



Spirituality and Aboriginal People's Social and Emotional Wellbeing: A Review

Nerelle Poroch • Kerry Arabena • Julie Tongs
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Cooperative Research Centre for

Aboriginal Health

Discussion Paper Series: No. 11

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AIATSIS
Australian Institute of Aboriginal
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CRAH Discussion Paper Series – ISSN 1834–156X

ISBN 978-0-7340-4138-8

First printed in December 2009

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Managing Editor: Cristina Liley

Copy Editor: Cathy Edmonds

Cover artwork: Duncan Smith (see About the Artwork, p. iv)

Original design: Artifishal Studios

Formatting and printing: Inprint Design

For citation: Poroch, N., Arabena, K., Tongs, J., Larkin, S., Fisher, J. & Henderson, G. 2009, *Spirituality and Aboriginal People's Social and Emotional Wellbeing: A Review*, Discussion Paper No. 11, Cooperative Research Centre for Aboriginal Health, Darwin.

Note: the terms *Aboriginal* and *Torres Strait Islander* refer to the many peoples and language groups who were living in Australia before European settlement, and who have experienced colonisation for more than 200 years. We use the term *Aboriginal* in this paper to represent both *Aboriginal* and *Torres Strait Islander* peoples. We use the term *Indigenous* for the Aboriginal peoples of other countries.

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Acknowledgments

We thank Winnunga Nimmityjah Aboriginal Health Service, Muuji Regional Centre for Social and Emotional Wellbeing—a consortium of three Aboriginal Community Controlled Health Services, namely Winnunga Nimmityjah Aboriginal Health Service (Canberra), Riverina Medical and Dental Aboriginal Corporation (WaggaWagga), and Katungul Aboriginal Community and Medical Service (Narooma)—as well as the Australian Institute of Aboriginal and Torres Strait Islander Studies for their strong support of this project. We would also like to thank the interview participants for their invaluable contribution and support. The project was funded by a grant from the Cooperative Research Centre for Aboriginal Health and by the Winnunga Nimmityjah Aboriginal Health Service.

About the Cover Artwork

By Duncan Smith

The cover artwork is by Duncan Smith. Duncan is a Wiradjuri man who, together with his young family, showcases traditional and modern Aboriginal dances at many venues, including Parliament House, under the name Wiradjuri Echo. A talented visual artist, Duncan started painting with his mother and has painted many beautiful murals at locations in New South Wales (NSW) and the Australian Capital Territory (ACT). Duncan was named Aboriginal and Torres Strait Islander Artist of the Year in 2003.

The painting featured on the cover of this Discussion Paper is about Lake George on the border of the ACT and NSW. For many years Lake George has been dry; the rivers are not flowing back to country. When Duncan was a child the lake was full of water. For Aboriginal people land and place, and leaving your footprint on your land, are connected with spirituality and are important determinants of health. The dry lake symbolises a loss of connection to country and loss of spirit.

Summary

In September 2006 the Cooperative Research Centre for Aboriginal Health (CRAH) convened a roundtable of representatives from the Aboriginal community health sector, relevant government agencies and interested non-government organisations to identify priorities for research around Aboriginal social and emotional wellbeing. Spirituality and its connection with Aboriginal social and emotional wellbeing was one of the priorities identified at that roundtable. The CRAH subsequently commissioned an interpretive literature review to begin the discussion about spirituality as an agenda for further research in Aboriginal health. Its aim is to understand Indigenous spirituality and its relationship to social and emotional wellbeing for the benefit of a range of service providers, policy makers and researchers currently working in partnership with Aboriginal communities.

This review examines the concepts and experiences of Indigenous spirituality and the evidence for the role of spirituality in promoting or enhancing Aboriginal people's social and emotional wellbeing. It also examines the connections between spirituality and good health—for individuals, families and communities—and considers how Aboriginal people's concepts of social and emotional wellbeing intersect with concepts and experiences of spirituality.

The Winnunga Nimmityjah Aboriginal Health Service and the Muuji Regional Centre for Social and Emotional Wellbeing linked with the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) to gain a broader understanding about spirituality and the concept of social and emotional wellbeing as it applies to the contemporary experiences of Aboriginal and other Indigenous peoples from elsewhere in the world.

A Project Advisory Committee—with membership drawn from AIATSIS (Steve Larkin, Principal, and Kerry Arabena and Graham Henderson, Research Fellows), from Winnunga Nimmityjah Aboriginal Health Service (Julie Tongs, Chief Executive Officer and Nerelle Porocho, Research Fellow)—and Muuji Regional Centre for Social and Emotional Wellbeing (Jodie Fisher, Program Manager)—was established at the commencement of the project.

This review looks at the evidence for the relationship between spirituality and social and emotional wellbeing outcomes within Aboriginal communities. It raises the problem of the complexity of Aboriginal spirituality in the context of urban and remote historical Aboriginal cultural traditions. Some major metathemes have emerged in the findings from Australia-wide and single location material, and they present a basis for further research in this area.


This review is based on a selection of 89 Australian papers or reports in the literature (see Chapter 5: 'Annotated Bibliography'); the 39 entries showing * are background references to the review. The majority of the literature found was written after 2000 and includes grey literature due to the paucity of peer-reviewed publications. Unfortunately, the short timeframe did not allow the authors to critique the literature in more detail.

This review also includes a small case study comprising six interviews with a purposive sample of Aboriginal and Torres Strait Islander people in Canberra in the Australian Capital Territory and Queanbeyan in New South Wales. Although the respondent population is small and cannot speak for other parts of the country, it offers some local insights. Ethics approval for the project was obtained from the AIATSIS Research Ethics Committee.

The review examines:

1. The derivation of Australian Aboriginal spirituality.
2. Concepts and experiences of contemporary Australian Aboriginal spirituality.
3. The role of spirituality in promoting and enhancing Aboriginal people's social and emotional wellbeing.
4. Connections between Australian Aboriginal spirituality and good health for individuals, families and communities.
5. How Aboriginal people's concepts of social and emotional wellbeing intersect with concepts and experiences of spirituality.

¹ These five components of research were identified and agreed to by more than 40 participants at the CRAH Spirituality Workshop conducted in Cairns, Queensland in 2006.



What is examined by this review is framed within the socio-political context of Indigenous people's human rights, including rights to health and wellbeing (Swan & Raphael 1995; HREOC 2007; UNHRC 2007). In the concluding discussion, the six thematic areas are linked with the strategic directions metathemes contained in *A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004–2009)* (hereafter the National Strategic Framework) (DoHA 2004).

A case study identified four themes to complement the intention of the study. They are:

1. Defining spirituality, giving it a name, connection between spirituality and religious beliefs.
2. Relationship between spirituality and health and wellbeing.
3. Relationship between spirituality and coping.
4. Experiences of spirituality and health and wellbeing among family and community.

The major metathemes that emerged in the findings of the review connecting spirituality with health and wellbeing were:

- Spirituality is a dynamic, evolving, contemporary expression of Indigeneity. Spirituality connects past, present and future. Spirituality emphasises people's relationships with each other, the living (other entities—animals) and non-living (mating season, tides, wind and mythology) life forces premised by an understanding or experience of their place of origination. For example, Aboriginal spirituality in the literature is said to derive from The Dreaming. Land and place are connected with spirituality and are important determinants of health. There are commonalities of belief across the country deriving from The Dreaming.
- Indigenous spirituality has been transformed by engaging with other cultures, technologies and religions. This transformation of spirituality has seen a diversification of the forms of contemporary Indigenous spiritual experience. This context of spiritual diversity allows people to maintain the essence of Indigenous people's spirituality and be cognisant of the impact of contemporary issues on spiritual practices. For example, resistance to the colonising of Indigenous spirituality has been through ceremony, art and song, and, in a religions context, by expressing traditional spirituality and The Dreaming with the Christian story. Urban communities carry on the resistance through Welcome to Country ceremonies, Dreamtime stories, smoking ceremonies, artefact making or painting. And young Aboriginal artists paint, perform their stories through hip-hop and rap, and play the didgeridoo in Aboriginal and non-Aboriginal settings. To reclaim Aboriginal spirituality in this way is to reclaim identity and to develop resilience in the face of racism and generational trauma.
- In recognition of the capacity of spiritual traditions to be used in supportive psychotherapy roles, spiritual traditions, which provide meaning and identity, assist in building resilience in those suffering mental health disorders.
- The instances where Aboriginal and Torres Strait Islander people ask for and promote the use of traditional *ngangkari* healing, bush food and bush medicine is more likely to occur in remote locations than in urban communities (reflecting the differing timing of colonisation). However, healing programs and respect for Ancestors are also evident in urban settings.
- The concepts and experiences of spirituality and social and emotional wellbeing in Aboriginal people are found in the holistic health care of the community-controlled health centres. These services (remote and urban) have a major role to play in incorporating spirituality, bush medicine and traditional healers in their healing practices.

The major metathemes suggest that there is much information and experience that has yet to be harnessed and better understood through further research in these areas to continue the conversation between Aboriginal health and spirituality.

1 Introduction

Aboriginal spirituality and social and emotional wellbeing is a relatively undeveloped area of research in Australia. There is much written about Aboriginal physical health but there is a paucity of evidence about the relationship between spirituality and social and emotional wellbeing outcomes within Aboriginal communities. In commissioning this study, the CRCAH has recognised its potential to make an important contribution to further understanding for the numerous service providers, support organisations, policy makers and researchers working in partnership with Aboriginal communities. The annotated bibliography (Chapter 5), spanning the years 1973 to 2008, also contributes greatly to this new area of exploration.

The background, the range and complexity of issues in such a topic—which considers the relationship between health and spirituality (and/or religion)—has a long history. There are important tensions, particularly around the historical tendency of Western and Christian thinking to separate the physical from the spiritual, the landscape from persons, and persons from other persons. Unlike Western ideas about reality and religion—where there is a dichotomy between natural and cultural, material and spiritual, past and present, secular and sacred, subject and object—Aboriginal people identify rocks, trees or birds as representing their own being and not as things external to themselves. The demarcation between past and present in Western thinking is also lacking (Edwards 1994).

Indigenous understandings challenge such Western categories and definitions. This review opens up possibilities for further understanding and provides important and new contexts for comprehending how Indigenous people view the concept of health. It offers all Australians new and potentially enriching insights into their own health, and extends the insights that have emerged in the alternative health community connecting mind, spirit and body and that are embraced by Australians, particularly in the area of cancer care (Poroch 2000).

It is difficult in such a review to present the complexity of Aboriginal spirituality. After gradual and minimal change in their long history, Aboriginal societies experienced European settlement in the south-eastern corner of Australia, which continued with a frontier that moved at a varied pace to the west and the north, reaching some parts of remote areas only in the 1940s (DoHA 1989). Suffice to say that those who live in New South Wales have experienced a much longer period of colonisation, and the desire to Christianise and civilise Aboriginal people, than those in the Western Desert (Edwards 1994).

The resistance to the colonising of Indigenous spirituality has been through ceremony, art and song. Australian Aboriginal artists are highly regarded across the world. The traditional art movement, commencing with Papunya Tula artists in the 1960s, has used art to communicate expressions of country, religious and spiritual worldviews, their clan and Dreaming affiliations and cosmic relationships. Indigenous peoples express their traditional spirituality and their Dreaming, as well as the Christian story. Crumlin (1991) found examples of this at Turkey Creek in the East Kimberleys in the Warmun community, which is predominantly Catholic but is also a traditional Aboriginal community. Its Elders are traditional men and Christian leaders and some are also *Narpuny* men (Kija word evoking the mysterious, the spirit). In urban Australia spirituality is evoked when Aboriginal Elders are invited to public events, schools, cultural camps and prisons to present Welcome to Country ceremonies, Dreamtime stories, smoking ceremonies, artefact making or painting. Younger urban Aboriginal artists also paint, dance and play the didgeridoo (Cowlshaw 2009). Reclaiming Aboriginal spirituality in these ways can be viewed as reclaiming identity, and it can also be a way of developing resilience in the face of racism and generational trauma.

The relationship between health and spirituality has a long history, and research about trauma in the international context indicates that spirituality can be linked to resilience in facing traumatic events. Stout and Kipling (2003) write about the impact of residential schools on Canadian Aboriginal children and the consequent transmission of trauma from parent to child, thereby creating intergenerational survivors. Those survivors who have gone on to lead well-adjusted adult lives frequently cite spiritual traditions as providing meaning and identity. Conversely, at the centre of historical trauma of Aboriginal people is the concept of ‘soul wound’, the unresolved trauma experienced by American Indians, which has existed since Columbus (and which is also related to Australian colonisation). The damage of this intergenerational trauma is cumulative. The soul becomes wounded, leading to symptoms that include anxiety, depression, feelings of marginality and alienation (WalDRAM 2004).



1.1 Recognition of connection between spirituality and health

The efficacy of traditional Aboriginal medicine in Aboriginal health care was recognised in the 1970s in a report on Aboriginal health by the House of Representatives Standing Committee on Aboriginal Affairs (1979). The Committee recommended that:

Aboriginal cultural beliefs and practices which affect their health and their use of health services such as their fear of hospitalization, their attitudes to pain and surgery, the role of traditional healers and the differing needs and roles of Aboriginal men and women, be fully taken into account in the design and implementation of health care programs (House of Representatives Standing Committee on Aboriginal Affairs 1979:17).

The National Aboriginal and Islander Health Organisation and more recently the National Aboriginal Community Controlled Health Organisation (NACCHO 1993) have a definition of health that states:

Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This 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 can achieve their full potential as human beings and thus bring about the total well-being of their communities.

The first guiding principle contained in the *Ways Forward* (Swan & Raphael 1995:13) report states:

[The] Aboriginal concept of health is holistic, encompassing mental health and physical, cultural, and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the 'whole body' but in fact is steeped in the harmonized inter-relations which constitute cultural well-being. These inter-relating factors can be categorized largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these inter-relations is disrupted, Aboriginal ill health will persist.

In addressing the concept of social and emotional wellbeing, the CRCAH (2006:4) Industry Roundtable on Social and Emotional Wellbeing found that:

Social and emotional wellbeing is a relatively new concept which has gained currency over the last decade. It is a broad complex term that is both multi-dimensional and multi-layered. Interpretation of what social and emotional wellbeing means varies across groups and through the life course. It has been described variously as ranging from 'being connected to country' to encompassing serious mental health issues.

For the purpose of this review, the definition of social and emotional wellbeing in the *National Strategic Framework* (DoHA 2004:3) is adopted:

Social and emotional well being problems can result from: grief; loss; trauma; abuse, violence; substance misuse; physical health problems; child development problems; gender identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism; and social disadvantage. Care is effective when multi-dimensional solutions are provided, which build on existing community strengths and capacity and include counselling and social support, and where necessary, support during family reunification.

Social and emotional wellbeing problems are distinct from mental illness; however, the two interact and influence each other. *The National Strategic Framework* (DoHA 2004:3) considers that in accurately diagnosing and providing treatment, mental health clinicians should take into consideration the impact of cultural and spiritual factors. *The National Strategic Framework* has five Strategic Directions, three of which relate specifically to building capacity for, and enhancing, wellbeing.

The first Strategic Direction:

recognises and builds on the strengths of Aboriginal and Torres Strait Islander families and communities and supports intersectoral action to enhance well being across the lifespan, and reduce risk (DoHA 2004:4).

The second Strategic Direction:

aims to strengthen the capacity and workforce of all Aboriginal Community Controlled Health Services to deliver social and emotional well being care (DoHA 2004:4).

The third Strategic Direction:

links to the National Mental Health Plan 2003–2008 and sets out actions required to enhance responsiveness and access to mainstream mental health care, across the whole of the health system, citing existing successful models (DoHA 2004:4).

1.2 Socio-political context

The socio-political context for this review can be found in Aboriginal human rights. The fifth guiding principle of the landmark *Ways Forward* (Swan & Raphael 1995:13) report states:

The human rights of Aboriginal people must be recognised and respected. The human rights of Aboriginal peoples which are globally endorsed and recognised in international law by way of instruments such as the United Nations Charter and the International Covenant on Civil and Political Rights must be respected by the agencies of all levels of Australian government. Failure to respect Aboriginal people's human rights constitutes continuous disruption to Aboriginal well-being resulting in increasing 'mental ill-health'. Failure to ensure human rights contributes to mental ill-health. Those specific aspects of human rights relevant to mental illness and United Nations Instruments for the Human Rights of the Mentally Ill must be specifically addressed.

The Aboriginal and Torres Strait Islander Social Justice Commissioner, in his *Social Justice Report 2005* (HREOC 2005:10), noted 'the substantial inequalities that exist in relation to chronic and communicable diseases, infant health, mental health and life expectation'. He also highlighted the need to redress Aboriginal Australians' undiagnosed and untreated health problems, while nominating mental health as a problem that does not receive adequate attention in health programs. The *Social Justice Report 2007* (HREOC 2007) focuses on family violence and abuse and the Northern Territory Emergency Response. Referring to human rights in this context, the Social Justice Commissioner emphasises that measures which violate human rights are more likely to work in ways that undermine the overall wellbeing of communities in both the short and long term (HREOC 2007:3).

Paul Farmer (2005)—physician, anthropologist and social justice advocate—writes about structural (governmental) violence and takes the moral stance that without the right to health, all other human rights are likely to prove empty. In addition, he considers that the human rights community should be defending the rights of the poor to good health. In the same vein, the World Medical Association (1964) Declaration of Helsinki statement of ethical principles provides guidance to physicians in promoting and safeguarding people's health. Additionally, in the field of medical research it protects the life, health, privacy and dignity of the person researched. However, Colin Sindall (2002:201–03), the Reviews Editor of the journal *Health Promotion International*, has raised concerns about the lack of a code of ethics in health promotion to reduce health inequalities. Sindall highlights the need for clarity in ethical issues and the need for a moral framework on which to base health promotion practice. He also encourages international debate (to be led by the International Union for Health Promotion and Education) to reflect the views of different cultures.

On 13 September 2007 the United Nations Declaration on the Rights of Indigenous Peoples was adopted by the United Nations General Assembly. The Declaration sets out the individual and collective rights of Indigenous people, as well as their rights to culture, identity, language, employment, health, education and other issues (UNHRC 2007). Australia, the United States, Canada and New Zealand voted against the declaration at that time, but on 3 April 2009 the Australian Government officially endorsed the United Nations Declaration on the Rights of Indigenous Peoples.

The following chapter examines the issue of Aboriginal spirituality in the context of health, using the framework outlined in the 'Summary' of this review.



