

Special Thematic Section on "Decolonizing Psychological Science"

Decolonising Australian Psychology: Discourses, Strategies, and Practice

Pat Dudgeon*^a, Roz Walker^b

[a] School of Indigenous Studies, University of Western Australia, Crawley, WA, Australia. [b] Centre for Research Excellence in Aboriginal Health and Wellbeing, Telethon Kids Institute, University of Western Australia, Crawley, WA, Australia.

Abstract

Colonisation in Australia has had a devastating and lasting impact on the wellbeing of Aboriginal and Torres Strait Islander peoples in Australia (herein referred to as Indigenous Australians). This paper discusses the role of psychology in Australia and the negative impact that certain disciplinary theories and practices have had on Indigenous Australians. The impact has been further exacerbated by the failure of mainstream policy makers and mental health practitioners to recognise the key, distinctive cultural and social determinants that contribute to Aboriginal health and wellbeing. There is a growing response by Aboriginal psychologists, critical social theorists, and their allies to decolonise psychological theory and practice to redress this situation. This paper outlines key decolonising strategies that have been effective in interrupting those aspects of psychology that are inimical to Aboriginal wellbeing.

Keywords: Aboriginal, Indigenous Australian, decolonising psychology, colonisation, decolonisation, social determinants, cultural determinants, Indigenous wellbeing

Journal of Social and Political Psychology, 2015, Vol. 3(1), 276–297, doi:10.5964/jspp.v3i1.126

Received: 2013-01-29. Accepted: 2015-01-04. Published (VoR): 2015-08-21.

Handling Editor: Glenn Adams, University of Kansas, Lawrence, KS, USA

*Corresponding author at: School of Indigenous Studies, University of Western Australia, M303, Stirling Highway, Crawley, Western Australia, 6009, Australia. E-mail: pat_dudgeon@optusnet.com.au



This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

The discipline of psychology in Australia has a history of domination over Indigenous Australians that is still evident today (Dudgeon, Rickwood, Garvey, & Gridley, 2014). Psychology colonises both directly through the imposition of universalising, individualistic constructions of human behaviour and indirectly through the negation of Aboriginal knowledges and practices.

Both globally and in Australia, Indigenous peoples and communities have been objectified, marginalised, racialised, and otherwise oppressed through the dominant lens of psychology (Dudgeon, Rickwood, et al., 2014). This has occurred through the imposition of Western knowledge systems that have informed the assessment, diagnosis, and treatment of mental illnesses and abilities (e.g., intelligence) and educational practices and social policies. To decolonise psychology in Australia, the discipline/profession needs to recognise and incorporate Indigenous Australian cultural views and practices into mental health services, professional practice, and research. This can occur not only through the development and incorporation of Aboriginal standpoints and conceptual frameworks,

but also through the implementation of cultural protocols and guidelines embedded in reconciliation action plans of mental health services. In this paper we consider contributions to articulate a distinctive Indigenous theory and practice of psychology and associated discourses.

Perceptions of health among Indigenous Australians are influenced by their historical experiences and relationships between cultural identity, kinship, and land. These elements are distinguishing features of Indigenous worldviews that are generally absent from the mainstream discipline/science of psychology. Acknowledging this holistic conception of Indigenous health is a crucial point of departure for decolonising psychology.

Indigenous Australian Contemporary Culture and History

Indigenous Australians comprise both Aboriginal and Torres Strait Islander peoples, who share a similar colonial history and cultural dislocation. In 2011 there were 669,881 Indigenous Australians—an estimated 3 percent of the total population in Australia—including 90 percent Aboriginal, 6 percent Torres Strait Islander, and 4 percent both. The population is relatively young with a median age of 22 years and more widely dispersed across the country than the wider Australian population. While 35 percent of Indigenous people live in major cities and 20 percent in inner regional areas, over 22 percent live in outer regional areas and another 22 percent live in remote or very remote areas ([Australian Bureau of Statistics, 2011](#)).

The history and continuity of Aboriginal culture is unique. Aboriginal people have thrived in Australia for more than 60,000 years as a hunter-gathering people living in close connection to their country of birth and adapting well to their environment ([Berndt & Berndt, 1992](#); [Broome, 1994](#)). Within an Aboriginal ontology, people have understood the world, earth, waters, flora, fauna, and other human beings to be spiritually interconnected.

At the time of colonisation, there were some 260 distinct language groups, speaking 500 dialects, living in small family kinship groups in a defined territory (i.e., land, country). These groups systematically moved across a defined area or country in accordance with seasonal changes and their tribal boundaries ([Berndt & Berndt, 1992](#); [Broome, 1994](#)).

