, or whether it will merely embody the latest in a litany of so called culturally sensitive, appropriate or safe initiatives in response to the mental health of indigenous Australians? Of particular interest is whether cultural competence as a response to unsatisfactory service for indigenous Australian people, is in fact more of a soother for non-indigenous professionals, and a means by which to make more palatable and possible, the continuation of existing ways of working. Is cultural competence merely an acceptable concept within the parameters of the current litany – challenging but non-threatening to the professional status quo? Put another way, will it delve with any depth into the hypogeum of psychological endeavor or merely add a professionally acceptable veneer to the existing litany?

In questioning that which positions us, CLA mirrors and adds structure to the imperatives of ISP. My sense is that this ability to render the “invisible” visible by layering data, and then being able to compare this with competing positions will help deliver a sophisticated understanding of the tensions and conflicts embodied in the arena of indigenous mental health. Furthermore comes the realization that I am potentially implicated in my own critique as a collaborator, reinforcer and benefactor of the status quo? That may be a crisis requiring discussion at some later date.

### Conclusion

Can ISP enhance the layered analysis of the arena of indigenous mental health? From my experience thus far, I would answer the question “yes,” and say that an examination of the aspirational congruities of ISP and CLA reveal that a mutually beneficial montage of both is possible, and that a nominally non-indigenous methodological framework can be useful as an organizational and reflective tool in nominally indigenous endeavors. I would further add that benefits flow both ways. Just as CLA provides a useful structure to the formulation and articulation of indigenous standpoints, so too can ISP furnish an insight into each of the layers prescribed by Inayatullah, not merely in the examination of mental health, but quite possibly with regards to any issue whereby indigenous epistemology and voice has been confined to the hypogeum.

ISP applied to topics such as indigenous mental health can provide a more specific focus to the comparatively blunt (or inclusive) analytical instrument of CLA via specific questions relating to the construction of knowledge relating to indigenous Australian people and in doing so necessitate the incorporation of alternative litanies and causal theories. I have little doubt that the arena of indigenous

mental health will be more richly rendered, if not made more complex for its privileging of indigenous voices.

As to how those enhancements are regarded, well... that depends – probably on what one stands to lose or gain by a revised rendering and the degree to which one is able to address tensions and conflicts excavated by the analysis. Inayatullah argues that CLA does not specifically promote another particular type of system, however, for a stakeholder who is deriving intellectual, financial or epistemic benefits from the current system, a method such as CLA will be uncomfortable since it reveals his or her interests, including challenging the position that he or she is interest free and that their position is natural or unconstituted. On this point, the funny thing that happened on the way to the hypogeum, amidst the concerns as to the indigenous credentials of the research and researcher, was that the research I had done was already refining my indigenous standpoint and that my standpoint was already imbuing my analysis of the data. Cases in point were my cautious response to the rise of cultural competence, the identification the conflicted metaphor of dirt and cleanliness and how as an imperative, western scientific endeavor seems able to render this aspect of itself invisible – except perhaps in the eyes of many indigenous people? I was also made aware via this detour, that my concerns were in many ways linked to what I had constructed as an essentialized version of “the indigenous researcher” and it is this discovery that has done the most to allay my identity crisis and concerns about the indigeneity, or standpoint of my research.

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## **APPENDIX D: Participant Information Sheet**

### **Participant Information Sheet**

#### **Negotiating the ‘contested arena’ of Indigenous mental health: An investigation of the discursive strategies employed by clients, professionals and students**

This project is interested in understanding the history, current features and future development of mental health services for Indigenous Australian people. As well as reading what has been written about this topic, it seeks to speak with people involved in, or likely to be involved in the field of ‘Indigenous mental health’. The project would like to gain the perspectives of Indigenous people, mental health professionals and students.

In addition, the project is interested in discussing what has been described as ‘tensions’ within Indigenous mental health. These could be related to how services are structured and provided, how and what students are taught about Indigenous mental health, or even to do with what ‘Indigenous mental health means’.

The first part of the project is looking to gain a ‘big picture’ view of the arena of Indigenous mental health, with a particular interest in where and how tensions and conflicts arise. The second part of the project is interested in how Indigenous people, mental health professionals and students negotiate the tensions and conflicts in order to provide or receive mental health service.

It is hoped that the research provides a picture of Indigenous mental health with depth and that reflects the perspectives of many stakeholders. The results will also be used to inform resources for Indigenous people, mental health professionals and students that enhance mental health service delivery and provide guidance for how to do so.