2 Background

Spirituality is an expression of cultural heritage: the prevailing images, conceptions, representations, practices and placement of spirituality is within a cultural code that encapsulates what individuals perceive to be their collective cultural heritage. Such a view of spirituality is marked by its diversity, plurality, nomadism and culturalism. This chapter reports on the CRCAH metatheses on how the Aboriginal and Torres Strait Islander community believes spirituality to be, and how spirituality is engaged with and understood. It documents the concepts and experiences of contemporary Australian Aboriginal spirituality, the role of spirituality in promoting and enhancing social and emotional wellbeing, and the connections and intersections between Australian Aboriginal spirituality, individual and collective health concepts, and concepts of wellbeing.

2.1 The derivation of Australian Aboriginal spirituality

Aboriginal spirituality derives from a sense of belonging to the land, to the sea, to other people and to one's culture. Its essence lies in the time when occupation of the continent was unchallenged. It resides in stories, ceremonies and dance, values and structures. These complex and various ritual systems provided a depth of belief and gave the 'answers to the great universal religious questions of humankind, the questions about origins, meaning, purpose and destiny' (Edwards 1994:66). One contemporary term for spirituality is *kurun-pa*, which is used by the Anangu people of Central Australia. They call the spirit *kurun-pa* and consider that *kurun-pa* lives inside people and gives life (NPYWAC 2003).

Aboriginal spirituality mainly derives from the stories of The Dreaming. Each language group has a term that it uses for The Dreaming. For example, in the Broome region it is referred to as *Bugari*, while the Pitjantjatjara of the north-west of South Australia refer to it as *Tjukurpa*. For the Yolngu people of north-east Arnhem Land, it is *Wongar* (Edwards 1994). The Dreaming has five distinct features:

- *Spiritual*—each person has a spirit intimately related to the Spirit Ancestor.
- *Historical*—life today is historically continuous with The Dreaming.
- *Totemistic*—religious life relates to a religious group, with each group having a natural plant or animal species as its symbol or totem.
- *Naturalistic*—religion is concerned with life revolving around living off the land and social relationships between people. The relationship and reciprocal obligations between individuals and groups are important and reflect the daily behaviour of individuals regarding rules, taboos and punishments.
- *Tied to the land*—the land was formed through the activities of the Spirit Beings. Totemic groups are tied to certain tracts of land and sacred sites. Land represents personal identity and religious belief (Edwards 1994).

The Ancestral Spirit Beings performed ceremonies and left songs, dances and rites to continue and maintain the society. Consequently, Aboriginal people believe that, through contact with the Spirit Beings, they are able to access spiritual powers through rituals and they share the same spiritual essence with all parts of the cosmos. In inland regions, the most significant rituals were male initiation ceremonies (Edwards 1994).

Australian Aboriginal and Torres Strait Islander spirituality, as with all spiritualities, has changed and refined itself as Australian Indigenous people changed and recast themselves over millennia. The view of our spirituality and relationship to country has been developed, modified and transformed over thousands of years; constructed and reflected in social, economic and political aesthetics of the time (Johnson 1998:12). The spiritualities and cosmologies of Australian Aboriginal and Torres Strait Islander people were significantly disrupted by the colonisation and secularisation practices inherent to the English colonisation and missionary movements that had affected Indigenous peoples the world over.

2.2 Concepts and experiences of contemporary Australian Aboriginal spirituality

Some contemporary beliefs have their roots in encounters with missionaries, with the result that some Aboriginal people express their spirituality in Christian life. Others have rejected the message contained in Christianity because of paternalism, severity of practice, loss of traditions and the break-up of families. Others have incorporated elements of the new stories and ceremonies into former systems, with traditional systems considered paramount (Edwards 1994). For example, Bob Randall (2003:235), an Uluru Yankunytjatjara Elder, thinks that his Christian and Aboriginal spiritual beliefs are linked:

My path is that of Aboriginal spirituality, kanyini, for I can and do integrate it with my Christian beliefs and life. Kanyini is my Aboriginal path to reconciliation and to oneness with the creative consciousness of our world.

Miriam-Rose Ungunmerr (2001:1) is an Aboriginal Roman Catholic woman from the Daly River in the Northern Territory and combines traditional Aboriginal and Aboriginal Christian forms and values through *Dadirri*, which she considers:

recognises the inner spirit that calls us to reflection and contemplation of the wonder of all God's creation. Within a deep silence we attempt to find the inner self, the perfect peace and the experience of God embracing us.

The Torres Strait Islanders' celebration of the Coming of the Light each year reflects the wider acceptance of Christianity by the Torres Strait Islander people. In 1871 the London Missionary Society was established in the Torres Strait Islands and teachers from the South Pacific assisted in building local churches. As local church leaders were trained, they mediated between the Europeans and the Islanders and curtailed many traditional practices. In 1914 the London Missionary Society passed on its role to the Anglican Diocese of Carpentaria (Edwards 1994).

2.3 The role of spirituality in promoting and enhancing Aboriginal people's social and emotional wellbeing

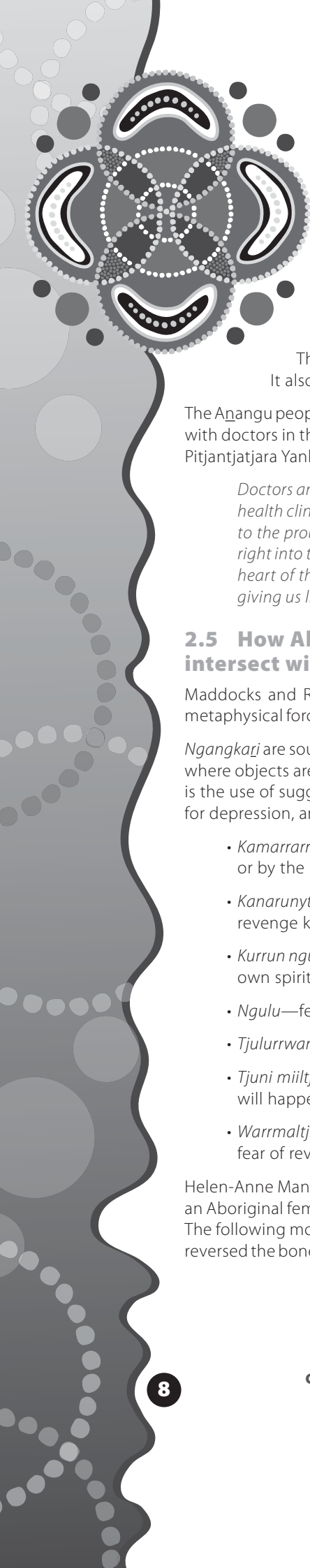
McLennan and Khavarpour's (2004) research into culturally appropriate health promotion and its meaning and application in six Aboriginal communities in New South Wales found that, while certain spiritual beliefs and practices are relevant to certain Aboriginal communities, there are also commonly held Aboriginal beliefs that remain. These are the interconnectedness of land, kinship and spirit and how they contribute to Aboriginal wellbeing. They concluded that recognising spirituality is critical to Aboriginal wellbeing and an important factor in developing and implementing health promotion and preventive projects.

The Prime Minister's 'Apology to Australia's Indigenous Peoples' in the Australian Parliament on 13 February 2008 was made to the Stolen Generations and evoked a tremendous feeling of wellbeing the following day, as described by a member of the Melbourne Aboriginal community (personal communication, 14 February 2008):

But today, when I woke up, I felt just a little different—and it wasn't because of the couple of beers I had last night. It wasn't the emotional drain from yesterday. I can tell you by the end of yesterday I don't think I had a single feeling left untouched inside me. Exhilaration, joy, sadness, worry, happiness—all these and more went through me at some time yesterday. Contentment was probably the constant. Standing by myself at Federation Square during the lunch time concert, just taking it in all in, was a very soul pleasing time. Sitting with my sisters... listening to bands. Thinking about my sister... in Canberra. These and so many other thoughts of people who matter to me and have been part of my life...

2.4 Connections between Australian Aboriginal spirituality and good health for individuals, families and communities

Devanesen (2000) observes that traditional Australian Aboriginal medicine is explained through traditional beliefs. It is holistic and recognises the social, physical and spiritual dimensions of health and life. It seeks a meaningful explanation for illness that considers the personal, family and community issues surrounding illness. It looks at how the person became sick and the reasons underlying the sickness.



The *Marumali (to put back together) Healing Program* (Peeters 2006) provides a culturally sensitive and appropriate model of healing to improve the quality of support available to Aboriginal people who have been affected by past removal policies and practices. *The Bringing Them Home Report* (HREOC 1997a) found that following removal, as well as loss of identity, culture, family and community, people experienced profound and lasting physical and emotional problems such as anxiety, depression, suicide, violence, delinquency, and alcohol and substance abuse. The Marumali Aboriginal counsellors support survivors to heal from specific types of trauma they suffered as a result of removal. Marumali trains counsellors in the Link Up Program, and provides Social and Emotional Wellbeing Regional Centres, Bringing Them Home Counsellors and health workers in Aboriginal community-controlled organisations. It also delivers the program to Aboriginal prisoners.

The Anangu people of Central Australia call their healers *ngangkari*. *Ngangkari* are from the deep past and are equal with doctors in their effectiveness for Anangu. Writing about *ngangkari*, Elsie Wanatjura, from the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation (NPYWAC 2003:14), says that:

Doctors and nurses might wonder why do Anangu keep asking for ngangkari help when they can access good health clinics these days and they can easily get a quick needle or a tablet? It is because ngangkari get straight to the problem and give immediate healing. Tablets can't heal the spirit. Ngangkari can. Ngangkari can see right into the spirit and the mind. Ngangkari see right inside the kurun-pa—the spirit—and get straight to the heart of the matter. What is kurun-pa? There is kurun-pa inside you and inside me. It lives inside our bodies giving us life.

2.5 How Aboriginal people's concepts of social and emotional wellbeing intersect with concepts and experiences of spirituality

Maddocks and Rayner (2003) cite some perceived causes of disease in Aboriginal communities, including metaphysical forces, forced displacement from the homeland and failure to follow a customary rule of behaviour.

Ngangkari are sought for physical, psychological and spiritual problems and their treatments include techniques where objects are removed from people's bodies; culturally appropriate explanations are used for symptoms, as is the use of suggestion (Sheldon 1997). Sheldon (1997) identified different categories in the Pintubi language for depression, anxiety and aggression connected to Aboriginal experiences of spirituality. They include:

- *Kamarrarringu*—frightened feeling, which may be caused by another person approaching from behind or by the spirit of a relative warning that a bad spirit is approaching.
- *Kanarunytju*—a person is unable to go to sleep through fear of being harmed or killed by bad spirits or revenge killers.
- *Kurrun ngulutjarra*—sensation of fear, most commonly felt at night; it is thought that the soul, or person's own spirit, is shaking with fear.
- *Ngulu*—fear, usually caused by the belief that another person is seeking revenge.
- *Tjulurrwangkangu*—sudden fright affecting the spirit or soul, often during sleep; also means to dream.
- *Tjuni miiltjuni*—sensation in stomach caused by fear, or believed to be a warning that something bad will happen.
- *Warrmaltjuni*—disorder of the spirit or soul caused during sleep by someone shouting; also refers to fear of revenge killers.

Helen-Anne Manion (personal communication, June 2008), a palliative care doctor, records her experience with an Aboriginal female patient in Alice Springs who was bone pointed and not expected to live through the night. The following morning the patient was sitting up chatting in her own language—the *ngangkari* had visited and reversed the bone pointing. She was subsequently discharged from the hospital and able to return to her country.

3 Approach

The study for this review had two methodological parts. The first and major part was a systematic search of the literature. The second part involved interviews with a small purposive sample of Aboriginal and Torres Strait Islander people.

The descriptive metasynthesis method was used for the literature search because it synthesises the research priorities (set out below) to examine the connection between spirituality and Aboriginal social and emotional wellbeing. This method represents a secondary examination of published work. It uses unaltered study texts to provide data for translation across studies. Schreiber, Crooks and Stern (1997:314) describe metasynthesis as 'the bringing together and breaking down of findings, examining them, discovering the essential features, and, in some way, combining phenomena into a transformed whole'. This involves comprehensively analysing a phenomenon based on a synthesis of qualitative findings. These findings are not deconstructed and then reconstructed as in theory-based studies.

Leininger's (1991) four phases of ethno-nursing analysis for qualitative data have been used in this study. They are (1) collect, describe and document the data; (2) identify and categorise descriptors and components; (3) analyse contexts and patterns; and (4) identify research findings and major metathemes.

The annotated bibliography contains a large amount of grey literature. Due to the paucity of published literature in this area, the authors consider its inclusion to bring valuable information that contributes to understanding the connection between spirituality and social and emotional wellbeing. Polit and Beck (2008) note that, when using metasynthesis, there is no consensus within the academy on whether integrations should include the grey (unpublished) literature.

3.1 Literature search

We accessed published literature using multiple keyword searches² of major databases such as Current Contents Connect (ISI); Informit Search; PubMed; Australian Institute of Aboriginal and Torres Strait Islander Studies Library; Indigenous HealthInfoNet; Ausinet (Mental Health); World Wide Web Virtual Library; Australian Parliamentary Library; Medicine Australia; Australian National Library; Google; Cooperative Research Centre for Aboriginal Health; *Australian e-Journal for the Advancement of Mental Health*; and the publications of the Human Rights and Equal Opportunity Commission. Other literature was accessed manually using a 'snowballing' referencing technique. The entries in the bibliography contain other references that are not included due to time and resource limits for this project.

We prepared an annotated bibliography of selected Australian references, the majority of which are publicly available. Our focus has been between the years 1973 and 2008, reflecting the intention of the research priorities, which were to consider the:

- concepts and experiences of Aboriginal spirituality;
- the role of spirituality in promoting and enhancing Aboriginal people's social and emotional wellbeing;
- connections between Aboriginal spirituality and good health for individuals, families and communities;
- how Aboriginal people's concepts of social and emotional wellbeing intersect with concepts and experiences of spirituality.

These research priorities have been integrated into an alphabetical annotated bibliography with key words and geographic areas provided.

² Key words included: Aboriginal spirituality and: social work, cancer, psychology, coping, mental health, healing, welfare workers, counselling, social care, stress, symbolic healing, helping professions, holistic medicine, holistic therapy, pointing the bone, health, wellbeing, social and emotional wellbeing, palliative care, nursing, death, dying, depression, health workers, suicide, self-determination, identity, Aboriginal knowledge, knowledge, holistic health, children's health, education.



3.2 Case study

3.2.1 Case study research

The small qualitative case study records Canberra/Queanbeyan Aboriginal and Torres Strait Islander people's perspectives about spirituality and its connection to social and emotional wellbeing. Patton (1990) considers that case studies are particularly useful in understanding some special people, a particular problem or a unique situation in depth, and where a great deal can be learned from a few examples of the phenomenon investigated. Community case studies may specifically focus on a particular aspect of the community, or even a phenomenon that occurs within that community. Stake (1981) argues that good case studies can result in more valid portrayals, better foundations to understand what is going on and a solid rationale to consider action. The case study identified four themes to complement the intention of the study detailed above. They were:

- defining spirituality, giving it a name, connection between spirituality and religious beliefs;
- relationship between spirituality and health and wellbeing;
- relationship between spirituality and coping; and
- experiences of spirituality and health and wellbeing among family and community.

3.2.2 Ethics

The study followed ethical guidelines for research in Australia (NHMRC 2003, 2005, 2007; AIATSIS 2002) and was approved by the AIATSIS Research Ethics Committee, the Board of Winnunga Nimmityjah Aboriginal Health Service, and the Steering Committee of Muuji Regional Centre for Social and Emotional Wellbeing. An information sheet and an informed consent form were developed to ensure the privacy and confidentiality of participants in this review. Issues of confidentiality were discussed with the participants, including information about how their results would be used, whether they would be identifiable and how the results of the interviews were stored. People who then wanted to proceed as members of the study were given a consent form to fill in prior to the interview. These, along with information from the interviews, were locked in a secure filing system at Winnunga. Interviews were conducted in private with the assistance of a short face-to-face questionnaire.

3.2.3 Questionnaire

We designed a short face-to-face questionnaire for use in the interviews with key informants (Appendix 1), and pilot tested it for cultural appropriateness, clarity and meaning (Woodward & Chambers 1980).

3.2.4 Sample

We used purposive sampling in the local region to recruit male and female Aboriginal and Torres Strait Islander participants. All participants were previously known to the principal researcher. The respondents comprised three males and three females between 25 and 60 years of age.

3.2.5 Interviews

Face-to-face interviews were conducted in private at a time and place chosen by the participants. The interviews took about fifteen minutes on average to complete. All participants completed the informed consent form prior to their interviews.

3.2.6 Analysis

The completed questionnaires were analysed for common themes, and reported in the findings in concert with the intention of the research priorities.

4 Concluding Discussion

This review was directed by the question, 'What is the connection between spirituality and health/social and emotional wellbeing?' Following CRAH direction, we examined the themes of the derivation, concepts and experiences of Aboriginal spirituality; its role in promoting and enhancing Aboriginal people's social and emotional wellbeing; the connections between Aboriginal spirituality and good health for individuals, families and communities; and the intersection of social and emotional wellbeing and experiences of spirituality.

The *National Strategic Framework* (DoHA 2004:3) defines social and emotional wellbeing problems as resulting from 'grief, loss, trauma, abuse, violence, substance misuse, physical health problems, child development problems, gender identity issues, child removals, incarceration, family breakdown, cultural dislocation, racism and social disadvantage'. Additionally, it considers that although social and emotional wellbeing problems are distinct from mental illness, the two interact and influence each other—and that the impact of cultural and spiritual factors should be taken into consideration in providing treatment.

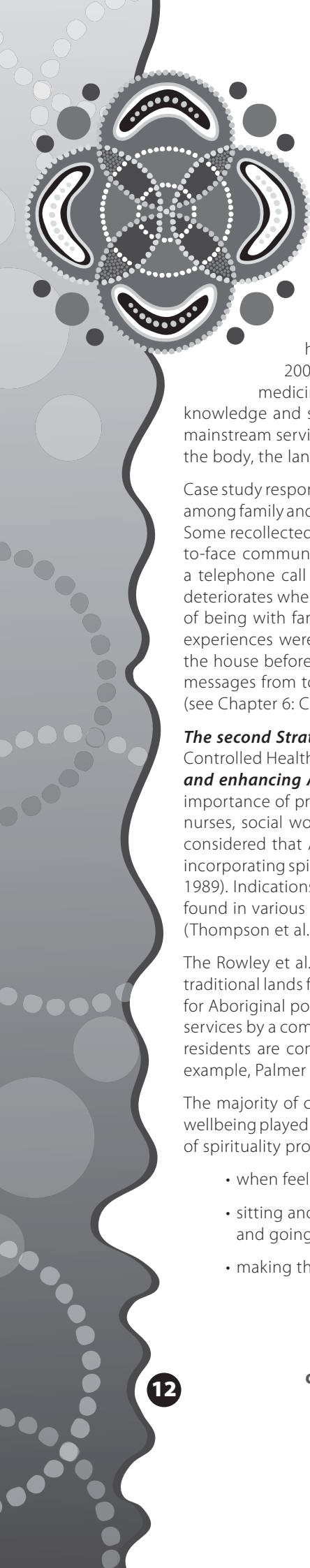
The Strategic Directions in the *National Strategic Framework* have been adopted in utilising the metasynthesis and the case study approaches. The first approach enables the analysis of the contexts and patterns within the data and identifies research findings and major metathemes (Leininger 1991). In this regard, the three Strategic Directions in the *National Strategic Framework* (discussed in Chapter 1) are linked to the CRAH metathemes (highlighted in bold italics) in this discussion. The second approach offers insights from a Canberra and Queanbeyan perspective, although the respondent population is small and cannot speak for other parts of the country.