Being semi-nomadic, Aboriginal people were also relatively non-materialistic, focusing on social, religious, and spiritual activities that were deeply tied to ‘caring for’ and ‘belonging to’ country ([Berndt & Berndt, 1992](#); [Broome, 1994](#); [Dudgeon, Wright, et al., 2014](#)). These groups had their own distinct history and spiritual connections to the land, which were and still are fundamental to wellbeing ([Grievess, 2009](#)). Each person within the family, kinship, and language group belonged and had spiritual connections or obligations to a particular country. Complex kinship systems placed each person in a predefined relationship to every other person in the group and to other groups, determining their behaviour, responsibilities, expectations, and obligations. These relationships remain an important cultural value ([Berndt & Berndt, 1992](#)).

As with many Indigenous peoples globally, colonisation resulted in dramatic change and destruction of Indigenous Australian peoples and their cultures. A series of Commonwealth and State acts between 1883 and 1967 resulted in an extensive period of absolute state control over Indigenous Australians. This legislation was not formally dismantled until the commonwealth referendum in 1967, which granted full citizenship rights to Indigenous Australians. Very few people escaped the direct and indirect effects of the legislation that attempted to control and govern their lives through displacement, ‘protection,’ and assimilation. Along with the direct and enduring economic,

social and cultural impacts of forced removal are the indirect psychological impacts including both the pervasive trauma, grief, and loss, and the devaluing and silencing of these impacts by the dominant society (Wanganeen, 2014).

Despite the diversity of Indigenous Australian experience and geography, there are some common threads in contemporary communities across Australia. These include a strong sense of unity around the shared colonial experience made more notable given the cultural diversity evident in contemporary contexts. There is also a shared sense of 'defining' Indigenous worldview characteristics, including connections to family, community, land, and universe.

Toward Indigenous Conceptions of Health: Social and Emotional Wellbeing

In 1989, the National Aboriginal and Islander Health Organisation adopted a holistic definition of Aboriginal health as encompassing the wellbeing of the whole community (National Aboriginal Health Strategy Working Party, 1989). This definition has significantly influenced the discourse about Aboriginal mental health and wellbeing over the past twenty five years. The key to this holistic conception is *social and emotional wellbeing* (SEWB): a positive state of mental health and happiness associated with a strong and sustaining cultural identity, community, and family life that provides a source of strength against adversity, poverty, neglect, and other challenges of life (National Mental Health Commission, 2013).

Indigenous SEWB is a complex, multidimensional concept encompassing connections to land, culture, spirituality, ancestry, family, and community (Social Health Reference Group, 2004). Indigenous SEWB is situated within a framework that acknowledges Indigenous Australian world-views and expressions of culture, including the individual self, family, kin, community, traditional lands, ancestors, and the spiritual dimensions of existence (Gee, Dudgeon, Schultz, Hart, & Kelly, 2014). Life is understood in holistic terms with the health and wellbeing of individuals and communities linked to their "control over their physical environment, of dignity, of community self-esteem, and of justice" (National Aboriginal Health Strategy Working Party, 1989, p. ix.). Indigenous psychologists (Gee et al., 2014) have recently developed a SEWB framework drawing on seven key domains (Poroch, Arabena, Tongs, Larkin, & Henderson, 2009; Social Health Reference Group, 2004). This conception of SEWB is predicated on a collectivist perspective that views the self as inseparable from, and embedded within, a range of interconnected domains that are described in Figure 1.



Figure 1. Determinants of social and emotional wellbeing.

Connection to Body

This domain refers to those aspects of physical health and wellbeing that are embedded in bodily, individual, or intra-personal experience (Anderson, 1999). Importantly, this domain has a distinct, interdependent relationship with all other domains. The ability of an individual to feel a sense of wellbeing in themselves and in their interactions with others requires a positive connection to body, mind, and emotions, which in turn involves experiencing a sense of connectedness to each of the other domains.

Connection to Mind and Emotions

Connection to mind and body refers to basic cognitive, emotional, and psychological human experiences and needs (including a sense of physical and cultural safety/security, secure relationships, belonging, control or mastery, self-esteem, meaning making, values, and motivation). Importantly, this connection to mind and emotions is forged with the notion of spirituality in distinct contrast to the Cartesian duality in traditional psychology that secularised individual reason and neglected the possibilities of subjectivity and spirituality for making meaning and understanding of everyday realities.

Connection to Family and Kinship

Family and kinship systems are central to the wellbeing and functioning of traditional and contemporary Indigenous Australians, providing rules that govern all social interactions. These complex and diverse systems serve to maintain interconnectedness through cultural ties and reciprocal relationships. The 'kinship' system provides a

contemporary support network that links people to their culture and place of birth, providing them with a place of belonging (Austin-Broos, 2003). As Milroy (2008) states:

These systems locate individuals in the community and neighbouring clans within relationships of caring, sharing, obligation and reciprocity. Essentially, the kinship system provided a very secure attachment system [i.e., a broad sense of individual and collective security] that established caring relationships, so that everyone grew up with multiple carers and attachment figures and, in turn, provided care for others (p. 127).