*This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 126/2009). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. Its main role is to protect participants. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784 or by emailing hrec@curtin.edu.au.*



**APPENDIX E: Interview Consent Form***Consent Form (Interview)***Negotiating the ‘contested arena’ of Indigenous mental health: An investigation of the discursive strategies employed by clients, professionals and students**

## Participant’s Consent (Interview)

I, \_\_\_\_\_, agree to take part in an interview conducted by Darren Garvey for the study “Negotiating the ‘contested arena’ of Indigenous mental health: An investigation of the discursive strategies employed by clients, professionals and students”, endorsed by Curtin University of Technology, Western Australia.

I have discussed the Participant Information Sheet and understand what my participation in the study involves. I have been given a copy of the Participant Information Sheet.

I give permission for field notes to be made from the interview. I understand that only the researcher has access to the information I provide and that this information will be kept secure and private.

I understand that:

I will be able to check that my contributions are represented accurately;  
 I will be given a summary document at the end of the study;  
 I will be able to take part in a meeting so I can comment on the results;  
 I, my family and/or agency will not be identified in any way in publications or presentations that come out of this study.  
 My participation in the study is totally voluntary and that I can leave the study at any time, and this will not affect me or the researcher.

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Any questions I have about taking part in the study have been answered by the researcher to my satisfaction, however should I have any additional questions; I am able to address these to the researcher.

I declare that I am over 18 years of age.

Signed by: \_\_\_\_\_  
 (Name in print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_  
 (Name in print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## APPENDIX F: Draft Interview Questions

### Interview Questions (Draft)

#### Indigenous Australian people

- What is your interest or involvement in Indigenous mental health?
- What does the term mental health mean to you?
- What does the term 'Indigenous mental health' mean to you?
- What kinds of services have you been involved with? Community based? Hospital based? Other?
- What has your experience of mental health service been like?
- What should training in Indigenous mental health involve?
- Who should deliver such training?
- Do you have any concerns about how mental health services for Indigenous Australian people are structured or delivered?
- Are you able to describe any good or positive aspects of mental health services for Indigenous Australian people?
- Do you have any concerns about your potential involvement in the field of Indigenous mental health or about working with Indigenous Australian people?
- Do you have any concerns about accessing mental health services or dealing with mental health professionals?
- The arena of Indigenous mental health has been described as 'tensely contested' meaning that differing opinions of what should be done have at times led to conflict. Have you experienced tensions or conflict in your involvement?

#### Mental health professionals

- What is your interest or involvement in Indigenous mental health?
- What does the term mental health mean to you?
- What does the term 'Indigenous mental health' mean to you?
- Have you received specific training or instruction in how to work with Indigenous Australian people? If so, please describe? If not, do you think such training would be useful?
- What should training in Indigenous mental health involve?
- Who should deliver such training?
- Do you have any concerns about how mental health services for Indigenous Australian people are structured or delivered?
- Are you able to describe any good or positive aspects of mental health services for Indigenous Australian people?
- Do you have any concerns about your (potential) involvement in the field of Indigenous mental health or about working with Indigenous Australian people?
- The arena of Indigenous mental health has been described as 'tensely contested' meaning that differing opinions of what should be done have at times led to conflict. Have you experienced tensions or conflict in your involvement?



Students

- What is your interest or involvement in Indigenous mental health?
- What does the term mental health mean to you?
- What does the term 'Indigenous mental health' mean to you?
- Have you received specific training or instruction in how to work with Indigenous Australian people? If so, please describe? If not, do you think such training would be useful?
- What should training in Indigenous mental health involve?
- Who should deliver such training?
- Do you have any concerns about how mental health services for Indigenous Australian people are structured or delivered?
- Are you able to describe any good or positive aspects of mental health services for Indigenous Australian people?
- Do you have any concerns about your (potential) involvement in the field of Indigenous mental health or about working with Indigenous Australian people?
- The arena of Indigenous mental health has been described as 'tensely contested' meaning that differing opinions of what should be done have at times led to conflict. Have you experienced tensions or conflict in your involvement? What do you think these tensions might involve?