It is difficult in such a review to present the complexity of Aboriginal spirituality and the differing urban and remote historical Aboriginal cultural traditions. Examples in literature of the **concepts and experiences of Aboriginal spirituality** indicate that spirituality resides in The Dreaming, in stories, paintings, ceremonies and dance, values and structures (Morphy 1987; Edwards 1994; Randall 2003). Land and place are also connected with spirituality and are important determinants of health (Burgess & Morrison 2007; Reid 1982). The fusing of Christianity with Aboriginal traditions to shape contemporary religious life is also common (Edwards 1994; Loos 2007; Ungunmerr 2001; Randall 2003; Brewster & Pilkington 2007).

While remote communities may observe cultural traditions that were long ago lost to urban communities, the urban case study respondents described their concepts and experiences of Aboriginal spirituality as feeling a sense of another presence; how you feel about yourself and other Aboriginal people; the requirement to go to country to find one's deep spirit; totem beliefs; a feeling inside the body while the spirit is outside the body; being comfortable within oneself; treating people with dignity and kindness and receiving the same in return; and connection with yourself, your family your land (see Chapter 6: Case Study).

The first Strategic Direction of the National Strategic Framework (DoHA 2004) recognises the impact of cultural and spiritual factors on social and emotional wellbeing. It places a significant emphasis on recognising and building on the strengths of Aboriginal and Torres Strait Islander families and communities and intersectoral action to enhance wellbeing across the lifespan and reduce risk.

In addressing this Strategic Direction, the metasynthesis and case study methodology revealed that the use of *ngangkari* healing, bush food and bush medicine were more likely to be found in Central Australia than on the eastern seaboard (reflecting later periods of colonisation), although healing programs and respect for Ancestors were also evident in urban settings, indicating commonalities of belief across the country. In examining the **connections between spirituality and good health for individuals, families and communities**, the review found that Davanesen (2000), Sheldon (1997) and Panzironi (2006) advocate the benefits of Aboriginal medicine such as traditional *ngangkari* healing, bush food and bush medicine complementing Western medicine, with Aboriginal Health Workers acting as mediators between Western and traditional medical systems. Traditional healers are active in the Kimberley and the borders of South Australia, Western Australia and the Northern Territory, as well as in Nhulunbuy and East Arnhem Land (Sheldon 1997; McCoy 2008; Yothu Yindi Foundation 2007).



Aboriginal healing programs are evident in contemporary urban settings. Participants include prisoners, victims of violence, people from the Stolen Generations, and people with addictions and mental health problems, which can be attributed to spiritual and emotional alienation from land, family and culture (Atkinson 2003; Roe 2000; Peeters 2006; Reed-Gilbert 2007; Minmia 2007). Aboriginal spirituality and healing is also found in the Catholic Church's Aboriginal Catholic Ministry in New South Wales (Asplet 2001).

A study of elderly urban Aboriginal people and their preparation for passing found that Aboriginal people who access palliative care services often rely on Aboriginal traditional healers, bush medicine and Christian support services. They prefer to die at home (McDonald 2007). This is connected with cultural beliefs (McGrath 2007). However, there is a fear that Western medicine speeds up the dying process with pain management, and inhibits the passing on of traditional knowledge and secrets that occur during end of life (McGrath 2006). Various studies identified the need for mainstream services to take into account cultural factors, which include a holistic view of health incorporating the body, the land and spirituality (Pratt 2007; O'Brien 2005; Fenwick & Stevens 2004).

Case study respondents recorded experiences of their connection between spirituality and health and wellbeing among family and community as being good, and as involving family and close relationships with the community. Some recollected experiences included Sunday dinners and talking at the table, and mourning the loss of face-to-face communication because of electronic means of communication. However, respondents considered a telephone call a good contact method. Others commented that the mental, emotional and physical side deteriorates when people neglect their wellbeing. A Stolen Generations respondent found that the experience of being with family and community and having returned home in adulthood encouraged wellbeing. Other experiences were associated with the death of a grandparent (it was felt by the family that his spirit was in the house before he died, and it was thought he was saying goodbye), sensing an unseen presence, warning messages from totemic birds and receiving signs (for example, a bottle falling in unexplained circumstances) (see Chapter 6: Case Study).

The second Strategic Direction aims to strengthen the capacity and workforce of all Aboriginal Community Controlled Health Services to deliver social and emotional wellbeing care. The **role of spirituality in promoting and enhancing Aboriginal people's social and emotional wellbeing** was found to be partly located in the importance of providing health services to Aboriginal people, training Aboriginal Health Workers, mainstream nurses, social workers and therapists in Aboriginal spiritual needs, and providing holistic care. Some studies considered that Aboriginal health services, Aboriginal trained nurses and health workers had a major role in incorporating spirituality, bush medicine and traditional healers into their healing practices (Winch 1980; Gaffney 1989). Indications of change in incorporating traditional healing and spirituality in Aboriginal health are to be found in various health reports from Aboriginal Medical Services in New South Wales, and in central Australia (Thompson et al. 2005).

The Rowley et al. (2008) study of the Utopia community in the Northern Territory on Alyawarr and Anmatjerr traditional lands found that in most areas health outcomes were better relative to the Northern Territory average for Aboriginal populations. The reasons given were diet and exercise (living traditional life), regular health care services by a community-controlled health service, and mastery and control of community services. In addition, residents are connected to culture, family and land over which they have freehold title. Earlier reports—for example, Palmer (1990), Altman (2003) and others—about the Outstation Movement also refer to this.

The majority of case study respondents considered that the relationship between spirituality and health and wellbeing played a very important part in their own health and wellbeing. They spoke about their own experiences of spirituality promoting and enhancing their wellbeing:

- when feeling troubled, talking to oneself and asking Ancestors for help;
- sitting and relaxing and talking to the Elders who have passed on. Also talking to living family members and going back to country, and being close to the land, and taking time off work; and
- making the connection between Black and White relatives gives contentment and wellbeing.

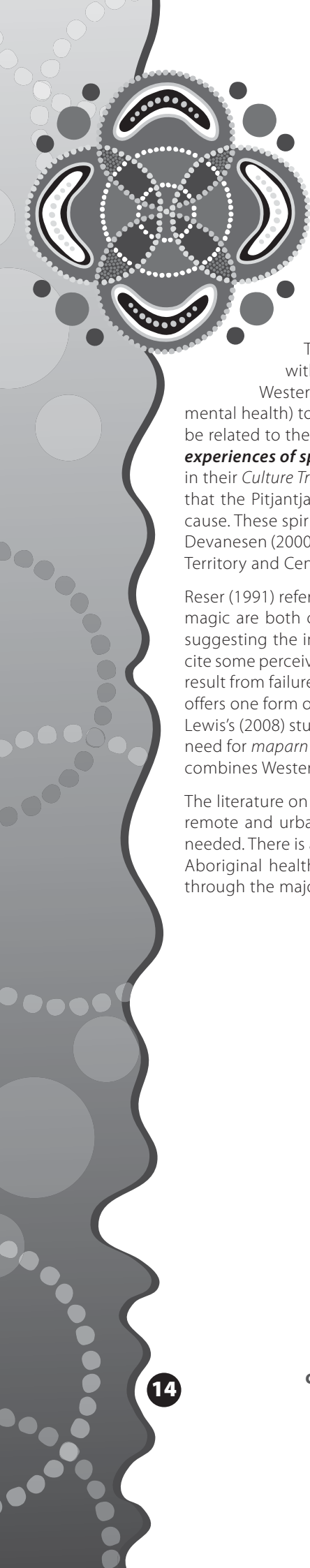
One respondent did not experience connection with spirituality and health and wellbeing but received strength from spirituality in prayer each day.

In the main, respondents considered that spirituality helps them to cope, to be strong, resilient and determined, to come to terms with life's problems and to resolve problems. The spirit also provides support and Ancestors provide guidance. Taking time out and going walkabout to centre and to connect also helps in coping. One respondent did not experience any connection with spirituality and ability to cope (see Chapter 6: Case Study).

The third Strategic Direction links to the National Mental Health Plan 2003–2008 and sets out actions required to enhance responsiveness and access to mainstream mental health care across the whole of the health system. The timeframe for the literature review did not allow critical examination of the material located in relation to methodological aspects of each study, sample sizes, strengths or limitations of evidence and findings. As previously noted, the annotated bibliography contains a large amount of grey literature due to the paucity of peer-reviewed literature. However, one example of peer-reviewed literature is the critique contained in an article published in the June 2007 edition of the *Australian and New Zealand Journal of Psychiatry*. The article is authored by Valmae Ypinazar, Stephen Margolis, Melissa Haswell-Elkins and Komla Tsey, and is entitled 'Indigenous Australians' Understandings Regarding Mental Health and Disorders'. The authors critiqued five of the entries contained in the annotated bibliography (Chapter 5) as follows:

- Authors: Vicary and Westerman, 2004; Location—Perth and Kimberley regions; 70 Indigenous participants; Methodology—Action research framework, in-depth interviews and focus groups; Key themes about Culture Spirituality were—Mechanism of interpretation: cultural reasons sought for ill health, and treatment dependent on cultural interpretation.
- Authors: McLennan and Khavarpour, 2004; Location—New South Wales; six Indigenous participants; Methodology—Exploratory study using qualitative methodology and semi-structured interviews; Key themes about Culture Spirituality were—importance of identity and sacred sites.
- Authors: O'Brien, 2005; Location—New South Wales; 27 Indigenous participants; Methodology—Qualitative methodology, in-depth interviews; Key themes about Culture Spirituality were—loss of and importance of cultural identity, lack of respect, mainstream versus the community.
- Authors: Vicary and Bishop, 2005; Location—Perth and Kimberley; 70 Indigenous participants; Methodology—Participatory action research, in-depth interviews, focus groups; Key themes about Culture Spirituality were—importance of country and cultural identity, influence of spirituality, culture is a powerful determinant of perceptions of mental health.
- Authors: Emden et al. 2005; Location—South Australia, urban, rural and remote areas; 130 mostly Indigenous participants; Methodology—Action research, in-depth interviews, focus groups; Key themes about Culture Spirituality were—Social and emotional wellbeing issues, trust and confidentiality re access to Aboriginal health services, lack of English language, racism.

The Ypinazar et al. (2007) critique identified five articles about mental health and spirituality from four studies, and found that the dominant themes in the articles were of: culture and spirituality; family and community kinships; historical, social and economic events; fear and education; and loss. Four articles acknowledged the importance of, and the link between, spirituality and wellbeing—no acknowledgment was made in Emden et al. (2005). Vicary and Westerman (2004) found that Western treatments are more focused on medication, counselling and hospitalisation, while traditional treatments employ methods that build resilience against spirits to increase wellness: their article also considered Aboriginal mental health beliefs. The Vicary and Bishop (2005) article focused specifically on Aboriginal traditional frameworks of healing and Western psychotherapeutic treatments. McLennan and Khavarpour (2004) found that individual and community wellbeing is strongly linked with storytelling, ceremonies, Ancestors, sacred sites and tribal areas, which impact on positive identity—a component of spirituality and culture.



The critique acknowledged that the McLennan and Khavarpour (2004) study about wellbeing and spirituality was the weakest in methodological detail, comprising only six participants. However, it was included in the critique because of its use of qualitative methods to obtain an understanding of Indigenous peoples' perspectives of wellbeing within a holistic approach to health, including mental health. Unlike the other studies, the Emden et al. (2005) study included the perceptions of mental health services patients. With the exception of the O'Brien (2005) study, a perception of mental health across multiple age groups was not identified as being important in the studies.

The Vicary and Bishop (2005) and O'Brien (2005) articles found that mental illness was connected with payback, being 'sung to', married the 'wrong way' and other spiritual reasons. Vicary and Westerman (2004) also referred to the importance of building resilience against spirits (regarding mental health) to increase wellness. These connections with negative aspects of spirituality and wellbeing can be related to the metatheme of **concepts of social and emotional wellbeing intersecting with concepts and experiences of spirituality** and the use of traditional healers to rid illnesses caused by evil spirits. For example, in their *Culture Training Manual for Medical Workers in Aboriginal Communities*, O'Brien and Plooij (1973) caution that the Pitjantjatjara people of Central Australia believe that evil spirits cause illness which has no obvious cause. These spirits are called *mamus* and they have to be expelled by *ngangkari* to restore the person's health. Devanesen (2000) and Sheldon (1997) also write about traditional Aboriginal medicine practices in the Northern Territory and Central Australia and explain how the traditional healer rids a person of the evil influence.

Reser (1991) refers to the notions of sorcery and healing and concludes that traditional healing and malevolent magic are both central features of traditional social control systems, with illness, whether physical or social, suggesting the imposition of sanctions in response to spiritual or social wrong. Maddocks and Rayner (2003) cite some perceived causes of disease in Aboriginal communities. They are metaphysical forces, and disease may result from failure to follow a customary rule or behaviour. *Kanyirninpa* or the holding ceremony for young men offers one form of protection against social isolation, and is often noted at the time of self-harm (McCoy 2007). Lewis's (2008) study about the Martu people of the north-west of Western Australia found that the community's need for *mapam* (spirit healer) medicine to fix people's spirit resulted in tentative plans for a health centre that combines Western medicine with alternative therapies, including the use of the Martu's spiritual healing.

The literature on spirituality and health and social and emotional wellbeing stems from all areas of Australia—remote and urban. This review is a first step, a beginning that is both significant and important and highly needed. There is a lot of information and experience that has yet to be harnessed and better understood about Aboriginal health and spirituality. This review could be further developed and the conversation continued through the major metathemes found and detailed in the 'Summary' of this review.

5 Annotated Bibliography, 1973–2008

The majority of entries in this annotated bibliography are publicly available. Entries showing * are background references to the review. Entries contain other references that are not included due to time and resource limits for this project.

A separate reference list is not provided: all references cited in the review can be found in this annotated bibliography.

Aboriginal and Torres Strait Islander Commission (ATSIC) 2002, *The Spirituality Project: Draft Final Report*, ATSIC, Canberra.

Key words: spirituality, drugs, mental health, community development

Geographic area: Australia-wide

This spirituality project examines the importance of spirituality and culture in addressing the dysfunctionality of Aboriginal and Torres Strait Islander individuals, families and communities. In part, it draws attention to the importance of incorporating cultural and spiritual elements of healing in services to Indigenous people, in particular those dealing with substance misuse issues. In addition, mental health programs must be based around holistic concepts of health and offer alternative life choices that are viable from an Indigenous perspective. Proposals for change must be based in Indigenous cultures and spirituality.

Aboriginal Catholic Ministry 2008, ACM City Office Alexandria. Accessed on 22 September 2009 at: <<http://www.aboriginalcm.cathcomm.org/aboriginalCM/cityoffice.htm>>.

Key words: religion, spirituality

Geographic area: New South Wales

The Aboriginal Catholic Ministry incorporates the Smoking Ceremony in its liturgical expression.

Aboriginal Healing Foundation 2006, *Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland*, Aboriginal Healing Foundation Research Series, Aboriginal Healing Foundation, Ottawa, ON. Accessed on 22 September 2009 at: <<http://ahf.ca/publications/research-series>>.

Key words: spirituality, healing practices, decolonisation

Geographic area: Australia and overseas

In this paper a number of similarities and differences were noted in Indigenous approaches to healing in the United States, New Zealand, Australia and Greenland. The central lesson about promising healing practices is the immense value and efficacy of incorporating history and culture into holistic programs based on Indigenous values and worldviews. Part III of the paper details promising healing practices in each country and cites the literature relating to these practices.

Alati, R. 1996, *The Role of Alcohol and Drug Rehabilitation and Treatment amongst Aboriginal People: Report*, Department of Human Services and Health, Canberra.

Key words: spirituality, substances

Geographic area: Australia-wide

This research found that going bush and valuing Aboriginal culture was an important component of the process of recovery for respondents in this study. Going bush was also a good device for those who had stopped drinking for a long period of time. Additionally, after being on an Aboriginal treatment program for a while, some clients felt their spirituality had grown in strength. Previous to this, they considered that the grog had taken away their souls.



* Altman, J. 2003, 'People on Country, Healthy Landscapes and Sustainable Indigenous Economic Futures: The Arnhem Land case', *The Drawing Board: An Australian Review of Public Affairs*, vol. 4, no. 2, pp. 65–82.

Anonymous n.d., *Healing Secrets of Aboriginal Bush Medicine*. Accessed on 22 September 2009 at: <<http://www.bri.net.au/medicine.html>>.

Key words: spirituality, healing, bush medicine

Geographic area: Australia-wide

This article refers to early Aboriginal beliefs that serious illness and death were caused by spirits or persons practising sorcery. When someone succumbed to misfortune, a man versed in magic was called in to identify the culprit. These spiritual doctors were men of great wisdom and stature and had immense power. They sometimes employed herbs in their rites. The healing of trivial non-spiritual complaints using herbs and other remedies was practised by all Aborigines, although older women were usually the experts. To ensure success, plants and magic were often prescribed side by side. One area of Aboriginal medicine with no obvious Western parallel was baby medicine. New-born babies were steamed or rubbed with oils to render them stronger. Often mothers were also steamed.

Arabena, K. 2007, 'Indigenous Epistemologies and Wellbeing: Universe referent citizenship', *AIATSIS Research Discussion Paper Number 22, AIATSIS, Canberra*. Accessed on 22 September 2009 at: <www.aiatsis.gov.au/research/docs/dp/DP22.pdf>.

Key words: wellbeing, spirituality

Geographic area: New South Wales

The paper aims to demonstrate the importance of wellbeing in the development and delivery of cultural heritage and other programs for the Aboriginal community in New South Wales. It finds that the non-physical requirements for health and wellbeing have ecological underpinnings, and spirituality is a key element of wellbeing.

Asplet, B. 2001, 'Address', paper delivered at Gathering of Voices Conference, Banyo, Queensland. Accessed on 22 September 2009 at: <<http://www.aboriginalcm.cathcomm.org/aboriginalCM/HHouse/awhh.htm>>.