Connection to Community

An individual's connectedness to community is central to Indigenous SEWB. Community is a collective space where Aboriginal people develop their sense of identity, participate in family and kinship networks, and maintain personal connections and socio-cultural norms (Taylor et al., 2012; Walker & Shepherd, 2008). The notion of community is fundamental to identity and concepts of self within Aboriginal societies (Dudgeon, Rickwood, et al., 2014). Indigenous understandings of community tend to conceive of society or the social as a pre-existing field of embeddedness in contrast to the mainstream construct which imagines community or society as a social contract between supposedly 'rationally acting' and 'free-standing', atomistic individuals (Hobbes, 1668/1994). Notions of community in Indigenous psychology entail individual obligations to the collective and a tangible sense of belonging in the world that redirects the emphasis on community in psychology.

Connection to Culture

Connection to culture refers to maintenance of a secure sense of cultural identity through participating in practices associated with cultural rights and responsibilities. Cultural identity can have deep roots in traditional forms of spirituality and country. Alternatively, given the diversity and increasing complexity of Indigenous experience, this sense of cultural identity can be reconstructed on a more hybridised basis (Paradies, 2006). Nevertheless, even in instances of cultural fluidity, the notion of being Aboriginal—of being connected to family, kin, and community—continues to inform cultural identity. It is through ceremony, stories, and everyday cultural praxis that Indigenous people learn cultural systems of morality that shape a sense of rights, obligations, and responsibilities (Poroch et al., 2009).

Connection to Land or Country

For many Indigenous Australians spirituality and sense of identity are closely tied to connections to land or country. From an Indigenous psychological perspective, country or land is an area or place where people have a traditional or spiritual association (Dudgeon, Wright, et al., 2014; Ganesharajah, 2009). Several studies have shown a link between feeling 'connected to country' and a positive sense of wellbeing among Aboriginal individuals and communities in diverse geographic contexts all around Australia (Dodson, 1977; Ganesharajah, 2009; Garnett et al., 2009). Despite evidence of the link between connectedness to country and SEWB (e.g., Nguyen & Cairney, 2013; Zubrick et al., 2014), the majority of mainstream psychologists fail to acknowledge and take into account the significance of this relationship and its impact on their Indigenous client's wellbeing. This is perhaps due in part to cultural racism, but also to the overarching paradigm of psychology which generally exhibits narrowly circumscribed biopsychosocial parameters and determinants of individual mental health and wellbeing.

Connection to Spirit, Spirituality and Ancestors

For many Indigenous Australians, cultural worldviews include beliefs and experiences grounded in a connection to spirituality (Grieves, 2009). These understandings of spirituality broadly refer to a cultural group's traditional systems of knowledge left by the ancestral beings that include all of the stories, rituals, ceremonies, and cultural praxis that connect person, land, and place. Within traditional contexts, the essence of spirituality is generally described as the 'Dreaming'—the ancient time of creation, the beginning of knowledge and understanding about the universe, and the laying out of the laws/lores of existence passed on through stories by the Ancestors who were the creation beings. While the Dreaming has become 'an iconic referent' for Aboriginal metaphysical world-views in general, there are variations in understandings and practices among different Aboriginal language groups (Gee et al., 2014, p. 60).

Aboriginal Spirituality derives from a holistic philosophy of the interconnectedness of all elements of the universe, whereby people, plants, animals, landforms, and celestial bodies are interrelated (Grieves, 2009). Spirituality includes both Indigenous knowledges informed by traditional ways of being prior to colonisation and transformations from engagement with other cultures and religions (Grieves, 2009). Spirituality is an evolving expression of Indigeneity experienced in a multitude of ways in Aboriginal cultures (Poroch et al., 2009). Moreover, 'traditional' practices are typically never static; rather they are dynamic responses oriented to contemporary situations.

Impact of Colonisation on Indigenous Wellbeing

This discussion of SEWB provides necessary background for understanding the ongoing devastation of colonialism for Indigenous communities. For the majority of Indigenous Australians, colonial disruptions to domains of family, spirituality, land, and culture have often produced a profound sense of grief and a deep longing to reconnect with their cultural heritage and ancestry (Atkinson, Nelson, Brooks, Atkinson, & Ryan, 2014; Peeters, Hamann, & Kelly, 2014; Wanganeen, 2014). This deep and enduring sense of loss and grief is an aspect of SEWB often overlooked within mainstream psychological science. Yet, it is crucial for psychologists to understand how these cultural domains interact and the critical importance of supporting individuals and families in reclaiming, modifying, and adapting spiritual and cultural practices as part of healing and restoring SEWB. Several Australian studies (Grieves, 2009; Peeters et al., 2014; Roe, 2010) suggest that, for many Indigenous Australians, it is in the disruption to their connection to spirit and spirituality that the consequences of colonisation are most keenly felt. Many have experienced a permanent severance of the links to their traditional land and customs, leaving a cultural void, an unfulfilled longing, and a need for recreating and redefining their spiritual connections. Further, a growing number of scholars (Ferdinand, Paradies, & Kelaher, 2013; Paradies & Cunningham, 2012) draw on theoretical and empirical studies that link colonisation and Indigenous wellbeing outcomes, carefully detailing how processes of institutionalised racism have adversely impacted Indigenous Australians.