**APPENDIX G: Participant Details**

<b>No.</b>	<b>Group</b>	<b>Role</b>	<b>Interests/ Background</b>	<b>Sex</b>
1	IMHP	Indigenous mental health worker	Noongar man involved in community liaison	M
2	IMHP	Psychologist	Private consultant, Background in Aboriginal counselling services, Supervisor and clinician	F
3	IMHP	AHW	Women's support worker, Aboriginal community health organisation, Mental health consumer, 3 is 4's sister	F
4	IMHP	AHW	Men's counsellor, Aboriginal community health organisation, Tertiary mental health studies, 4 is 3's brother	M
5	IMHP	Social worker Researcher, Community member	Experience with Aboriginal carers	M
6	IMHP	Mental health nurse	Indigenous community liaison, acute care	M
7	IMHP	Indigenous community member	Advocate	F
8	ICM	Indigenous community member	Consumer, involuntary hospitalisation as a teenager. Ongoing contact with mental health system – clinical and community follow-up	M
9	ICM	Indigenous community member	Consumer, involuntary hospitalisation as a teenager. Ongoing contact with mental health system, Ongoing contact with mental health system – clinical and community follow-up	F
10	ICM	Indigenous community member	Consumer of mainstream counselling	F
11	ICM	Indigenous community member	Manager Aboriginal Health Service	M
12	ICM	Indigenous community member		F
13	IMHPS	Indigenous mental health worker	Manager, Indigenous mental health service, remote, UG mental health student	M
14	NIMHP	Psychiatrist	Regional Psychiatrist, author, researcher	M
15	NIMHP	Clinical psychologist Researcher	Clinical psychologist Research into Indigenous ADHD Born Singapore Studied psychology WA Worked WA	F
16	NIMHP	Clinical psychologist Researcher	Indigenous prisoners research, born England, journalism background	F
17	NIMHP	Mental Health Nurse	Nurse Educator/ Clinician, lecturer Indigenous studies, curriculum developer born Malaysia, UK nursing experience, Australian resident since 1981	M
18	NIMHP	Clinical Social Worker	Coordinator Indigenous counselling service social justice background	F
19	NIMHP	Clinical Social Worker	Tertiary educator with Indigenous students. Former social worker and educator in psychiatric institutions	M

20	NIMHP	Social worker	Clinical social worker, psychiatric unit, public hospital	M
21	NIMHP	Counsellor, Sociologist, Researcher	Aboriginal mental health, Cultural competence, self-reflection Nursing education England	F
22	NIMHP	Nurse, Researcher	Aboriginal mental health researcher, Service delivery for Indigenous clients	F
23	NIMHP	Mental Health Nurse, Researcher	Aboriginal mental health researcher Professorial appointment	F
24	NIMHP	Clinical Psychologist	Manager, mental health service Born and raised Scotland, Resides Perth	F
25	NIMHP	Social Work/	Administrator Indigenous organisation Legal studies	M
26	NIMHP	Psychologist, Researcher	Cognitive psychology, Developmental psychology Born England, Immigrated	M
27	NIMHP	Researcher	Indigenous child health researcher, author, Cultural competence, Policy development. Former lecturer in Indigenous community management	F
28	NIMHP	Clinical Social Worker	Adolescent mental health	F
29	NIMHP	Youth transition worker	Child and Adolescent Mental Health Service	F
30	NIMHP	Occupational Therapist	Recently graduated. Transition unit of a Child and Adolescent Mental Health Service. Born India. Educated Perth	F
31	NIMHPS	Psychologist, PhD student	Researcher, Multicultural affairs, Refuges advocate	M
32	NIMHPS	Clinical psychologist, PhD student	Clinical psychologist, Research concerns the development of appropriate psychotherapeutic intervention for Indigenous clients Born England, Raised metro WA, Studied psychology WA	M
33	NIMHPS	Psychologist, PhD student	Clinical psychologist	F
34	NIMHPS	Psychologist, PhD student		M
35	NIMHPS	Masters student psychology	Behaviourist proponent, works in the area of autism	M
36	NIMHPS	Masters student psychology	Works with Aboriginal youth	F
37	NIMHS	PhD student	Nursing background. Midwifery and Program management. Rural and Urban centres. Indigenous health focus Clinical Psychology	F
38	NIMHS	Masters student psychology	Interactions between psychologists and Indigenous people	F
39	NIMHS	UG SW	Born Ireland. Studying in Perth	F
40	NIMHS	UG SW	-	F
41	NIMHS	UG SW	-	F
42	NIMHS	UGSW	-	F
43	NIMHS	UG SW	-	F
44	NIMHS	UG Psychologist	Scottish heritage	M