Key words: religion, spirituality

Geographic area: New South Wales

Aboriginal spirituality associated with religion can be found in the Catholic Church's Aboriginal Catholic Ministry. One example is the New South Wales Aboriginal Women's Healing House in a country setting on Mount Razorback near Picton. The bush setting, trees, water, rolling hills and bird life are compatible with Aboriginal spirituality found in meditating, painting and drawing, back and foot massages, healing rituals, a yarning circle, singing the Song of the River to heal hearts, and sharing a unity with other participants.

Atkinson, J. 1996, 'A Nation Is not Conquered', *Indigenous Law Bulletin*, vol. 3, no. 80. Accessed on 22 September 2009 at: <<http://kirra.austlii.edu.au/au/journals/AboriginalLB/1996/25.html>>.

Key words: spirituality, healing, family violence

Geographic area: Australia-wide

The author considers that Aboriginal people's interaction with the Australian legal system is not to their advantage. It is necessary for both the male and female offenders and for the victims of violence to feel there is a way beyond the pain of present experiences. The author questions whether the legal profession and the government have the will and commitment for real justice reform to restore to individuals, families and communities the ability to rebuild lives from the multiple intergenerational trauma. The author cites case studies that show changes in people who have been able to work to transform their attitudes and behaviours. These changes have occurred through an integration of Indigenous cultural processes for conflict management and group healing with therapeutic skills for trauma recovery in experiential learning workshops.

Atkinson, J. 2002, *Trauma Trials: Recreating Song Lines, The Transgenerational Effects of Trauma in Indigenous Communities*, Spinifex Press, Melbourne.

Keywords: spiritual, healing, *dadirri*, listening, song lines

Geographic area: Australia-wide

This book offers new understandings of violence and healing in Aboriginal communities and combines diverse Aboriginal knowledge. It emphasises that Aboriginal people have not severed the spiritual from the physical and ceremonies, which express and share grief, moderate the event of a death and rebuild communities. The healing technique known as *dadirri* ('listening to one another') is community building and healing, and provides a sense of ownership and connection where it is possible to move towards a different future (new songlines)—however painful this may be.

Atkinson, J. 2003, 'Nurturing Cultural Diversity', paper delivered at the Sustainable Industry Expo, 14–17 August 2003, Northern Rivers, NSW.

Key words: trauma, spirit, mental health, prison

Geographic area: Australia-wide

In this paper Judy Atkinson quotes from young Aboriginal people she has helped, who have been in rehabilitation, prison and mental health institutions. In her We Al-Li Program (Woppaburra term for *fire and water*) Atkinson addresses pain and trauma, anger and sorrow, and promotes deep emotional healing towards self-perceptions of survival. She considers that experiencing self as a whole encompassing the body, emotions, mind and the spirit results in a sense of wellbeing.

***Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 2002, *Guidelines for Ethical Research in Indigenous Studies*, AIATSIS, Canberra.**

Boustany J. 1999, *Aboriginal Health and Healing in the Northern Rivers Area of NSW*, Medicine Australia. Accessed on 22 September 2009 at: <<http://www.medicineau.net.au/clinical/abhealth/abhealt3503.html>>.

Key words: Aboriginal health, healing, spiritual doctoring

Geographic area: Northern Rivers, NSW

The accepted framework of Western medical practice clashes with the Indigenous sense of holistic healing. The author writes about healing collaboration and partnership in education between the Southern Cross University and the Northern Rivers Area Health Service to improve Aboriginal health provision. One initiative is free natural therapy lectures for Indigenous groups, including the traditional Koori method of healing. Through honouring the land, there is care of the environment and the sense of being nourished by the land in the food and healing plants it provides. A sense of communion with spirit, which manifests in healing and learning health practices and community values, comes through singing, dancing and storytelling; and integrated physical and mental support occurs through honouring community.

Brady, M. 1995, 'Culture in Treatment, Culture as Treatment: A critical appraisal of developments in addictions programs for Indigenous North Americans and Australians', *Social Science & Medicine*, vol. 41, no. 11, pp. 1487–98. Accessed on 22 September 2009 at: <<http://cat.inist.fr/?aModele=afficheN&cpsidt=2891227>>.

Key words: spirituality, culture, alcohol, traditional healing

Geographic area: Australia and North America

The author examines comparative material on the uses of culture as a form of healing and traces the rationale for the argument that cultural wholeness can serve as a preventive or even as a curing agent in drug and alcohol abuse. North American Indians have adapted communal healing techniques, such as the sweat lodge, into the treatment for solvent and alcohol abuse. The author considers that in Australia, traditional healing techniques have been less amenable to adaptation.



Brewster, A. & Pilkington, D. 2007, 'The Stolen Generations: Rites of passage: Doris Pilkington interviewed by Anne Brewster', *Journal of Commonwealth Literature*, vol. 42, no. 1, pp. 143–59. Accessed on 22 September 2009 at: <[http://jcl.sage\[pub.com/cgi/content/abstract.42/1/143](http://jcl.sage[pub.com/cgi/content/abstract.42/1/143)>.

Key words: Stolen Generations, healing, spirituality

Geographic area: Australia-wide

Doris Pilkington discusses the impact of child removal on her family and the continuing legacy of this experience in Aboriginal families and communities. She talks about the journey of healing and the role that spirituality (which has developed for her from the interaction of Christianity and Indigenous spirituality) has played in her own life.

Briskman, L. 2007, *Social Work with Indigenous Communities*, The Federation Press, Annandale, NSW.

Key words: spirituality, social work

Geographic area: Australia-wide

The author considers that for Indigenous people in Australia and overseas, spirituality is a fundamental aspect of their lives and a denial of their spirituality creates further marginalisation. Indigenous people have experienced enormous grief at their losses, such as the loss of their children. The need for healing of the spirit is paramount and Indigenous approaches to healing in the area of social work must be developed in recognition of this.

*** British Columbia Provincial Health Officer 2002, Report on the Health of British Columbians: Provincial Health Officer's Annual Report 2001—The Health and Well-being of Aboriginal People in British Columbia, Ministry of Health Planning, Victoria, BC.**

Brown, R. 2001, 'Australian Indigenous Mental Health', *Australian and New Zealand Journal of Mental Health Nursing*, vol. 10, no. 1, pp. 33–41. Accessed on 22 September 2009 at: <<http://www3.interscience.wiley.com/journal/121445396/abstract>>.

Key words: spirituality, mental health

Geographic area: Australia-wide

The author writes from a nursing perspective and examines the meaning of health for Indigenous people as viewed within a holistic and community lifestyle framework, related both to past and present issues, which is not individualised or compartmentalised. The paper concludes that a closer liaison between the health traditions of Indigenous and mainstream culture may assist with healing, reconciliation and improved Aboriginal holistic health.

Burgess, P. & Morrison, J. 2007, 'Country', in B. Carson, T. Dunbar, R. Chenhall & R. Bailie (eds), *Social Determinants of Indigenous Health*, Allen & Unwin, Sydney, pp. 177–96.

Key words: spirituality, social determinants of health, places

Geographic area: Australia-wide

Places are increasingly recognised as important determinants of health. Places are a mixture of physical, social, spiritual and cultural elements. The authors consider that a place is not a static backdrop that determines health outcomes. Places are dynamic and interactive. They contain social, spiritual and cultural references about how people are to behave as individuals and as part of the community.

Burnum Burnum 1991, 'Aboriginal Spirituality and Traditional Healing', *Chiropractic Journal of Australia*, vol. 21, no. 4, pp. 142–3.

Key words: spirituality, traditional healing

Geographic area: Australia-wide

Diagnosis and treatment of illness varies from culture to culture, just as environment, cosmology and belief systems vary. The Aboriginal people of Australia developed acute knowledge of spirituality, which is reflected in their concepts of disease and illness. The practice of Australian traditional healers contrasts with Western health care practices. The author considers that a deeper understanding of the Aboriginal beliefs and traditions would provide valuable insights for Western practitioners.

Carroll, V. 1998, 'Drugs, Spirituality and the Family', *Aboriginal and Islander Health Worker Journal*, vol. 22, no 5, p. 507. Accessed on 22 September 2009 at: <<http://search.informit.com.au.ezproxy.flinders.edu.au/search>>.

Key words: spirituality, drugs, alcohol, family

Geographic area: Australia-wide

Aboriginal spiritual connections to each other and the earth are their main reason for being on earth. However, when people take drugs or alcohol to excess, their relationship to their family is weakened. For example, when a husband drinks to excess, the friendship with his wife is weakened by alcohol and the female, seeking to connect with him, starts to use it herself. This leaves the children disconnected. In time they will find their own drug to relate to. Rehabilitation must guide the alcoholic towards reconnecting spirituality with family and friends, or nothing of real value is achieved.

Chenhall, R. 2007, *Benelong's Haven: Recovery from Alcohol and Drug Use within an Aboriginal Australian Residential Treatment Centre*, Melbourne University Press, Melbourne.

Key words: alcohol recovery, spirituality

Geographic area: Australia-wide

Chapter 8, entitled 'Aboriginal Spirituality and Culture in Treatment', describes the importance of spirituality in the treatment of alcohol addiction. Benelong's Haven is an Aboriginal-controlled and organised recovery centre where Aboriginal residents incorporate the principles of the Alcoholics Anonymous program to talk about the importance of Aboriginal culture and spirituality to recover from substance misuse.

* **Commission on Social Determinants of Health (CSDH) 2008, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*, final report of the Commission on Social Determinants of Health, World Health Organization, Geneva.**

* **Cooperative Research Centre for Aboriginal Health (CRAH) 2006, *Social and Emotional Wellbeing Aboriginal Health: Industry Roundtable, 7 September 2006*, Cairns, CRAH, Darwin.**

* **Cowlshaw, G. 2009, *The City's Outback*, UNSW Press, Sydney.**

* **Crumlin, R. (ed.) 1991, *Aboriginal Art and Spirituality*, Dove Publication, Melbourne.**

* **Department of Health and Ageing (DoHA) 1989, *A National Aboriginal Health Strategy*, Report of the National Aboriginal Health Strategy Working Party, Australian Government Publishing Service, Canberra.**

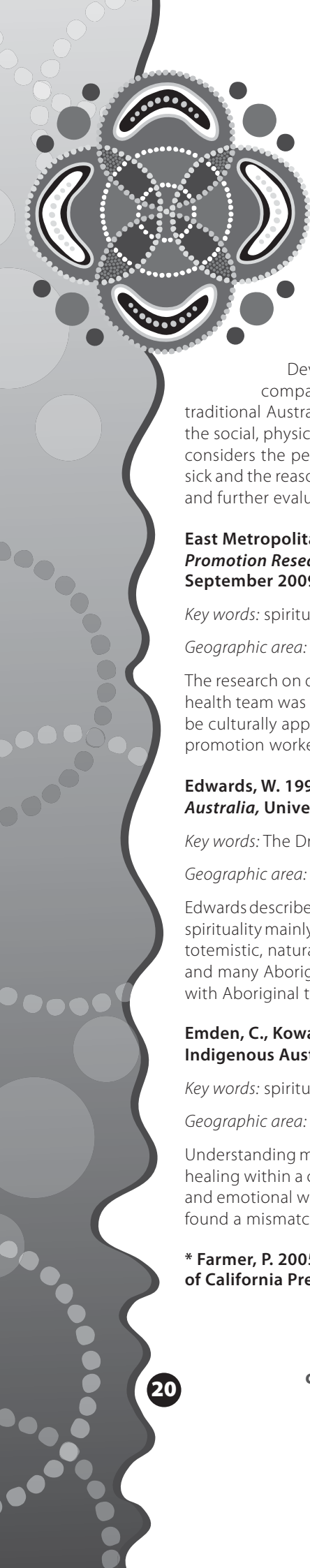
* **Department of Health and Ageing (DoHA) 2004, *A National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Well Being (2004–2009)*, DoHA, Canberra.**

* **Department of Health and Ageing (DoHA) 2003, 'Main Indigenous Palliative Care Bibliography', in *National Indigenous Palliative Care Needs Study*, DoHA, Canberra, 248 pp. Accessed on 23 September 2009 at: <<http://www.health.gov.au/>>.**

Key words: spirituality, palliative care

Geographic area: Australia-wide

This Palliative Care Bibliography at Appendix 4 of the National Indigenous *Palliative Care Needs Study* contains numerous references to Aboriginal spirituality and palliative care.



Devanesen, D. 2000, *Traditional Aboriginal Medicine Practice in the Northern Territory*, paper presented at the International Symposium on Traditional Medicine: Better Science, Policy and Services for Health Development, 11–13 September, Kobe, Japan. Accessed on 23 September 2009 at: <http://www.maningrida.com/mac/bwc/documents/traditional_aboriginal_medicine_practice.pdf>.

Key words: Aboriginal medicine, traditional beliefs, spirituality

Geographic area: Northern Territory

Devanesen writes about traditional Aboriginal medicine practice in the Northern Territory and compares it with Western medicine. The latter primarily recognises and treats disease, whereas traditional Australian Aboriginal medicine is explained through traditional beliefs. It is holistic and recognises the social, physical and spiritual dimensions of health and life. It seeks a meaningful explanation for illness and considers the personal, family and community issues surrounding illness. It looks at how the person became sick and the reasons underlying the sickness. Devanesen advocates two-way (traditional and Western) medicine and further evaluation of the therapeutic value of traditional medicine.

East Metropolitan Population Health Unit 2004, *Listening to Diverse Voices: Multicultural Mental Health Promotion Research Project, Perth Indigenous Community, Murdoch University, Perth*. Accessed on 23 September 2009 at: <http://www.cscr.murdoch.edu.au/perth_indigenous.pdf>.

Key words: spirituality, depression, holistic health

Geographic area: Perth, Western Australia

The research on depression summarises the issues raised by respondents in the research. They are that a holistic health team was important, including a holistic healing centre in the form of a house in the suburbs that would be culturally appropriate. Workers need to be aware of spirituality. More Aboriginal Health Workers and health promotion workers need to be employed in mainstream health services and in schools.

Edwards, W. 1994, 'Living the Dreaming', in C. Bourke, E. Bourke & W. Edwards (eds), *Aboriginal Australia*, University of Queensland Press, Brisbane, pp. 1–7.

Key words: The Dreaming, rituals, land, spirituality, religion

Geographic area: Australia-wide

Edwards describes Aboriginal traditions and experiences in the pre-occupation period of the continent. Aboriginal spirituality mainly derives from stories of The Dreaming, which has five distinct features, namely spiritual, historical, totemistic, naturalistic and tied to the land. Colonisation was accompanied by the introduction of Christianity and many Aboriginal people have been influenced by Christian teachings and values, sometimes fusing them with Aboriginal traditions to shape their contemporary religious life.

Emden, C., Kowanko, I., de Crespigny, C. & Murray, G. 2005, 'Better Medication Management for Indigenous Australians: Findings from the field', *Australian Journal of Primary Health*, vol. 11, pp. 80–90.

Key words: spirituality, social and emotional wellbeing, medication compliance

Geographic area: South Australia—urban, rural and remote areas

Understanding mental health includes understanding that family and community relationships are important to healing within a community. Loss of control, power and hope, which brings about imbalance, impacts on social and emotional wellbeing. This loss is felt spiritually, culturally, socially, economically and emotionally. This study found a mismatch between traditional and Western understandings of health and illness.

* **Farmer, P. 2005, *Pathologies of Power: Health, Human Rights, and the New War on the Poor*, University of California Press, Berkeley, CA.**

Fenwick, C. & Stevens, J. 2004, 'Post-operative Pain Experiences of Central Australian Aboriginal Women: What do we understand?', *Australian Journal of Rural Health*, vol. 12, no. 1, pp. 22–7.

Key words: pain, healers, nurses

Geographic area: Central Australia

The study explored the post-operative pain experiences of Central Australian Aboriginal women and the subsequent interpretation of that pain experience by non-Aboriginal female nurses. The study found that Aboriginal women have culturally appropriate ways of expressing and managing pain that are not well understood by non-Aboriginal female nurses. In addition, the Aboriginal women inappropriately endow non-Aboriginal nurses with the same powers and skills expected of healers from their culture 'to see within' and to 'just know'. The study concluded that the non-Aboriginal nurses lack the cultural insight and the appropriate knowledge and tools required to assess and manage the post-operative pain of Central Australian Aboriginal women effectively or efficiently.

Freemantle, J., Officer, K., McAullay, D. & Anderson, I. 2007, *Australian Indigenous Health—Within an International Context*, CRAH, Darwin. Accessed on 23 September 2009 at: <<http://www.craah.org.au/publications/downloads/AustIndigenousHealthReport.pdf>>.

Key words: spirituality, mental health, culture change

Geographic area: Australia and overseas

Working on the premise that health and wellbeing include the spiritual dimension of the individual, family and community, the study links mental ill health with culture change, marginalisation and absorption into a global economy that disregards Indigenous autonomy. The study, which provides an overview of Indigenous health in Australia, New Zealand, Canada and the United States, shows that the health status of each country in this regard is below that of each country's whole population. The report contains case studies of community capacity building and community empowerment that promote health and wellbeing.

Gaffney, E. 1989, *Somebody Now: The Autobiography of Ellie Gaffney, a Woman of Torres Strait*, Aboriginal Studies Press, Canberra.

Key words: spirituality, health, traditional healers

Geographic area: Australia-wide

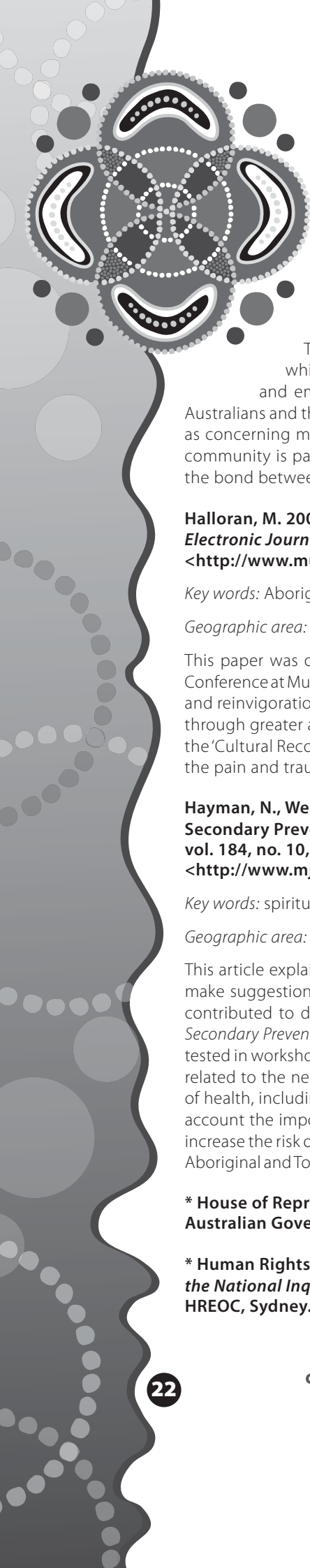
The chapter on health issues contains information on bush medications and traditional healers. The author advises that most traditional Aboriginal people and Torres Strait Islanders believe that spirits cause illness and they consult traditional healers. Some try different healers and the sickness often advances. They may not believe in taking tablets and, therefore, it is difficult to alter traditional beliefs and taboos. The author considers that the Aboriginal and Torres Strait Islander-trained nurses and health workers have a major role in influencing and directing the health of their people.