Cultural Racism

One way to understand the potential negative link between colonisation and Indigenous mental health is through the concept of cultural racism. The cumulative effects of a racialised worldview that privileges the dominant racial group over others "are suffused throughout the culture via institutionalised structures, ideological beliefs, and personal everyday actions of people and passed on from generation to generation" (Jones, 1997, p. 472).

Two important concepts that underpin cultural racism—ethnocentrism and hegemony—help explain how psychology has served to justify the processes of colonisation and support institutional and other forms of racism in Australia and globally. Ethnocentrism in science, as in everyday life, includes the tendency to view one's own group's standards as the right standards. The hegemony of western colonisers resides in their undefeated (but not unchallenged) political domination and their power to elevate ethnocentric perspectives to the level of supposedly universal standards. The Eurocentrism in psychological science generates an unquestioned notion of superiority (Bulhan, 1985), cultivates “benign pretensions” of universality (Naidoo, 1996, p. 2), and supports notions of evolutionism and dualism.

Coloniality of Power and Knowledge

Another way to understand how colonisation has impacted Indigenous SEWB and mental health is the *coloniality of power*: a model of colonial domination, inherent in European modernity, that defines social relations and identities “constitutive of the hierarchies, places, and corresponding social roles” (Quijano, 2000, p. 533). Western knowledge systems have privileged European culture and social organisation based on a belief in rationality, science, and the ability to bring about change and progress (Piot, 2001). This belief has provided the ethnocentric justification for colonisation and oppression of other, largely non-European people. The colonising project was seen as ‘right and just’ as it sought to ‘civilise’ and assimilate ‘primitive’ societies.

The *coloniality of knowledge* is a specific perspective of knowledge “that was made globally hegemonic, colonizing and overcoming other previous or different conceptual formations and their respective concrete knowledges” (Quijano, 2000, p. 550). It condemned certain races as inferior and irrational. A particularly important element of the coloniality of knowledge is a Cartesian dualism which merged with the discourse of “progress” and the “state of nature” to constitute the foundational myths of the Eurocentric modernity and idea of a universal developmental trajectory.

The establishment of formal institutions of knowledge, including the academic disciplines of psychology and anthropology, had their beginnings in this modernity. Psychology and other disciplines deployed knowledge paradigms of positivism and post-positivism (Denzin & Lincoln, 2005) to legitimate colonisation in ways that simultaneously disempowered Indigenous peoples and privileged the colonisers (Bhambra, 2007).

Individualism

An important manifestation of the coloniality of knowledge in psychology is the normalising of the modernist notion of self-contained individualism and “a decontextualised, bounded self and hence an (almost) asocial and apolitical version of social beings” (Howarth, 2006, p. 696). Howarth (2006) attributes the ongoing primacy of traditional individualistic psychology in the USA to two factors. The first is a failure to acknowledge the influence of the community and social context in which the individual is situated. The second is a Cartesian dualism which overlooks the interactive and mutually constitutive relationship between individuals and their social worlds. These worldviews stand in opposition to Indigenous conceptions of the connection between the individual and community/society.

It is important to reveal the paradigms that underlie psychology in order to understand how and where to decolonise the science. As Augoustinos and Walker (1995) observe, psychology has “the power to create the very forms of thinking that it attempts to identify” (p. 283). Rose (1999) describes psychology as one of the clearest disciplinary expressions of individualism. Psychology has shared and legitimated the Western capitalist conception of individuality which holds the individual responsible for their behaviour, successes and failures.

Responses to Colonisations

Despite the devastating impacts since invasion, colonisation is also a global story about resistance and resilience and an ongoing struggle to claim equality and cultural recognition (Sissons, 2005). Indigenous Australians have continually resisted colonial oppression through warfare and political activism to achieve self-determination and equal partnership. Decolonising psychology is also about defining Indigenous identity and representations. Rewriting history to include Indigenous perspectives is fundamental to decolonisation (Smith, 1999). The history of colonisation from an Indigenous Australian perspective is about acknowledging and redressing cultural disruption. It involves an ongoing struggle for equality, recognition of Indigenous rights, and the reclamation of culture.

Postcolonial Theory

Varieties of postcolonial theory emerged in the 1960s as intellectual discourses to challenge the academic and political hegemony of colonial knowledge forms (Bhabha, 1990; Said, 2003; Spivak, 1990). Postcolonial theory refers to

...the body of thinking and writing that seeks to move beyond colonial oppression, to find a voice for those who have been silenced by that oppression, and to challenge the perpetuation of structures and discourses of colonisation... Postcolonial thought seeks to recognise the pervasiveness of colonisation, to validate the voices of the colonised and to recognise and reverse the patterns of colonialist domination. It identifies how powerful the voices of the colonisers have been, and, to the exclusion of others, and how this has stripped the colonised of their identity and devalued their culture (Ife, 2002, pp. 113-114).