Garvey, D. 2007, *Indigenous Identity in Contemporary Psychology: Dilemmas, Developments, Directions*, Thomson, Melbourne.

Key words: Aboriginal health, spiritual alienation from land, family, culture

Geographic area: Australia-wide

Chapter 2 of this book, 'Place, Connection, Relationship: At the core of social and emotional wellbeing', identifies the need to know who we are in relation to others and the world, and how they in turn help to define us, as central among psychology's interest. The author considers that ill health to Aboriginal people is a manifestation of many factors that include spiritual and emotional alienation from land, family and culture. He considers that the ongoing challenge for psychology and psychologists is in establishing a place, connections and relationships within the contemporary circumstances and diverse lives of Indigenous people.



Garvey, D. 2008, *A Review of the Social and Emotional Wellbeing of Indigenous Australian Peoples—Considerations, Challenges and Opportunities*, HealthInfoNet. Accessed on 23 September 2009 at: <<http://www.healthinfonet.ecu.edu.au/other-health-conditions/sewb/reviews/our-review>>.

Key words: spirituality, social and emotional wellbeing

Geographic area: Australia-wide

This review provides an overview of formal attempts to promote social and emotional wellbeing while recognising the value of the much older activities and practices that promote it. Social and emotional wellbeing provides a platform to understand Aboriginal and Torres Strait Islander Australians and their experiences as they relate to mental health. For many, health has been viewed traditionally as concerning more than physical health. The social, emotional, spiritual and cultural wellbeing of the whole community is paramount and essential for the health and wellbeing of the individuals who comprise it, as is the bond between person and land.

Halloran, M. 2004, 'Cultural Maintenance and Trauma in Indigenous Australia', *Murdoch University Electronic Journal of Law*, vol. 11, no. 2. Accessed on 23 September 2009 at: <<http://www.murdoch.edu.au/elaw/issues/v11n4/halloran114.html>>.

Key words: Aboriginal knowledge, spiritual healing

Geographic area: Australia-wide

This paper was originally presented at the 23rd Annual Australia and New Zealand Law and History Society Conference at Murdoch University, Western Australia, on 2–4 July 2004. The author suggests that cultural recognition and reinvigoration is a path towards addressing the negative experiences of Aboriginal Australians. This occurs through greater acknowledgment and use of significant Indigenous knowledge and practices. For example, in the 'Cultural Recovery and Indigenous Health Section' of the paper, the author cites different programs that heal the pain and trauma of Indigenous Australians and that include the use of traditional ceremonies of healing.

Hayman, N., Wenitong, M., Zangger, J. & Hall, E. 2006, 'Strengthening Cardiac Rehabilitation and Secondary Prevention for Aboriginal and Torres Strait Islander Peoples', *Medical Journal of Australia*, vol. 184, no. 10, pp. 485–6. Accessed on 23 September 2009 at: <http://www.mja.com.au/public/issues/184_10_150506/hay11141_fm.html>.

Key words: spirituality, health professionals, nurses

Geographic area: Australia-wide

This article explains how Indigenous health professionals and consumers were asked to share their stories and make suggestions about how cardiac rehabilitation services could be made more accessible. This information contributed to developing a practical guide for health professions—*Strengthening Cardiac Rehabilitation and Secondary Prevention for Aboriginal and Torres Strait Islander Peoples: A Guide for Health Professionals*—which was tested in workshops by potential users of the manual in June 2005. One of the barriers identified in the workshops related to the need for mainstream services to take into account cultural factors, which include a holistic view of health, including the body, the land and spirituality. The authors concluded that holistic health can take into account the importance of spirituality to health and wellbeing, depression and other psychosocial factors that increase the risk of cardiovascular disease, and the cultural, environmental and historical risk conditions that place Aboriginal and Torres Strait Islander people at greater risk of the onset of, and complications from, chronic diseases.

* House of Representatives Standing Committee on Aboriginal Affairs 1979, *Aboriginal Health*, Australian Government Printing Service, Canberra.

* Human Rights and Equal Opportunity Commission (HREOC) 1997a, *Bringing Them Home: A Report of the National Inquiry into Separation of Aboriginal and Torres Strait Islander Children from Their Families*, HREOC, Sydney.

Human Rights and Equal Opportunity Commission 1997b, *Bringing Them Home—National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, Australian Indigenous Law Reporter. Accessed on 23 September 2009 at: <<http://auslii.edu.au/au/journals/AILR/1997/36.html>>.

Key words: Stolen Generations, healing

Geographic area: Australia-wide

One of the inquiry's recommendations in relation to an Indigenous wellbeing model was that services and programs for survivors of forcible removal policies emphasise local Indigenous healing and wellbeing perspectives; funding be given to Indigenous community-based services for Indigenous preventive and primary health services; and government-run mental health services work in partnership with Indigenous community-based services and employ Indigenous mental health workers in delivering specialist services.

*** Human Rights and Equal Opportunity Commission 2005, *Social Justice Report 2005*, HREOC, Sydney. Accessed on 23 September 2009 at: <http://www.hreoc.gov.au/social_justice/sj_report/sjreport05/index.html>.**

*** Human Rights and Equal Opportunity Commission 2007, *Social Justice Report 2007*, HREOC, Sydney. Accessed on 15 April 2008 at: <http://www.hreoc.gov.au/social_justice/sj_report/sjreport07/index.html>.**

Jackson, L. & Ward, J. 1999, 'Aboriginal Health: Why is reconciliation necessary?', *Medical Journal of Australia*, vol. 170, pp. 437–40. Accessed on 23 September 2009 at: <<http://www.mja.com.au/public/issues/may3/jackson/jackson.html>>.

Key words: Aboriginal health, reconciliation, spirituality, land

Geographic area: Australia-wide

The authors consider that for there to be an improvement in Aboriginal health, a process of reconciliation that acknowledges the past in the light of the present needs to be adopted across all sectors of society. They explain that for Aboriginal people ill health is more than physical illness—it includes the factors of spiritual and emotional alienation from land, family and culture. The spiritual links with land provide a sense of identity, which lies at the centre of their spiritual beliefs. Land is the crux of Aboriginal health and wellbeing.

*** Johnson, D. 1998, 'Night Skies of Aboriginal Australia: Noctuary', *Oceania Monograph*, The University of Sydney, Sydney.**

Kidd, M. 1998, 'Aboriginal Mental Health and Economic Rationalism: The great misunderstanding', paper presented to the Social Justice, Social Judgement Conference, University of Western Sydney, April. Accessed on 23 September 2009 at: <<http://www2.fhs.usyd.edu.au/bach/2033/kidd98.htm>>.

Key words: spirituality, mental health

Geographic area: Australia-wide

The author makes a case for an Indigenous-based mental health service in relation to his work as a Criminal and Family Lawyer in Aboriginal Legal Services. He stresses the necessity for alternative psychological models other than Western-based, forensic-based theories in dealing with offending and sentencing Aboriginal people. Included in his suggested initiatives is the recognition and development of an approach to psychology that is particularly Aboriginal, emphasising reconnection to the spiritual.

*** Koenig, H. 2003, 'Religion, Spirituality and Health: An American physician's response', *Medical Journal of Australia*, vol. 178, pp. 51–2.**

*** Leininger, M. (ed.) 1991, *Culture Care Diversity and Universality: A Theory of Nursing*, National League for Nursing Press, New York.**



Lewis, M. 2008, *Conversations with the Mob*, University of Western Australia Press, Perth.

Key words: spirituality, *maparn* spirit healer, health

Geographic area: north-west Western Australia

Lewis spent two and a half years with the Martu people of north-west Western Australia and recorded their lives in a book. She records the community's need for *maparn* (spirit healer) medicine to fix people's spirit. Discussions with the Martu community have resulted in tentative plans for a health centre that combines Western medicine with alternative therapies, including the use of the Martu's spiritual healing.

Loos, N. 2007, *White Christ, Black Cross: The Emergence of a Black Church*, Aboriginal Studies Press, Canberra.

Key words: spirituality, Christian revival

Geographic area: Yarrabah, North Queensland

The author writes about the historical influences of missions upon Aboriginal people. He observes that some Aboriginal people dismiss Christianity, while others adopt it in culturally satisfying ways. He cites the Yarrabah community in North Queensland (a former mission community), which has become a centre of Christian revival, expressing an Aboriginal understanding and spirituality.

* **McBeth, H. 1996, *Health Outcomes: Biological, Social and Economic Perspectives*, Oxford Science Publication, Oxford.**

McCoy, B. 2007, 'Suicide and Desert Men: The power and protection of *kanyirninpa* (holding)', *Australasian Psychiatry*, vol. 15, supplement S63–7. Accessed on 23 September 2009 at: <www.informaworld.com/iapy>.

Key words: Aboriginal health, holding, suicide

Geographic area: Western Desert of the south-east Kimberley

While the experience of suicide continues to wound Aboriginal families and communities deeply, desert people's efforts to sustain and express *kanyirninpa* (holding) offers hope. *Kanyirninpa* refers to ceremony time when young men were being initiated and important cosmic meanings were mediated through older to younger men. Significant religious, social and personal connections to land, family and ancestral dreaming were reinforced through social and physical activity. This ensured a social restraint upon the extremes of individual autonomy and relatedness and allowed young men to explore being adult within the larger male and social desert context. *Kanyirninpa* offers one form of protection against relational and social isolation often noted at the time of self-harm.

McCoy, B. 2008, 'Outside the Ward and Clinic', *Journal of Contemporary Ethnography*, vol. 37, no. 2, pp. 226–45. Accessed on 23 September 2009 at: <<http://jce.sagepub.com/cgi/content/refs/37/2/226>>.

Key words: Aboriginal health, traditional healers, healing

Geographic area: Kimberley, Western Australia

Traditional healers are active in the Kutjungka region of the Kimberley (Western Australia). McCoy examines the contemporary role and practice of the traditional healers using their narrative and art. The desert people use their traditional healers, as well as the services of the local health clinic. The author explores how these two different models of health care might better understand each other and work together to improve desert people's health.

McDonald, H. 2007, 'Urban Indigenous Elderly in Australia: Literature review: Preparation for passing', unpublished paper, Australian Family and Disability Studies Research Collaboration, Faculty of Health Sciences, University of Sydney.

Key words: spirituality, palliative care, traditional healers

Geographic area: Australia-wide

This literature review about preparation for passing notes that in Alice Springs, Aboriginal people who access palliative care services often rely both on Aboriginal and Christian support services. Traditional healers come to their bedsides to conduct healings to reduce blockages and relieve stress. Extended family provides them with bush medicine to complement Western medicine. Aboriginal patients also welcome visits from Christian pastors and listen to Christian hymns on their CD players. In rural and remote Australia, Aboriginal people articulated the wish to die at home near family and country, and this position informs the construction of local palliative care services in these areas. In rural New South Wales, terminally ill Aboriginal people also preferred to receive palliative care and to die at home. They expressed a preference for Aboriginal health staff support, including palliative care staff. Carers of terminally ill Aboriginal people at home experience emotional drain, social isolation and financial hardship.

McEwan, A., Tsey, K. & the Empowerment Research Team 2009, *The Role of Spirituality in Social and Emotional Wellbeing Initiatives: The Family Wellbeing Program at Yarrabah*, Discussion Paper Series No. 7, CRCAH, Darwin.

Key words: spirituality, family wellbeing

Geographic area: Yarrabah, Queensland

This paper adds to an emerging body of knowledge around the connection between spirituality and social and emotional wellbeing by investigating the impact of the Family Wellbeing Program. Interviews with program participants and other data were analysed to map the connections between reported outcomes and attitudes, beliefs and behaviour commonly associated with spirituality. This analysis revealed that the program's positive impact—including improved relationships with family, increased empathy, a sense of calm and peace, and a sense of healing—resonated strongly with contemporary concepts of spirituality.

McGrath, P. 2006. "The Biggest Worry...": Research findings on pain management for Aboriginal peoples in Northern Territory, *Rural Remote Health*, vol. 6, no. 3, pp. 549. Accessed on 23 September 2009 at: <http://www.rrh.org.au/publishedarticles/article_print_549.pdf>.

Key words: pain management, death, spirituality

Geographic area: Northern Territory

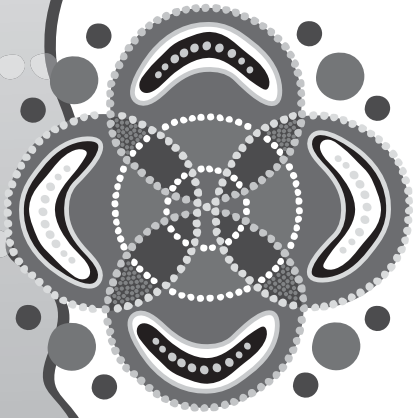
This article is about pain management during end-of-life care. It was found that Aboriginal people may have a higher threshold of pain and are less likely to complain (particularly men who do not want to appear weak by expressing their pain). Key factors impacting on pain management are cultural concerns about 'blame' and 'pay back'. There is also a fear of Western medicine and the belief that it will speed up the dying process and inhibit the passing on of traditional knowledge and secrets that occur during end of life. At the core of pain management is the need for cultural sensitivity and respect.

McGrath, P. 2007, "I Don't Want to Be in that Big City; This Is My Country Here": Research findings on Aboriginal peoples' preference to die at home, *Australian Journal of Rural Health*, vol. 15, no. 4, pp. 264–8. Accessed on 23 September 2009 at: <<http://www.ncbi.nlm.nih.gov/pubmed/17617091?ordinalpos=NaN&itool=EntrezSysteme>>.

Key words: palliative care, spirituality

Geographic area: Northern Territory

This article provides findings from a two-year study on Indigenous palliative care conducted in the Northern Territory. The study explored and documented the wishes of rural and remote Aboriginal people in relation to place of death. The wish to die at home was connected with land and community, a belief in 'death country', the importance of passing on sacred knowledge to the appropriate family member, the significance of ensuring that the dying individual's 'animal spirit' is able to return to the land, and the imperative that the 'right person' in the family network is available to provide the care. This strong wish to die at home informs the importance of building up local health and palliative care services and avoiding the need for relocation of health care to the major metropolitan hospitals during end-of-life care.



McLennan, V. & Khavarpour, F. 2004, 'Culturally Appropriate Health Promotion: Its meaning and application in Aboriginal communities', *Health Promotion Journal of Australia*, vol. 15, no. 3, pp. 237–9. Accessed on 23 September 2009 at: <http://www.publish.csiro.au/?act=view_file&file_id=PY08003.pdf>.

Key words: Aboriginal culture, spirituality, wellbeing, health promotion, holistic, family and community, identity

Geographic area: New South Wales

The authors' research into culturally appropriate health promotion and its meaning and application in Aboriginal communities found that, while certain spiritual beliefs and practices are relevant to certain Aboriginal communities, there are also commonly held Aboriginal beliefs that remain. These are the interconnectedness of land, kinship and spirit, and they contribute to Aboriginal wellbeing. They concluded that recognising spirituality is a critical factor in Aboriginal wellbeing, as well as an important factor in developing and implementing health promotion and preventive projects.

Maddocks, I. & Rayner, R. 2003, 'Issues in Palliative Care for Indigenous Communities', *Medical Journal of Australia*, vol. 179, no. 6, supplement S17–19. Accessed on 23 September 2009 at: <http://www.mja.com.au/public/issues/179_06_150903/mad10362_fm.html>.

Key words: spirituality, palliative care, traditional healers

Geographic area: Australia-wide

The author considers that the inclusion of an Indigenous health worker in a palliative care team is of great value in facilitating team and personal interactions with Indigenous people. The authors note that traditional healers have a good understanding of underlying beliefs about health and may offer treatments with a greater authority than the Western health care professional can command. Traditional medicines are used in many settings. Indigenous health workers are widely employed to help liaise with families who are trying to make the best use of both traditional and modern medicine. The ceremonies around death are extremely important to Indigenous people and take precedence over all other activities.

Maddocks, I. & Rayner, G. 2003, 'Issues in Palliative Care for Indigenous Communities', Supplement, *Medical Journal of Australia*, vol. 179, pp. S17–S19. Accessed on 23 September 2009 at: <http://www.mja.com.au/public/issues/179_06_150903/mad10362_fm.pdf>.

Key words: palliative care, death and dying, spirituality

Geographic area: Australia-wide

The article emphasises the need for non-Aboriginal health care facilities to show respect for Aboriginal culture, particularly in instances of death and dying. It highlights the important aspects of escorting the deceased person back to country; allowing the 'smoking' of a room in which a patient has died, such as a hospital ward; and sending the deceased person's bodily parts to the homeland (e.g. amputated limbs, gangrenous fingers, shaved hair, clothes worn at death). The authors cite some perceived causes of disease in Aboriginal communities, which include metaphysical forces, forced displacement from the homeland, or failure to follow a customary rule or behaviour.

Minmia 2007, *Under the Quandong Tree*, Quandong Dreaming Publishing, Mogo, NSW.

Key words: healing, spirituality

Geographic area: Australia-wide

Minmia is an Aboriginal Elder, educator and healer. She is a custodian of traditional women's lore/law of the Wirradjirri people (an Aboriginal nation in New South Wales stretching from Dunedoo into Victoria). Minmia was instructed to pass down Wirradjirri women's lore/law to any women who were interested. For many years she taught at women's camps and gatherings where Indigenous Elders, ordained women of different faiths, and Indigenous and non-Indigenous women attended. After 11 September 2001 the Tall Ones (seven unmanifested male spirit guides, which have always visited Minmia) told Minmia that she was not to call the weekends 'workshops' but 'Sit Down and Grow up Weekends'. This teaching has now been presented in book form.

Morphy, H. 1987, 'The Art of Northern Australia', in W. Edwards (ed.), *Traditional Aboriginal Society: A Reader*, Macmillan, Melbourne.

Key words: The Dreaming, rituals, land, spirituality, religion

Geographic area: Australia-wide

The author describes Yolngu art, which exemplifies features of the structure of Yolngu society and system of knowledge. Paintings, dances, songs, and power names are collectively the sacred law through which knowledge of the ancestral past is transmitted and re-enacted.

Muller, L. 2006, 'Recognition of Knowledge: Indigenous Australian social health informing tertiary academic theory', paper presented at the NCATSISW Conference, 'Raising the Standard and Vision: The Voices of Aboriginal and Torres Strait Islander Social Workers', 3–4 June 2006, Australian Catholic University, Canberra. Accessed on 23 September 2009 at: <<http://www.atsisw.org/voices.htm>>.