Others see postcolonialism as a “*process* that involves the disengagement of coloniser and colonised from their former relationships of mutual entanglement and definition” (Sissons, 2005, p. 154). This allows the possibility for discourses which extend beyond binary conceptual spaces such as colonisers/colonised (Bhabha, 1990; Hall, 1996). Postcolonialism is a useful theoretical framework to provide a discourse for decolonising psychology. It understands the relationship between colonisers and the colonised not only in terms of material, psychological, and cultural effects, but also as the workings of power in representation and language (Connor, 1997).

Postcolonial approaches emphasise local, group, and individual differences within colonised and marginalised groups. However, an emphasis on the multiplicity of identity can be a double-edged sword. In acknowledging the diversity within groups, there is a danger that the boundaries and unity of minority groups are weakened, and their difference is splintered so profoundly as to reaffirm the primacy of Western knowledges. For this reason, postcolonialism has been criticised by some Indigenous people for reinstating or maintaining colonial power and hegemony. Given that many Indigenous peoples still live in a colonised condition, postcolonial discourses and their call for a ‘third space’ outside binaries of coloniser and colonised may not always further the interests of Indigenous people (Cheyfitz, 2002). For many Indigenous societies, reclaiming a collective identity and shared culture is critical for forging a regenerated, resistant cultural identity to challenge colonial representations that have justified oppressive practices with devastating effects on Indigenous SEWB. While it is critical to recognise the diversity within and between Indigenous Australians, there is a concomitant need to assert an Indigenous identity and distinctive set of rights that differ from that of the wider Australian population.

Indigenous Standpoint Theory

Australian Indigenous academic Martin Nakata (2007a) suggests that standpoint theory is a useful analytical tool in understanding how representations effect and define Indigenous peoples. An Indigenous standpoint provides a conceptual platform from which to engage with the dominant theories at the cultural interface to assert the rightful and legitimate place of Indigenous knowledges in relation to other disciplines, theories, and *communities of knowers*. He argues for a theory that

... as its first principle can generate accounts of communities of Indigenous people in contested knowledge spaces, that as its second principle affords agency to people, and that as its third principle acknowledges the everyday tensions, complexities and ambiguities as the very conditions that produce the possibilities in the spaces between Indigenous and non-Indigenous positions. (Nakata, 2007b, p. 216-217)

Standpoint theory enables Indigenous theorists and scholars to deploy these principles to disentangle from the conditions and representations that define who, what, or how Indigenous people can or cannot be in relations with the social world. It can enable greater control of everyday realities and better understanding of various Indigenous responses to the colonial world.

Strategic Essentialism

While standpoint theory has been criticised for a preoccupation with identity politics and boundaries between groups, Nakata's (2007a, 2007b) deployment of standpoint theory avoids the homogenisation and reification of a monolithic, unitary Indigenous voice, to allow multiple Indigenous standpoints. In this way, it constitutes a form of strategic essentialism: a process by which marginalised populations set aside local and particular differences to forge a sense of collective identity and solidarity on the basis of shared knowledge (e.g., history and experience of colonialism, conception of everyday ecology) to strengthen their position in political and social movements (see Spivak, 1990).

Despite the substantial changes over the past few decades and the globalisation and recognition of Indigenous rights, the concerns of most Indigenous people are local and deeply anchored in their particular colonial struggles (Sissons, 2005). Many Indigenous peoples, including Indigenous Australians, still struggling for their lands and rights, are by necessity situated in an anticolonial position, a position of resistance. Many theorists argue for Indigenous methodologies and knowledges that employ strategic essentialism as foundation for a critical, anticolonial standpoint (Spivak, 1990). In such situations, strategic essentialism is a useful and transformative tool to disrupt hegemonic and ethnocentric discourses and their violent consequences for Indigenous rights and social justice.

Challenging Representations as Homogenous 'Other'

Drawing on the discourses of social representation is helpful in understanding the parallel colonial processes in Aboriginal history where historians and anthropologists have described and defined Aboriginal people and culture from their Western perspectives. As well-known Indigenous Australian intellectual Mick Dodson (1994), noted, Indigenous voices and visions "have been notably absent in these representations" (p. 4). Part of the decolonising project for Indigenous people and psychologists then is to challenge these imposed representations, and determine and define Indigenous social and cultural realities and representations.