Key words: Spirituality, social health

Geographic area: Australia-wide

This paper develops Indigenous social health/welfare theory, as well as an Indigenous social health/welfare model for education, research and practice. The author's research takes into consideration the importance of spirituality as a way of connecting with others, as well as a worldview, belief structure and value system; and wellbeing, which incorporates a holistic approach to a helping model of practice that includes the social, emotional (spiritual) and physical health of Aboriginal people.

*** National Aboriginal and Islander Health Organisation (NAIHO) 1982, *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report*. Accessed on 15 April 2008 at: <<http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/mental-pubs-w-w>>.**

*** National Aboriginal Community Controlled Health Organisation (NACCHO) 1993, *Policy Statement Manifesto on Aboriginal Well-being 1993*, NACCHO, Canberra. Accessed on 22 June 2009 at: <<http://www.naccho.org.au/Files/Documents/Policy%20Statement%20Manifesto%20on%20Aboriginal%20Well-being%201993.pdf>>.**

*** National Health and Medical Research Council (NHMRC) 2003, *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*, NHMRC, Canberra.**

*** National Health and Medical Research Council 2005, *Keeping Research on Track: A Guide for Aboriginal and Torres Strait Islander Peoples about Health Research Ethics*, NHMRC, Canberra.**

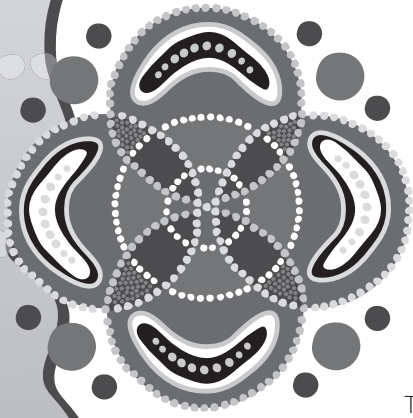
*** National Health and Medical Research Council 2007, *National Statement on Ethical Conduct of Research Involving Humans*, NHMRC, Canberra.**

Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation (NPYWCAC) 2003, *ngangkari Work—Anangu Way: Traditional Healers of Central Australia*, NPYWCAC, Alice Springs.

Key words: healing, mind, body, spirit

Geographic area: cross-border region of South Australia, Western Australia, Northern Territory

The Aboriginal people of the Central and Western Deserts, the Anangu, call their healers *ngangkari*. *Ngangkari* are men, women and children who have been given sacred skills and power to heal. The book contains many *ngangkari* personal accounts about their healing experiences. They hope that doctors, nurses and specialists who work on Aboriginal lands will become aware of *ngangkari* work in healing sick people and realise that they each have the same goal.



O'Brien, G. & Plooi, D. 1973, *Culture Training Manual for Medical Workers in Aboriginal Communities*, School of Social Sciences, Flinders University, Adelaide. Accessed on 23 September 2009 at: <<http://www.medicineau.net.au/AbHealth/17.HTM>>.

Key words: evil spirits, illness

Geographic area: Central Australia

Pitjantjatjara people believe that evil spirits cause illness that has no obvious cause. These spirits are called *mamus*, and when they take possession of a person's body, the whole person becomes ill because they consider their spirit has left them. They believe that the physical symptoms are caused by the person's mental state. The *mamu* has to be expelled by *ngangkari*, who may rub a patient's sore spot and then remove a small smooth stick, *purnu*, which was inside the body. The *ngangkari*'s hand has a soothing, therapeutic effect and this makes the patient's spirit healthy.

O'Brien, T. 2005, 'Factors Shaping Indigenous Mental Health: An ethnographic account of growing up Koori from a Gubba perspective', *Australian Journal of Holistic Nursing*, vol. 12, no. 1, pp. 11–20. Accessed on 23 September 2009 at: <http://www.scu.edu.au/schools/nhcp/ajohn/ViewByTopic_Spiritual.html>.

Key words: spirituality, mental health, youth

Geographic area: New South Wales

This paper provides a greater cultural appreciation for the problems faced by Aboriginal youth during their adolescent development, with a particular focus on mental health. The author includes the theme of the crisis of spirituality in considering the role that mainstream mental health nursing has in working with Aboriginal and Torres Strait Islander communities.

O'Collins, M. 2003, 'Social Work in a Spiritually Diverse Society: Challenged to collaborate', paper presented at the 28th Australian Association of Social Workers National Conference, 'Co-operating for Social Justice', 28 September–1 October 2003, National Convention Centre, Canberra. Accessed on 23 September 2009 at: <http://svc037.bne242p.server-web.com/adobe/papers/paper_maev_o%E2%80%99collins.pdf>.

Key words: Aboriginal spirituality, social justice, social work

Geographic area: Australia-wide

The paper examines spirituality and social justice and social work practice by reference to Aboriginal and Islamic spirituality. It highlights the importance for each social worker to be aware of his or her approach to spirituality and its presence in personal and professional contexts. Regarding Aboriginal spirituality, the need to understand the theme of land as the core of identity and belonging, the impact on Aboriginal people's wellbeing from separation and dispossession, and the loss of cultural identity across generations is paramount. The paper concludes that sharing the spiritual, social and helping journey is equal to the practical advice or assistance that social workers provide.

* Palmer, K. 1990, 'Government Policy and Aboriginal Aspirations: Self-management at Yalata', in R. Tonkinson & M. Howard (eds), *Going it Alone? Prospects for Aboriginal Autonomy*, Aboriginal Studies Press, Canberra.

Panzironi, F. 2006, 'Indigenous Peoples' Right to Self-Determination and Development Policy', PhD thesis, Faculty of Law, University of Sydney. Accessed on 23 September 2009 at: <<http://ses.library.usyd.edu.au/bitstream/2123/1699/1/01front.pdf>>.

Key words: Aboriginal traditional medicine, health, spirituality

Geographic area: Australia-wide

The thesis addresses self-determination and the Indigenous right to health through appropriate development policies. Chapter 9 is devoted to the value and significance of traditional medicine and traditional healers and their importance to improving the health status and survival of Aboriginal Australians. The author contends that the medicine part of Aboriginal knowledge is a sacred domain that needs to be respected and acknowledged according to Aboriginal people's self-determined modes of being. In the area of social and emotional wellbeing, the author cites the use of *ngangkari* in the tri-state cross-border areas of Western Australia, Northern Territory and South Australia, funded by the Mental Health Unit of the South Australian Department of Human Services. The author considers that acknowledging and including traditional Aboriginal medicine in Australia's health policy frameworks and health service delivery will enable Aboriginal Australians to choose valued health-related options.

* **Patton, M. 1990, *Qualitative Evaluation and Research Methods* (2nd edn), Sage Publications, Newbury Park, CA.**

* **Peach, H. 2003, 'Religion, Spirituality and Health: How should Australia's medical professionals respond?', *Medical Journal of Australia*, vol. 178, pp. 86–8.**

Peeters, L. 2006, *Marumali (to put back together) Healing Program*, Terranora, NSW.

Key words: healing, mind, body, spirit

Geographic area: Australia-wide

The Marumali (to put back together) Healing Program provides a culturally sensitive and appropriate model of healing to improve the quality of support available to Aboriginal people who have been affected by past removal policies and practices. Lorraine Peeters, a removal survivor, devised the program's pathway to recovery. This is an ongoing journey involving mind, body and spirit, and addresses the issue of identity. The program is careful to contain and manage the distress and risk associated with the process of healing the trans-generational effects on survivors. It addresses physical and emotional problems such as anxiety, depression, suicide, violence, delinquency, and alcohol and substance abuse. The Marumali Aboriginal Counsellors support survivors to heal from the specific types of trauma they suffered as a result of removal. Marumali carries out training in the Link Up Program, and provides Social and Emotional Wellbeing Regional Centres, Bringing Them Home Counsellors and health workers in Aboriginal community-controlled organisations. It also delivers the program to Aboriginal prisoners.

Phillips, G. 2003, *Addictions and Healing in Aboriginal Country*, Aboriginal Studies Press, Canberra.

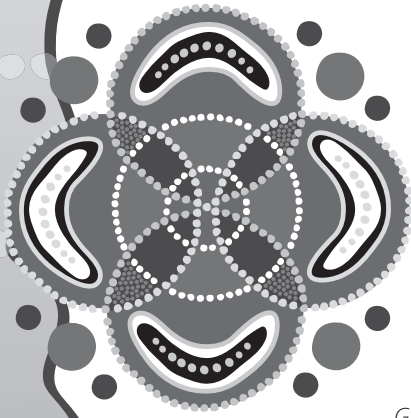
Key words: spirituality, substance misuse

Geographic area: North Queensland

The study is based on ethnographic research in an Indigenous community in north Queensland, but also explores approaches to treating addictions among Native Canadians. Through the Canadian experience, Phillips provides an approach to the treatment of addictions that acknowledges the importance of culture and spirituality, and incorporates a number of other approaches such as harm reduction, Alcoholics Anonymous and residential treatment.

* **Polit, D. & Beck, C. 2008, *Nursing Research: Generating and Assessing Evidence for Nursing Practice* (8th edn), Lippincott, Williams & Wilkins, Philadelphia, PA.**

* **Poroch, N. 2000, *Eugene's Gift*, Ginninderra Press, Canberra.**



Poroch, N., Tongs, J., Sharp, P., Dodson, M., Larkin, S., Mikhailovich, K., Fisher, J., Lovett, R., Arabena, K., Van den Dungen, J., Nappalhari Jones, J., Smith, L., Victoria, J. & Henderson, G. 2007, *You Do the Crime, You Do the Time: Best Practice Model of Holistic Health Service Delivery for Aboriginal and Torres Strait Islander Inmates of the ACT Prison*, Winnunga Nimmityjah Aboriginal Health Service, Narrabundah, ACT. Accessed on 23 September 2009 at: <www.winnunga.org.au>.

Key words: spirituality, Aboriginal prisoners, families

Geographic area: Australian Capital Territory and Australia-wide

This research arose from Winnunga Nimmityjah Aboriginal Health Service delivering a health service to Aboriginal prisoners in two prisons in New South Wales and the ACT Remand Centre over a period of nine years. The research developed the Winnunga Holistic Health Care Prison Model for Aboriginal prisoners and their families, which identified the significant importance of spirituality in rehabilitation and coping in prison.

Pratt, G. 2007, 'Reflections of an Indigenous Counsellor: Sharing the journey—therapist and person?', *Australasian Psychiatry*, vol. 15, supplement S54–7. Accessed on 23 September 2009 at: <www.informaworld.com/iapy>.

Key words: Aboriginal, counselling, holistic, spiritual healing, therapists

Geographic area: Australia-wide

The significance of an Indigenous Australian person as part of a wider world is influenced primarily by their relationships with people (i.e. family and community), culture, spirituality and the environment. Effective therapy is dependent on the relationship between the therapist and the person—one which is based on respect, reciprocity, accountability, humility and an appreciation of the significance of how a holistic view of the world influences one's sense of self.

* Prime Minister of Australia 2008, *Apology to Australia's Indigenous Peoples*, Parliament of Australia, Canberra. Accessed 22 June 2009 at: <http://www.aph.gov.au/house/Rudd_Speech.pdf>.

Queensland Health 2005, *Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005–2010: A Partnership Approach, discussion paper*, Queensland Health, Brisbane. Accessed on 23 September 2009 at: <<http://www.health.qld.gov.au/publications/corporate/strategicpolicies/spatsicyph.pdf>>.

Key words: health, spirituality, holistic approach, young people

Geographic area: Queensland

Among the guiding principles for this discussion paper is a holistic approach—that is, recognising that improvements in Aboriginal and Torres Strait Islander children and young people's health status must include attention to physical, spiritual, cultural, emotional and social wellbeing, community capacity and governance. This is viewed within an approach that recognises the impact of family, friends, schools and other settings, including the community, and significant cultural, societal and family factors affecting health.

Randall, B. 2003, *Songman: The Story of an Aboriginal Elder*, ABC Books, Sydney.

Key words: spirituality, The Dreaming, Stolen Generations

Geographic area: Australia-wide

This book is part autobiography, part explanation of Aboriginal belief, and part history of the Aboriginal struggle in Australia. Bob Randall explains how he was schooled in Aboriginal culture. Aboriginal knowledge is kept alive and passed down through *inma*, which are the song cycles of the *tjukurrpa* that are sung, danced and painted. They are imprinted in Aboriginal minds and being in this way. Everything taught by the Elders is reinforced and must be remembered. The author compares the gulf between the traditional Aboriginal and the non-Aboriginal way of understanding reality. Everything is interconnected for Aboriginal people, whereas non-Aboriginal people

separate the relationship between their minds and their bodies, between themselves and other people, and nature. Paintings tell the story of Aboriginal people's relationship to country, to bush, to food, to waterholes and to people. Underpinning all of these are the deeper stories of Aboriginal links to ancestral creation, and their existence that is recorded in The Dreaming tracks and sacred sites. The *tjukurrpa* and spirituality inform these paintings, and *kanyini* is the sacred principle of unconditional love and responsibility to all things.

Reed-Gilbert, K. 2007, *Cockatoo Dreaming*, Kuracca Consultancy and Communications, Canberra.

Key words: Aboriginal healing, spirituality, Kuracca spirituality cards and crystals

Geographic area: New South Wales

Kuracca Consultancy and Communications offers various programs that include Cockatoo Dreaming, which uses Kuracca crystals and Kuracca spirituality cards. The cards are based on the spirituality of Aboriginal Australia and contain words of wisdom with healing and spiritual qualities. For example, the quartz crystal is a master healer and cleanses the body inside and out, including the soul. It enhances psychic abilities and attunes spiritual essence.

Reid, J. (ed.) 1982, *Body, Land and Spirit: Health and Healing in Aboriginal Society*, University of Queensland Press, Brisbane.

Key words: Aboriginal medicine men, women's healing ceremonies, bush medicines, mental health, land and spirit

Geographic area: Australia-wide

The contributors have first-hand knowledge of health and healing in remote Aboriginal communities and confirm the title's suggestion that Aboriginal body and spirit are closely dependent on the land. They also reveal that major causes of ill health are dispossession and dependence. Consequently, the struggle for land rights and for community self-government are worthy of support by concerned members of the legal profession, not only to achieve justice but also to improve mental and physical health. Various contributors write about the efficacy of traditional healing practices in the cures effected by Aboriginal medicine men; the way in which women's healing ceremonies bring about social reintegration and improvement in health; the use of bush medicines in Arnhem Land; the importance of understanding the Aboriginal framework of social relations and social control in assessing mental health; and the return by small groups to more traditional lifestyles on old camp sites (for a part of each year) to benefit health and spirits.

Reser, J. 1991, 'Aboriginal Mental Health: Conflicting cultural perspectives', in J. Reid & P. Trompf (eds), *The Health of Aboriginal Australia*, Harcourt Brace Jovanovich, Sydney, pp. 218-291.

Key words: sorcery and healing

Geographic area: Australia-wide

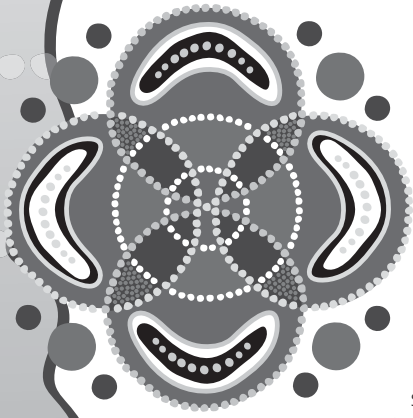
In the chapter 'Aboriginal Mental Health' (and also in the chapter 'In Sickness and Health'), the author refers to the notions of sorcery and healing. Reser concludes that traditional healing and malevolent magic are both central features of traditional social control systems, with illness, whether physical or social, suggesting the imposition of sanctions in response to spiritual or social wrong.

Roe, J. 2000, *WARAJA NGARLU WANDUNA; One Spirit, One Feeling, One Mind, All Working Together. Working with Ngarlu: An Indigenous Cultural Model for Working in the Area of Spiritual, Emotional and Social Wellbeing*. Accessed on 23 September 2009 at: <http://www.pallottine.org.au/waraja_ngarlu_wanduna.htm>.

Key words: Aboriginal medicine, Ngarlu inner spirit, mental health

Geographic area: north-west Western Australia (Broome)

Poor mental health can result from psychological/social problems that affect one's *Ngarlu*—the Karajarri word for the place of the inner spirit. This place is in the stomach, and is the centre of emotions and wellbeing. Roe's healing workshop, which works with *Ngarlu*, has been delivered to people with mental ill health and drug and alcohol problems, as well as to Aboriginal prisoners. Traditional healers (*mabarn*) can also play a significant, and even a main, role in working with patients with mental illness.



Rose, D. B. 2002, *Love and Reconciliation in the Forest: A Study in Decolonisation, Hawke Institute Working Paper Series No. 29, Hawke Institute, University of South Australia, Magill, SA.*

Key words: Mt Dromedary, sacred site, spirituality

Geographic area: Mt Dromedary, near Tilba Tilba, New South Wales

The Aboriginal people responsible for Mt Dromedary (*Gulaga*) are the Umbarra people (people of the black duck) of the Yuin nation. *Gulaga* is a Dreaming place or sacred site for the Umbarra people who consider the mountain is an active presence that exerts a hold on people and calls them back to it. The mountain also has had an impact on non-Aboriginal people who revere the sacred quality of the mountain.

Rowley, K., O'Dea, K., Anderson, I., McDermott, R., Saraswati, K., Tilmouth, R., Roberts, I., Fitz, J., Wang, Z., Jenkins, A., Best, J., Wang, Z. & Brown, A. 2008, 'Lower than Expected Morbidity and Mortality for an Australian Aboriginal Population: 10-year follow-up in a decentralised community', *Medical Journal of Australia*, vol. 188, no. 5, pp. 283–7. Accessed on 23 September 2009 at: <http://www.mja.com.au/public/issues/188_05_030308/row10886_fm.html>.

Key words: traditional lands, health, cultural practices

Geographic area: Northern Territory

The Utopia study on Alyawarr and Anmatjerr traditional lands found that in most areas health outcomes were better relative to the Northern Territory average for Aboriginal populations. The reasons given were diet and exercise (living traditional life), regular health care services by a community-controlled health service, and mastery and control of community services. In addition, residents are connected to culture, family and land over which they have freehold title.

*** Schreiber, R., Crooks, D. & Stern, P. 1997, 'Qualitative Meta-analysis', in M. Morse (ed.), *Completing a Qualitative Project: Details and Dialogue*, Sage Publications, Thousand Oaks, CA, pp. 311–26.**

Sheldon, M. 1997, *Psychiatric Assessment in Remote Aboriginal Communities of Central Australia*, dissertation submitted in part fulfilment of the requirements of the Part 2 examination for the Fellowship of the Royal Australian and New Zealand College of Psychiatrists. Accessed on 23 September 2009 at: <http://www.aams.org.au/mark_sheldon/>.