Aboriginal Spirituality/Knowledge Nexus

According to [Grievés \(2009\)](#), Indigenous Australian knowledges stand in a very particular relationship of critical dialogue with those introduced knowledges that have oppressed them. Aboriginal Spirituality, as outlined earlier, provides a philosophical foundation for development of Indigenous knowledges in Australia. For [Grievés \(2009\)](#), Aboriginal Spirituality is foundational to Indigenous Australian knowledges, philosophies, and practices. While colonial processes have demeaned and devalued Indigenous knowledges and ways of being, Aboriginal Spirituality is the reassertion of Aboriginal knowledges that builds capacity to enhance the SEWB for Indigenous Australians now living within a dominant society still shackled to its colonial history. Aboriginal Spirituality is central to Indigenous SEWB, cultural affirmation, and self-determination.

Aboriginal people have maintained a spiritual sense of belonging to land or country which has not been destroyed by colonisation. [Moreton-Robinson \(2003, p. 32\)](#) acknowledges that to claim “an ontological relationship to describe Indigenous belonging may be criticised as essentialist or is a form of strategic essentialism”, but she argues that from an Indigenous epistemology,

what is essentialist is the premise upon which such criticism depends: the Western definition of the self as not unitary nor fixed. This is a form of strategic essentialism that can silence and dismiss non-Western constructions, which do not define the self in the same way ([Moreton-Robinson, 2003, p. 32](#)).

The various discourses discussed in this paper suggest that social transformation and decolonisation depend on both a strategic essentialism ([Spivak, 1990](#)) and strategic hybridity ([Bhabha, 1990](#)) that allow the individual not only to claim their distinctive cultural elements but also to assert, negotiate, and situate their evolving identity in contemporary society without being assimilated by the dominant culture.

These arguments have an important place in decolonising psychology. They require psychologists to acknowledge and respect the role of identities and culture and the intentionality of Indigenous Australians to reassert their spiritual and ontological connections as both a counter hegemonic strategy and a cultural reconnection that strengthens their SEWB. [Dodson \(1994, p. 5\)](#) captures these tensions well, claiming that people’s fundamental right to self-determination includes the right to determine their identities: “to inherit the collective identity of one’s people, and to transform that identity creatively according to the self-defined aspirations of one’s people and one’s own generation”.

Claiming and Asserting Indigenous Rights

The struggle of Indigenous peoples to retain their ways of life, spirituality, and belief systems is recognized in the [2007 United Nations Declaration on the Rights of Indigenous Peoples](#), formally endorsed by the Australian government in 2009. The Declaration specifies the obligations of states to provide accessible, quality health care to Indigenous peoples. In particular, Articles 24.1; 24.2 and 34 detail states’ obligations to respect, recognise, and uphold Indigenous peoples’ individual and collective rights to develop, maintain, and use their own health systems, institutional structures, distinctive customs, spirituality, traditions, procedures, and practices in pursuit of their right to health and mental health and wellbeing. Respect for Indigenous Australian rights is fundamental to SEWB. Human rights discourse provides a useful framework to address Indigenous wellbeing in a holistic manner incorporating the physical, mental, social, economic, political and cultural elements of wellbeing ([Gooda, 2010](#)).

Recognising Indigenous Conceptions of Health and Wellbeing

In addition to asserting Indigenous rights to health there is a concomitant need to establish processes and practices to articulate, legitimate, and maintain Indigenous dimensions of SEWB. This is crucial to decolonising traditional psychology and medical sciences, which not only are still largely dominated by western biomedical conceptions of health, but also continue to inform the various state and global institutions that are attempting to redress the effects of colonisation.

The concept of Indigenous health at a global level is consistent with the Indigenous Australian definition of SEWB as holistic: incorporating body, mind, emotion and connection to family, kinship, community, culture, land, spirit, spirituality, and ancestry. It encompasses physical, mental, spiritual, and emotional elements from both individual and communal perspectives; and it involves political, economic, social, and cultural aspects. It is shaped by Indigenous peoples' historical experiences and worldviews, and it is expressed in the rules and norms that are applied in the community and practised by its members.

As we have noted earlier, Indigenous peoples' holistic approach to health and SEWB differs substantially from the Western biomedical approach of defining, diagnosing, and treating mental health and wellbeing of the individual. Our earlier discussion of the coloniality of knowledge/power helps to understand how this contradiction/distinction between biomedical and traditional conceptions of health and SEWB reproduces and maintains the oppression and marginalisation of colonised peoples despite the International Rights discourse that acknowledges and recognises Indigenous rights, knowledges, and practices.

Importantly, the epistemology of the "traditional" which allows for a holistic self (in contrast to the dislocated self, born of Cartesian duality) can make an important contribution to decolonising psychology in general (and not just an articulation of a specific particularised perspective that counts only for Indigenous peoples). The desire to overcome the secularised, positivistic accounts of human beings is evident in the discourses of anti-colonialism, antiracism, postcolonialism, liberation theory, and feminist and Indigenous standpoints by scholars and intellectuals who refuse to be complicit with the coloniality of knowledges that limit and constrain their/our thoughts and practices. This point—the focus on the biomedical condition rather than broader issue of wellbeing—and its relationship to the coloniality of knowledge are important issues that deserve elaboration.

Defusing/decolonising the coloniality of power and knowledge requires "a fundamental shift in the concept of health so that it incorporates the cultures and world views of indigenous peoples as central to the design and management of the state health system" (Cunningham, 2009, p. 156). Failure to do so is contrary to Indigenous peoples' individual and collective rights, but it also diminishes universal human rights of Indigenous and non-Indigenous Peoples alike. The holistic, 'social determinants' approach to health and SEWB challenges narrow biomedical paradigms to encompass a biopsychosocial, cultural, and spiritual approach to explain and address individual, family, and community wellbeing (Gee et al., 2014; Schultz et al., 2014).

Decolonising Psychological Science: Emerging Theories and Methods

In addition to critiquing master narratives about Indigenous identity and contemporary social, cultural, and political realities, Indigenous intellectuals are challenging psychology's 'fit' with Indigenous realities. Psychologists from other minority groups excluded from the dialogue and priorities of the discipline also draw on concepts or methods developed for the dominant culture to reframe their reality (Bulhan, 1985). The limited and culturally bound nature of the discipline requires Indigenous and critical scholars straddling disciplinary boundaries and discourses to find theories and methods that more adequately describe Indigenous historical and contemporary realities.

Adopting the Role of “Bricoleur”

We adopted the role of the bricoleur as a strategy for decolonising our research method, methodologies, and everyday practice (Dudgeon, 2008; Walker, 2005). Adopting the critical standpoint of a bricoleur as a decolonising method to transform our thinking and practice is, by extension, a crucial tool/method for decolonising psychology. From this perspective, theory is not just an explanation of the individual in nature/society; rather, theory is an explanation of our relation to nature and society, taking into account the interplay of a wide array of entities and determinants within the physical, social, cultural, psychological, and spiritual domains that influence our thoughts and actions. The bricoleur understands that science is power; that all research findings have political implications; and that all scientific narratives and stories (or paradigms) are in reality accounts framed within specific story telling traditions, shaped by their own personal history, gender, social class, race, and ethnicity (Denzin & Lincoln, 1994).

As Kincheloe (2005) argues, this method of constructing a “bricolage” to explain culturally located realities offers new forms of rigor, complexity, and multi-methodological inquiry into the social, cultural, political, psychological, and educational domains in social research. Focusing on webs of interrelationships, the bricoleur takes into account the processes, relationships, and interconnections among phenomena in a complex framework of analysis that reveals multiple dimensions and perspectives. Such multidisciplinary demands a new level of self-conscious reflexivity and awareness of the numerous contexts in which disciplines and paradigms are operating. The bricoleur acknowledges that research, theorisation, and knowledge production are power-driven acts, and seeks to clarify their own position/standpoint in relation to the social locations of others and the ways they produce and interpret knowledge.

The decolonisation and Indigenisation of Western psychological methods and research “puts the Indigenous subject at the core and information about us is drawn in from a variety of disciplines such as anthropology, history, psychology, women’s studies and cultural studies” (Dudgeon, 2008, p. 13). This is more than an interdisciplinary approach; it acknowledges a distinctive interrelationship between the individual and society and how each of these is influenced by social, cultural, political, and historical determinants.

Transforming Theories of Psychology

Alongside and interacting with global transformation, there have been paradigm shifts that have contributed to the impetus to decolonise psychology in Australia. In particular, the theoretical perspectives of community psycho-

logy and critical psychology have provided the conceptual resources to take up the task of decolonisation on a global scale.

During the 1960s community psychology emerged as a major influence in Australia to overcome the inability of clinical psychology to address broader issues of inequality and social justice for marginalised communities (Nelson & Prilleltensky, 2010). Community psychology focuses on how individuals relate to society and how community issues can impact the health and wellness of individuals. It is concerned with the cultural, economic, social, political, and environmental determinants that shape and influence the lives of people locally and globally. It encompasses elements from other disciplines (including social psychology, critical psychology, cross-cultural psychology, sociology, political science, and public health) and emphasizes community and social change as a tool for health and wellbeing.

Decolonising psychology entails critiquing racist discourses founded on an ideology of individualism to reveal the role of power, oppression, and resistance in psychology as well as the pervasive impacts of 'institutional racism' in society. It also entails examining the social and ideological construction of 'racial difference' and the representations that defend racial difference in social practices and institutional cultures. At the same time, this task requires a critical awareness and an anticolonial stance that does not resort to an inverted, racialised discourse that is exclusionary, reactionary, and dismissive of multiple, hybridised Indigenous and other Australian life styles and identities. The uncritical use of psychology by well-meaning practitioners can inadvertently support ethnocentrism and cultural racism by imposing mainstream methods and theories to provide meaning for Indigenous peoples that do not allow for culture-sensitive ideas and explanations about their behaviour.