Key words: psychiatry, *ngangkari*, healing

Geographic area: Central Australia

The dissertation explores new modes of working in a psychiatric practice in Central Australia (see Part C). In addition, it found that *ngangkari* are sought for physical, psychological and spiritual problems and their treatment includes removal of objects from the body via magical techniques, giving cultural explanations for symptoms, and the use of suggestion. Sheldon lists the different categories in Pintubi language for depression, anxiety and aggression connected to Aboriginal experiences of spirituality.

Sheldon Remote Mental Health Team, Central Australia 2004, 'Leave Only Footprints: Cultural sustainability and mental health in a remote Aboriginal setting', paper delivered at the National SARRAH Conference 2004, Alice Springs, Northern Territory, 26–28 August. Accessed on 23 September 2009 at: <www.sarrah.org.au/sarrah/Papers/Sheldon.pdf>.

Key words: traditional healing practices, mental health, culturally appropriate practice, spirituality

Geographic area: Central Australia

The theoretical basis underlying this paper is the Recovery Model developed by the Canadian Mental Health Association, which emphasises that sufferers of mental illness recover not just because of psychiatric treatment from a specific organisation but draw upon a plethora of resources and community supports to aid their wellbeing. This model is linked with the concept of social and emotional wellbeing that acknowledges the connection between family, culture, land, law and spirituality.

* Sindall, C. 2002, 'Does Health Promotion Need a Code of Ethics?', *Health Promotion International*, vol. 17, no. 3, pp. 201–03.

Skov, S. 1994, 'Childhood Diarrhoea in a Central Australian Aboriginal Community: Aboriginal beliefs and practices in the context of the ecology of health', Master's thesis, University of Sydney.

Key words: childhood health, diarrhoea, *kurun-pa*, soul, spirit

Geographic area: Central Australia

The study examined the way that diarrhoeal disease arises as a result of the physical, social and economic conditions in which Aboriginal people live and the way they respond to that environment according to their own concepts of the world, life and health. The most common reasons given by the Anangu (Central Australia) for diarrhoeal illness was a disturbance in the child's *kurun-pa* or soul or spirit. The concept of *kurun-pa* is very complex. It seems intimately related to Anangu notions of physical, emotional and spiritual wellbeing and its state can vary (being weak, hungry, cold or hot). Anangu understand the spirit or soul to be located in the upper abdomen. Illness may be attributed to the loss of the *kurun-pa*. It is essential to consult *ngangkari* to restore the person's *kurun-pa*. Only *ngangkari* can see whether the person's soul is not in its correct place and only *ngangkari* can restore it. If it is displaced in the body (usually having slipped around to the back), *ngangkari* can manipulate it back into place. It may also be absent, in which case *ngangkari* will look for it or will send out their spirit familiar to find it and bring it back. *Ngangkari* can then restore it to the sick person.

Smylie, J., Anderson, I., Ratima, M., Grengle, S. & Anderson, M. 2006, 'Indigenous Health Performance Measurement Systems in Canada, Australia and New Zealand', *Lancet*, vol. 367, pp. 2029–33. Accessed on 23 September 2009 at: <<http://linkinghub.elsevier.com/retrieve/pii/S0140673606688934>>.

Key words: spirituality, health care performance

Geographic area: Australia and overseas

Indigenous health care performance measurement systems in Canada, Australia and New Zealand are undeveloped locally and hence deficient in their support of local service development. This interferes with the ability of Indigenous communities to achieve the expression of Indigenous cultural values in health system development and affects the capacity of the system to contribute to the achievement of the highest attainable standard of health for Indigenous peoples. The authors observe that Indigenous definitions of health, which, for example, in New Zealand include spirituality, continue to be marginalised within health performance measurement systems.

* Stake, R. 1981, 'Case Study Methodology: An epistemological advocacy', in W. Welch (ed.), *Case Study Methodology in Educational Evaluation*, University of Minnesota, Research and Evaluation Center, Minneapolis, MN.

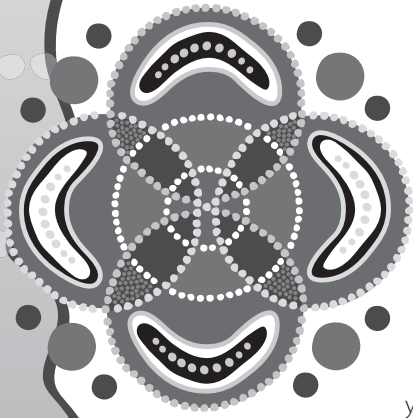
* Stout, M. & Kipling, G. 2003, *Aboriginal People, Resilience and the Residential School Legacy*, Aboriginal Healing Foundation, Ottawa, ON.

Swan, P. & Raphael, B. 1995, 'Ways Forward' National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, Part 1 and Part 2, Australian Government Publishing Service, Canberra. Accessed on 23 September 2009 at: <<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-w-wayfo>>.

Key words: mental health, traditional healers

Geographic area: Australia-wide

The report identified specific recommendations related to Aboriginal Health Workers, mental health workers, education and support, and strategies associated with mental health needs. Important in these recommendations was the recognition that mental health services that are culturally appropriate and accessible to Aboriginal people are required. One of the ways identified as making this possible is to recognise and employ traditional healers in Aboriginal mental health programs.



Thompson, L. 2008, 'Going Back to Bush Basics', *The Sydney Morning Herald*, April 12–13, p. 32. Accessed on 23 September 2009 at: <<http://www.smh.com.au/news/national/going-back-to-bush-basics/2008/04/11/1207856832451.html>>.

Key words: country, identity, building stories, bush medicine, youth

Geographic area: Kimberley, Western Australia

Communities in the Kimberley consider that going back to bush basics helps young people at risk of incarceration, suicide, death by self-harm, alcohol, cannabis abuse and diabetes. The trips to the bush show young people their base of country and identity, and also deliver them to Ancestors and stories that are re-inscribed and built upon. As well as lessons on how to care for country, young people learn song cycles for specific sacred sites and this teaches them how to conduct appropriate ceremonies.

Thomson, N., Krom, I., Trevaskis, G., Weisssofner, N. & Leggett, N. 2005, *A Scoping Study of Depression among Indigenous Peoples*, Australian Indigenous Health/InfoNet. Accessed on 23 September 2009 at: <http://archive.healthinonet.ecu.edu.au/html/html_community/social_health_community/publications/social_key_references.htm>.

Key words: spirituality, depression, healing

Geographic area: Australia-wide

The objectives of this study were to bring together information about the level and nature of depression, anxiety and related disorders among Indigenous people; an awareness of depression among Indigenous peoples and their carers; and programs and projects addressing depression among Indigenous peoples. The study identified relevant published and unpublished literature and provided information about the programs and projects. One such program is the Central Australian Aboriginal Congress Service, which employs a social worker, a senior Anangu woman and two traditional healers to promote the use of traditional healing regarding depression.

Tripcony, P. 1996, 'Too Obvious to See: Aboriginal spirituality and cosmology', paper presented at the National Conference of the Australian Association of Religious Education, September. Accessed on 23 September 2009 at: <http://www.oodgeroo.qut.edu.au/academic_resources/academicpape/toobviousto.jsp>.

Key words: spirituality, The Dreaming, Christianity, spiritual survival

Geographic area: Australia-wide

Tripcony outlines Aboriginal spirituality before and since the introduction of British–European Christianity. She draws the conclusion that spirituality in the past and in the present permeates all aspects of Aboriginal life.

Trudgen, R. 2000, *Why Warriors Lie Down and Die: Towards an Understanding of Why the Aboriginal People of Arnhem Land Face the Greatest Crisis in Health and Education since European Contact*, Aboriginal Resources and Development Services Inc., Darwin.

Key words: spirituality, traditional health and wellness

Geographic area: East Arnhem Land

The author believes that the way forward is to build on already established traditional Yolngu health and healing processes and the people's legal and social systems. These include knowledge of the spiritual power and strength (known as *Marr*), and how a person's spirit, soul, personality, emotional base, inner person and body can be kept healthy or increased in strength by expending sweat and releasing the life source within. If these systems are employed, they will not be out of step with health and healing employed by the dominant culture.

Tse, S., Lloyd, C., Petchkovsky, L. & Manaia, W. 2005, 'Exploration of Australian and New Zealand Indigenous People's Spirituality and Mental Health', *Australian Occupational Therapy Journal*, vol. 52, no. 3, pp. 181–7. Accessed on 23 September 2009 at: <<http://www.ingentaconnect.com/content/bsc/aot/2005/00000052/00000003/art00002;j>>.

Key words: spirituality, mental health, occupational therapists

Geographic area: Australia and New Zealand

The authors explore the concept of spirituality among the Indigenous people of Australia and New Zealand, and use mental health as a practice setting to suggest how occupational therapists can address the spiritual needs of individuals recovering from mental health problems.

Tsey, K. & Every, A. 2000, *Evaluation of an Aboriginal Empowerment Program, Occasional Paper Series, Issue 1*, Cooperative Research Centre for Aboriginal and Tropical Health, Darwin.

Key words: family wellbeing, suicide, spiritual needs

Geographic area: Alice Springs

A Family WellBeing Course was held in Alice Springs during 1998/99 in response to increased suicides and attempted suicides among Aboriginal youth in Alice Springs and the surrounding region. This is a personal empowerment course designed to assist people to take greater control over the conditions affecting their lives. It places particular emphasis on quality parenting and relationship skills. Developed by a group of Adelaide-based Aboriginal people, the course specifically aims to address the effects of settler colonisation on the emotional health and wellbeing of Indigenous Australians. Philosophically, the course is premised on the notion that all humans have basic physical, emotional, mental and spiritual needs, the denial of which may result in behavioural problems. It uses a range of learning techniques that assist participants to develop the skills required to ensure that their basic needs are met.

Tsey, K., Wilson, A., Haswell-Elkins, M., Whiteside, M., McCalman, J., Cadet-James, Y. & Wenitong, M. 2007, 'Empowerment-based Research Methods: A 10-year approach to enhancing Indigenous social and emotional wellbeing', *Australasian Psychiatry*, vol. 15, supplement S34–8. Accessed on 23 September 2009 at: <www.informaworld.com/iapy>.

Key words: social and emotional wellbeing, empowerment, spirituality

Geographic area: Australia-wide

This empowerment research program links with a range of health interventions. Some of these areas are mental health, alcohol rehabilitation, diversionary programs for the criminal justice system, supporting life promotion and suicide prevention efforts, promoting self-care in chronic disease among men and women, and addressing the meanings of contemporary Aboriginal spirituality in people's lives.

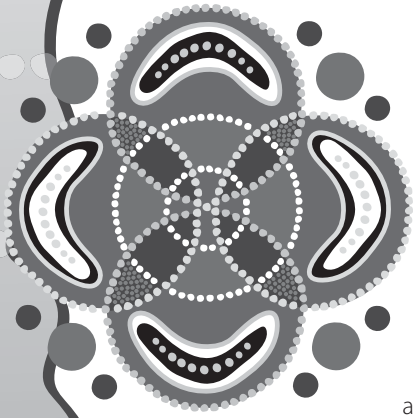
Ungunmerr, M. R. 2001, *Reflections/Prayer Services: Celebrations—Gayip: Dadirri, Yarra Healing*. Accessed on 23 September 2009 at: <<http://www.yarrahealing.catholic.edu.au/celebrations/index.cfm?loadref=18>>.

Key words: spirituality, *Dadirri*, Aboriginal Christian values

Geographic area: Australia-wide

Miriam-Rose Ungunmerr, an Aboriginal Roman Catholic woman from the Daly River in the Northern Territory, combines traditional Aboriginal and Aboriginal Christian forms and values through *Dadirri*. Her *Dadirri* reflections/prayer services are included in Gayip Reconciliation celebrated by Catholic Schools in Melbourne in 2001. *Dadirri* means inner, deep listening and quiet, still awareness, and tunes in to a deeper understanding of the beauty of nature. It recognises the inner spirit and the path to the inner self and God's embrace.

*** United Nations Human Rights Council (UNHRC) 2007, *United Nations Declaration on the Rights of Indigenous Peoples*. Accessed 22 June 2009 at: <<http://www.iwgia.org/sw248.asp>>.**



Vicary, D. & Bishop, B. 2005, 'Western Psychotherapeutic Practice: Engaging Aboriginal people in culturally appropriate and respectful ways', *Australian Journal of Holistic Nursing*, vol. 40, pp. 8–19.

Key words: mental health, culture, spirituality

Geographic area: Perth and Kimberley regions of Western Australia

The authors acknowledge the importance of, and the link between, spirituality and wellbeing. Identity is also identified as a component of spirituality and culture. The authors found that only after traditional mental health avenues are tried will Aboriginal people consult Western methods of treatments. Shame and the stigma of mental illness, and the labelling that follows diagnosis, were cited as reasons to avoid Western services.

Vicary, D. & Westerman, T. 2004, "That's Just the Way He Is": Some implications of Aboriginal mental health beliefs', *Australian e-Journal for the Advancement of Mental Health*, vol. 3, no. 3. Accessed on 23 September 2009 at: <www.auseinet.com/journal/vol3iss3/vicarywesterman.pdf>.

Key words: spirituality, Aboriginal mental health

Geographic area: Perth and Kimberley region of Western Australia

Respondents in this study highlighted the differences between the Western treatment of depression (e.g. medication, counselling, hospitalisation) and Indigenous treatments (methods to build resilience against the spirits and to increase wellness). The study found that a blend of Western and Indigenous psychologies using Aboriginal advisors were more likely to be successful in their work with Indigenous clients.

*** Waldram, J. 2004, *Revenge of the Windigo: The Construction of the Mind and Mental Health in North American Aboriginal Peoples*, University of Toronto Press, Toronto, ON.**

Warrawee'a, Kakkib li'Dthia 2001, *There Once Was a Tree Called Deru*, Harper Collins, Melbourne.

Key words: spirituality, holistic healing

Geographic area: Australia-wide

The author's philosophy embraces holistic healing and spirituality and includes references to Aboriginal medicine.

Watson, M. 2006, 'A Journey of Indigenous Identity', *Medical Journal of Australia*, vol. 185, no. 3, pp. 150–1. Accessed on 23 September 2009 at: <http://www.mja.com.au/public/issues/185_03_070806/wat10097_fm.html>.

Key words: determinants of Indigenous health, identity, connection to country, spirituality

Geographic area: Australia-wide

The author emphasises that current understanding of the determinants of Indigenous health highlights the negative effects of the denial of sovereignty, cultural dislocation, dispossession and disempowerment, particularly in relation to social and emotional wellbeing. He makes the connection between family support, love, connection to country, place within the world, and spirituality with health/social and emotional wellbeing.

Watson, N. 2007, 'Implications of Land Rights Reform for Indigenous Health', *Medical Journal of Australia*, vol. 186, no. 10, pp. 534–6. Accessed on 23 September 2009 at: <http://www.mja.com.au/public/issues/186_10_210507/wat10483_fm.html>.

Key words: land rights; spirituality, health

Geographic area: Northern Territory

The introduction of 99-year leases over Aboriginal lands in the Northern Territory is potentially detrimental to Aboriginal health, as it will deprive traditional owners of control over their lands. Identity, cultural practices and spirituality are connected to land, the absence of which can cause damage to health. Nicole Watson links land rights in the Northern Territory with improved health in comparing the health of Aboriginal people living on the homelands with those in centralised communities. There is evidence that the former enjoy superior physical health and greater self-esteem, and lower rates of diabetes, cardiovascular risk factors, hospitalisation and death.

Westerman, T. 2004, 'Engagement of Indigenous Clients in Mental Health Services: What role do cultural differences play?,' *Australian e-Journal for the Advancement of Mental Health*, vol. 3, no. 3. Accessed on 23 September 2009 at: <<http://auseinet.flinders.edu.au/journal/>>.

Key words: mental health, cultural competence, traditional treatment

Geographic area: Australia-wide

Dr Tracy Westerman is an Aboriginal psychologist who considers that changes must be made to service delivery at the practitioner and system levels to increase the levels of access by Aboriginal people to mental health services. For this to happen, Aboriginal culture needs to be taken into account. Therefore, staff who work with Aboriginal people must have minimal standards of cultural competence and be able to use a range of cultural consultants in assessing and treating patients. This means an understanding of the importance of Aboriginal people relating and connecting to land, country and genealogy, and a sound knowledge of family groups, tribal boundaries and skin groups. The holistic nature of Aboriginal culture and health needs means that the physical, mental, emotional, spiritual and cultural state of being should be taken into consideration in treating mental ill health.

Wilczynski, A., Reed-Gilbert, K., Milward, K., Tayler, B., Fear, J. & Schwartzkoff, J. 2007, *Evaluation of Bringing Them Home and Indigenous Mental Health Programs*, report prepared by Urbis Keys Young for the Office for Aboriginal and Torres Strait Islander Health, Department of Health and Ageing, Canberra. Accessed on 23 September 2009 at: <www.health.gov.au/bringingthemhome>.

Key words: spirituality, removal practices, healing programs

Geographic area: Australia and overseas

The report details culturally appropriate practice for Aboriginal people affected by forcible removal practices. In Australia it cites the Marumali Program, which trains counsellors in a healing program that addresses trauma and encourages healing. In addition, the Marr Mooditj Program provides training to Aboriginal people in culturally appropriate health and spirituality programs. In New Zealand the National Body of Traditional Maori Healers has been established and traditional healing is offered in many primary health care settings. In Canada the Assembly of First Nations identified a number of common strengths among the projects it reviewed in a paper on successful Aboriginal health programs in Canada, the United States and Australia. In part these recognised the links between spirituality and therapy. The paper warns, however, that there is a danger of assuming that healing programs work well in one context and can be successfully transported to another, even within nations. Communities in Canada have experimented with various forms of sentencing circles for healing and reintegrating offenders. Other uses of meeting in circles include spiritual circles where people develop trust in their own experiences of spirituality as a source of comfort and guidance.

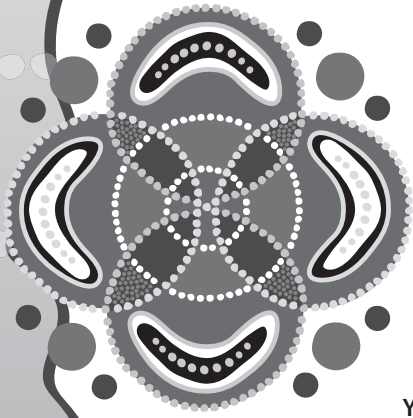
Winch, J. 1980, 'The Dream People', DVD, Harrikrisna Anenden Film, Perth.

Key words: spirituality, Aboriginal Health Workers

Geographic area: Western Australia

This film is about Joan Winch and the achievement of the Maar Mooditj Foundation. Joan Winch, an Aboriginal nurse and midwife, set up the Maar Mooditj Foundation or Healing Hands Foundation to care for Aboriginal people and to train members of the Aboriginal community as health workers so that they would be able to look after the community and listen to their problems without the culture gap encountered in ordinary hospitals. Aboriginal Health Workers incorporate spirituality and bush medicine in their healing practices.

*** Woodward, C. & Chambers, I. 1980, *Guide to Questionnaire Construction and Question Writing*, Canadian Public Health Association, Ottawa, ON.**



* Working Group for Aboriginal Rights (WGAR) 2008, 'Australia's PM Must Endorse Indigenous Declaration at UN in NY', media release, WGAR, Canberra, 22 September.

* World Medical Association 1964, *World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*. Accessed on 22 June 2009 at: <<http://www.wma.net/e/policy/b3.htm>>.

Yothu Yindi Foundation 2007, 'Dilthan Yolngunha. The Healing Place'. Accessed on 22 June 2009 at: <<http://www.healingplace.com.au/>>.

Key words: Aboriginal traditional healing, spirituality, bush medicine

Geographic area: East Arnhem Land

Dilthan Yolngunha—The Healing Place is a community respite and rehabilitation service at Gulkula outside Nhulunbuy. At the Healing Place, Yolngu women treat people through proven traditional healing practices used in conjunction with prescribed long-term mainstream medicines. The traditional healing uses medicines from the 'bush pharmacy' and cultural practices and traditions such as steaming/saunas/massage. This way of healing acknowledges the connection between the physical and healing of the spirit.

Ypinazar, V., Margolis, S., Haswell-Elkins, M. & Tsey, K. 2007, 'Indigenous Australians' Understandings Regarding Mental Health and Disorders', *Australian and New Zealand Journal of Psychiatry*, vol. 41, no. 6, pp. 467–78. Accessed on 23 September 2009 at: <<http://www.informaworld.com/smpp/content~db=all?content=10.1080/000486707013>>.

Key words: spirituality, mental health

Geographic area: Australia-wide

The authors examined five articles from four studies on aspects of mental health and/or wellbeing. The study found that the role of spirituality in Indigenous wellbeing is a critical determinant in the development of mental health promotion and prevention projects. There is a need to acknowledge the healing frameworks that exist within Indigenous communities and to acknowledge cultural frameworks of learning while utilising the power of culture and community.

Zubrick, S., Lawrence, D., Silburn, S., Blair, E., Milroy, H., Wilkes, T., Eades, S., D'Antoine, H., Read, A., Ishiguchi, P. & Doyle, S. 2004, *The Western Australian Aboriginal Child Health Survey (Volume 1): The Health of Aboriginal Children and Young People*, Telethon Institute for Child Health Research, Perth. Accessed on 22 June 2009 at: <<http://www.ichr.uwa.edu.au/waachs/publications/volumeone>>.

Key words: spirituality, Aboriginal children, health

Geographic area: Australia-wide

This first volume of the Western Australian Aboriginal Child Health Survey focuses on the health of Aboriginal children and young people in chapters that investigate their physical health, the use of health services, and improving the health and future of Aboriginal children. The volume acknowledges the importance of considering Aboriginal people holistically in its statement that 'the role of psychological development, social and community life, spiritual development and cultural heritage are all of importance to children's health and wellbeing'.

* Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Mitrou, F. G., Dalby, R. B., Blair, E. M., Griffin, J., Milroy, H., De Maio, J. A., Cox, A. & Li, J. 2005, *The Western Australian Aboriginal Child Health Survey (Volume 2): The Social and Emotional Wellbeing of Aboriginal Children and Young People*, Curtin University of Technology & Telethon Institute for Child Health Research, Perth. Accessed on 22 June 2009 at: <<http://www.ichr.uwa.edu.au/waachs/publications/volumetwo>>.

6 Case Study

There is a paucity of research on the experiences and understandings of spirituality of Aboriginal and Torres Strait Islander peoples living in urban settings. This small case study provides a glimpse of Canberra/Queanbeyan community perspectives about spirituality and social and emotional wellbeing. Six respondents—three males and three females aged between 25 and 60—provided their personal accounts under the themed headings set out below. The respondents' statements are presented initially under each theme, followed by concluding remarks, which synthesise the respondents' perspectives.

Defining spirituality, giving it a name, connection between spirituality and religious beliefs

Spirituality is when your body feels a sense of another presence—when someone is in the house (you get a cold shiver). Spirituality is needing to go to country (bush/quiet) to find your deep spirit. I call it spirituality. Spirituality is separate from religion. Church is for people as a group. Spirituality is for the individual—the inner soul (Personal Account 1).

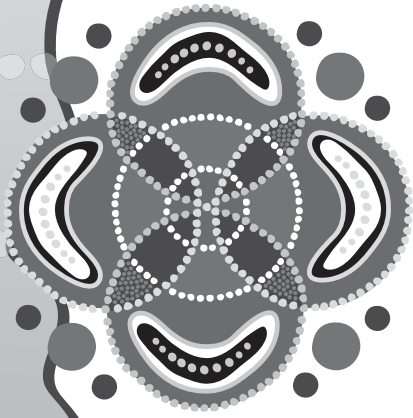
Spirituality is about how you feel about yourself and other Indigenous people. I refer to this feeling as spirituality. There is no connection between my sense of spirituality and my religious beliefs (Personal Account 2).

Spirituality is personal and cultural safety provided by cultural totems and entities. Spirituality means totem beliefs. There is no connection between my sense of spirituality and my religious beliefs. I call it spirituality. I do not believe in religion. Religion is man made. Spirituality is part of your being. Religion is for people who do not want to go to hell. Spirituality is for people who have been to hell and want to come back (Personal Account 3).

Spirituality is a feeling inside the body, while the spirit is outside the body. It is being comfortable within yourself otherwise one's social and emotional condition is not good. It is treating people with dignity and kindness and they will treat you the same (Personal Account 4).

Spirituality is connected to my religion. My parents were very spiritual. They were Anglicans and so am I. My spirituality is half religion and half culture. I remember that a bird can bring news. If I were living in the Torres Strait I would be more spiritual. I have just attended a Christian weekend. At the Christian weekend they talked about the Holy Spirit—both are connected, i.e. the Holy Spirit and Torres Strait spirituality. The Holy Spirit descends into you. Yes, I think God and spirituality are connected. When my friend's mother died I was walking home at 3 a.m. after preparing for the funeral with the dog. It was dark and I saw a person by the trees ahead. I said hello and the dog took off—I thought it was a ghost. My friend said it would have been her mother making sure I got home safely (Personal Account 5).

Spirituality is connection with yourself, your family, your land. Land is very important, especially when you are given your land rights and birthing on your land. There is a connection between my sense of spirituality and my religious beliefs. I was removed from traditional spirituality and brought up in both ways. You can combine them when the need arises such as praying to Mary or asking the ancestors (grandmother) to help when the car is bogged in the bush (Personal Account 6).



The overall conclusions about this theme are that respondents defined spirituality as:

- when one's body feels a sense of another presence;
 - needing to go to country (bush/be quiet) to find your deep spirit;
 - how you feel about yourself and other Aboriginal people;
 - personal and cultural safety provided by cultural totems and entities;
 - spirituality means totem beliefs;
 - a feeling inside the body while the spirit is outside the body;
- being comfortable within oneself, otherwise one's social and emotional condition is not good;
 - treating people with dignity and kindness and they will treat you the same;
 - connection with yourself, your family, your land.

All respondents named these feelings as spirituality. When thinking about whether there was a connection between spirituality and their religious beliefs, the respondents answered in the following ways.

- Three respondents considered that spirituality is separate from religion. In one instance the respondent considered that church is for people as a group and spirituality is for the individual—the inner soul. Another respondent expressed no belief in religion because it is man made, whereas spirituality is part of one's being. The other respondent thought religion was for people who do not want to go to hell, and spirituality was for people who have been to hell and want to come back.
- For two respondents spirituality was connected with their religion. One respondent has connections with Torres Strait Christianity and considered that spirituality is half religion and half culture, as the Holy Spirit and Torres Strait spirituality are both connected. The other Aboriginal person finds a connection between her sense of spirituality and religious beliefs. She was removed from traditional spirituality and brought up both ways, and combines Aboriginal spirituality and Christianity when the need arises.

Relationship between Aboriginal spirituality and health and wellbeing

Yes, spirituality plays a part in my own health and wellbeing because I talk to myself when I am troubled and I say, 'I need help'. I am speaking to my ancestors (Personal Account 1).

Yes, spirituality plays a part in my own health and wellbeing (Personal Account 2).

Yes, spirituality plays a very important part in my own health and wellbeing. It is constant and ongoing (Personal Account 3).

Spirituality plays a big part in my own health and wellbeing. When I feel bad, I sit and relax and talk to the Elders who have passed on. I also talk to living family members. I go back to country, close to the land and take a week off work (Personal Account 4).

There is no connection with spirituality and health and wellbeing for me. But I say my prayers every day and receive strength from spirituality (Personal Account 5).

Spirituality plays a part in my own health and wellbeing. Each time I go home and visit my country it gives me that spiritual connection and it is important to know you own the land as well, and that the old people left it to me. Making the connection between Black and White relatives gives me contentment and wellbeing (Personal Account 6).

The majority of respondents considered that the relationship between spirituality and health and wellbeing played a very important part in their own health and wellbeing for reasons that this relationship is constant and ongoing, when visiting country and relatives, and deferring to Ancestors for help. One respondent considered he/she did not experience connection with spirituality and health and wellbeing but received strength from spirituality in prayer each day.

Relationship between spirituality and coping

I feel the spirit, the support of ancestors to guide me. Knowledge of ancestors is passed down by the family and I talk to them. Someone often touches me on the shoulder and this is my ancestors (Personal Account 1).

I can't say that spirituality plays a part in my being able to cope (Personal Account 2).

When life is difficult, spirituality is connected with taking time-out and going walkabout to centre and to connect (Personal Account 3).

Yes, spirituality helps to come to terms with the problem (Personal Account 4).

Yes, spirituality has given me strength to carry on, especially... as I have been by myself and raising children (Personal Account 5).

Yes, spirituality plays a part in my being able to cope. It helps to be strong and sort out the troubles, and makes you determined and resilient (Personal Account 6).

In the main, the respondents considered that spirituality helps one to cope, to be strong, resilient, determined and to come to terms with life's problems, and to resolve problems. The spirit also provides support, and Ancestors provide guidance. Taking time out and going walkabout to centre and to connect also helps in coping. Only one respondent did not experience any connection between spirituality and the ability to cope.

Experiences of Aboriginal spirituality and health and wellbeing among family and community

An experience of the connection between spirituality and health and wellbeing amongst your family and my community is when my grandfather passed away. The day before he died his spirit was in the house. My parents felt this and thought he was saying goodbye before he went. I haven't had any negative experiences of spirituality and my health and wellbeing (Personal Account 1).

My experience of the connection between spirituality and health and wellbeing amongst my family and my community has been a good one involving family as well as my close relationships with the community. I have not had any negative experiences of spirituality related to my health and wellbeing (Personal Account 2).

My experience of the connection between spirituality and health and wellbeing amongst my family and my community is when communication is relayed by totemic birds (warnings of illness/death). I haven't had any negative experiences of spirituality related to my health and wellbeing (Personal Account 3).

My experience of the connection between spirituality and health and wellbeing amongst my family and my community means in the past we all sat around and had Sunday dinners and we talked at the table. It has changed now and there is no face-to-face communication because of electronic means of communication. However, a phone call can be good contact. When I don't look after myself the mental, emotional and physical side deteriorates (Personal Account 4).

Spirituality means that there is an emotional wellbeing connection to spirituality for me. Mum was very spiritual and my brothers served on the altar at the Anglican Church. I haven't had any negative experiences of spirituality but when I see birds I wonder whether this is a sign. My mother always expected news associated with birds, which came via a telegram (about a death). When my brother's wife died suddenly, a deodorant bottle fell in front of him from a closed bathroom window and he saw that as a sign. Relatives in Torres Strait always said to wear thongs up there so as to not leave footprints around for the spirits to take (Personal Account 5).



My experience of the connection between spirituality and health and wellbeing amongst my family and my community is being there, and the fact that I have come home, because I was taken away and I have come home. It is important to be recognised as one of them. No, I have not had any negative experience of spirituality and my health and wellbeing. However, as a child my parents would say, 'if you do not do something the feather foot will come'. These are humans (the Elders) and if you break the lore they will sort you out. As children we would go to ceremonial meetings and we had to be quiet (Personal Account 6).

No respondents recorded negative experiences of spirituality and health and wellbeing. However, they spoke about their experiences of their connection between spirituality and health and wellbeing among family and community in instances when sensing another's presence, in warning messages received from totemic birds, and an adherence to cultural beliefs.

Appendix 1: Interviews



Interview questionnaire

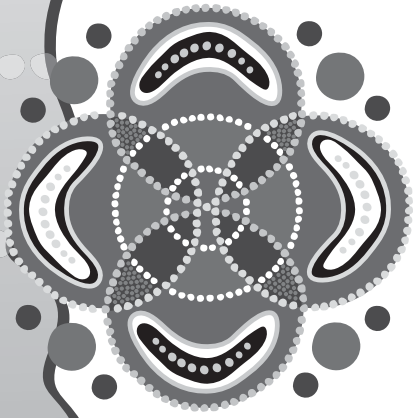
CONFIDENTIAL

A research project to review the broad literature and local understandings about spirituality, and the relationship between spirituality and Aboriginal and Torres Strait Islander people's social and emotional wellbeing.

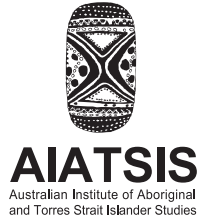
- a. Aboriginal Person
- b. Torres Strait Islander Person
- c. Sex: Male Female
- d. Age: 18–25; 26–35; 36–45; 46–55; 56–65; 66 plus.

Interview questionnaire

1. What do you think spirituality is?
2. Do you call it spirituality or something else?
3. Does spirituality play any part in your own health and wellbeing?
4. What is your experience of the connection between spirituality and health and wellbeing amongst your family and your community?
5. Have you had any negative experiences of spirituality and your health and wellbeing?
6. When life is difficult, does spirituality play a part in your being able to cope?
7. Is there any connection between your sense of spirituality and your religious beliefs?



Appendix 2: Participant consent form



Participant Consent Form

Before you sign this form please be sure that you understand what it means to be part of this study. Please read (or have it read to you) the information sheet. Please ask the research team member to answer any questions you have. It is important to understand:

- You do not have to take part in this research if you do not wish to.
- You can take a break, refuse to answer any questions or stop the interview at any time.
- You can ask any member of the research team or your support person to leave the room when you are asked questions about particularly sensitive issues.
- Any report using this interview will only record a summary of what you have said and you will not be identified personally.
- All information collected for this study will be stored in a secure place and will be destroyed when the report is finished. Only the research team will have access.
- Should you have any problems or queries about the way in which the study was conducted and do not feel comfortable contacting the research staff you may contact: Chrissy Grant, Chairperson, Research Ethics Committee, Australian Institute of Aboriginal and Torres Strait Islander Studies, Lawson Crescent, Acton ACT 2601, Phone number: 02 6261 4221.

I have a copy of the information sheet.	Yes	No
I agree to participate in the research.	Yes	No
I agree that my words (not my name) can be used in the study reports.	Yes	No

Signed: -----

Researcher: -----

Printed Name: -----

Printed Name: -----

Date: ----/----/----/

Date: ----/----/----

Discussion Paper Series

The Cooperative Research Centre for Aboriginal Health (CRAH) has instituted this Discussion Paper Series as a forum for its researchers, students and associates. The purpose of the DPS is:

- To make informed and evidence-based contributions to critical policy debates affecting the health of Aboriginal people.
- To disseminate the research findings of CRAH researchers, students and associates quickly, without the delays associated with publication in academic journals, in order to generate comment and suggestions for revision or improvement.
- To provide CRAH researchers, students and associates with an avenue to present preliminary documents, circulated in a limited number of copies and posted on the CRAH website, intended to stimulate discussion and critical comment on the broad range of issues associated with the CRAH research agenda.
- To allow CRAH researchers, students and associates to draw out the key issues in Aboriginal health research through literature reviews and critical analyses of the implications for policy and practice.

Submission criteria

Submission to the Discussion Paper Series is open to all CRAH researchers, students and associates working on either funded or in-kind CRAH projects. The research findings in discussion papers may already have been presented at conferences or workshops, but generally will not yet have been published in journals. Authors should try to ensure that the discussion paper will be sufficiently different from any future journal article that they plan to write so as not to create a redundant publication.

Review process

All discussion papers will be reviewed either by internal CRAH reviewers or, where appropriate, external referees. The CRAH's editorial committee will assess the suitability for publication of all submissions and select reviewers for successful papers. Reviewers will include relevant scientific expertise, and representatives of governments and the Aboriginal health sector.

Feedback

The Discussion Paper Series is intended to promote the rapid dissemination of research results prior to publication; comments submitted directly to the authors are therefore welcomed. However, as results are often provisional any citation should take account of this.

Publication details

Discussion papers will be published on an *ad hoc* basis throughout the year (3–4 p.a.). They will be available both in printed and electronic formats (as pdfs that can be downloaded from the CRAH website: www.craah.org.au). The views and opinions expressed in the Series will not necessarily reflect those of the CRAH.

Submission details

All submissions to the CRAH Discussion Paper Series should be directed to the CRAH Publications Manager, Jane Yule (janesy@unimelb.edu.au) with the relevant Program Manager copied into the email.



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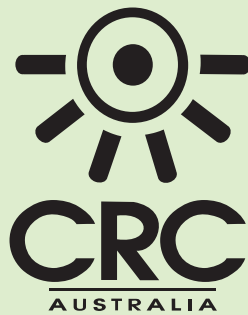
Kevin Mayo, Komla Tsey & the Empowerment Research Team 2009, *Research Dancing: Reflections on the Relationships between University-based Researchers and Community-based Researchers at Gurriny Yealamucka Health Services Aboriginal Corporation, Yarrabah*, Discussion Paper No. 8.

Vicki Grieves 2009, *Aboriginal Spirituality: Aboriginal Philosophy, The Basis of Aboriginal Social and Emotional Wellbeing*, Discussion Paper No. 9.

Kerrie Kelly, Pat Dudgeon, Graham Gee & Belle Glaskin 2009, *Living on the Edge: Social and Emotional Wellbeing and Risk and Protective Factors for Serious Psychological Distress among Aboriginal and Torres Strait Islander People*, Discussion Paper No. 10.



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ISSN 1834-156X