Following global trends since the 1990s, critical psychology has emerged in Australia to challenge psychology's failure to recognise the power differences between classes and groups of people and its individualistic focus towards human behaviour (Fox & Prilleltensky, 1997; Rose, 1996). The recent growth of critical theory and 'whiteness studies' in the academy refocuses the gaze to a self-reflexive examination of white privilege and how it has served the coloniality of power and knowledge in the scientific disciplines.

Developing an Indigenous Psychology

Other examples of this broader process of 'decolonising the discipline' in Australia are evident in *Australian Indigenous Psychologies* (Sanson & Dudgeon, 2000), a special edition of the *Australian Psychologist* which critically reflects on the limitations of the discipline and explores how oppressed minorities are part of the decolonising project. The significance of these publications is both in revealing the ways that psychology has served to oppress and marginalise Indigenous Australians and in reframing the discourse and possibilities for disciplinary transformation. Since then, Australian Indigenous scholars and their allies have been actively leading educational and disciplinary transformation in psychology and mental health policy and practice through their research and contributions to significant national publications. Two editions of a recent text, *Aboriginal and Torres Strait Islander Mental Health and Wellbeing: Principles and Practice* (Dudgeon, Milroy, & Walker, 2014; Purdie, Dudgeon, & Walker, 2010) challenge mainstream psychological conceptions. They provide a range of Indigenous-led strategies and solutions, and outline tools and methods to support critical reflexivity to reveal and counter the coloniality of power and knowledge in existing social relations. The latest edition incorporates an Indigenous Australian conceptual framework of SEWB (as described in this paper) to transform psychology, psychiatry, and other mental health practices.

A Decolonised Psychological Discipline: Implications for Practitioners

The acceptance and legitimisation of a decolonised discipline of psychology has obvious implications for psychologists and health practitioners working with Indigenous Australian clients. They are often confronted with extremely complex presentations encompassing mental health issues; cultural disconnection issues; and other multiple stressors in the form of poverty, poor housing, child removal and trauma, abuse, and transgenerational grief and loss (Gee et al., 2014). This level of complexity requires new approaches and models of engagement as well as new ways of working to support Indigenous mental health and SEWB including the incorporation of traditional healing methods alongside clinical services offered by psychologists and mental health practitioners.

Adopting a Determinants Approach

A 'social and cultural determinants' approach recognises that there are many drivers of ill-health that lie outside the direct responsibility of the health sector and which therefore require a collaborative, inter-sectoral approach. The cultural determinants of health and wellbeing wrap around and cut across internal, external, individual, and collective factors. There is an increasing body of evidence (Zubrick et al., 2014) that demonstrates that protection and promotion of traditional knowledge, family, culture, and kinship contribute to community cohesion, personal resilience, and wellbeing. Current studies (Colquhoun & Dockery, 2012) show that strong cultural links and practices improve outcomes across social determinants of health and wellbeing.

Psychologists also need to develop an awareness of and engage practically with historical and political determinants and the ways in which colonisation has impacted directly and indirectly on their clients, their families, and community. For practitioners this often translates into complex client and family presentations that involve multiple stressors and issues. Solutions to these types of issues frequently lie outside the conventional understandings of the health sector. They require accessing services related to housing and community infrastructure, education, employment, welfare services, and family and children's services. They also require strengthening family and community capacity. However, it is a tricky, ambivalent terrain to negotiate. Decolonising our practice to improve Indigenous SEWB requires constantly ensuring that the strategies and tactics we deploy to address the social determinants actually support Indigenous aspirations and support the interconnectedness of the domains which comprise it. In other words, it is important for psychologists to avoid resorting to the coloniality of knowledge and power that has prevented the discipline from being able to engage with Indigenous conceptions and worldviews of SEWB.

Promoting Cultural Resilience

Writers frequently use the notion of cultural resilience to refer to the role that culture may play as a resource for individual resilience; however, international longitudinal studies by Chandler and Lalonde (2008) show how cultural continuity and cultural resilience apply equally to whole communities or entire cultural systems. An important task for research is to understand and articulate the strengths and resources that have assisted individuals, families, and communities to maintain resilience and survive multiple widespread adverse life events over several generations.

Cultural resilience promotes social cohesion, economic stability and sustainability, and improved health and wellbeing for individuals and communities. It requires that communities have the capacity to adapt to social changes

while maintaining key dimensions (such as traditional cultural activities, spirituality, languages, and traditional healing) that distinguish them from other cultural communities. According to Fleming and Ledogar (2008), the protective factors that promote resilience include symbols and proverbs from common language and culture, traditional child rearing philosophies, religious leadership, counsellors, and the wisdom and knowledge of Elders. Chandler and Lalonde (2008) showed that communities that are able to provide their young people with a measure of cultural continuity or cultural resilience protect against suicide. All of these strategies resonate with the work of Australian psychologists, psychiatrists, and theorists (Dudgeon, Milroy, & Walker, 2014).

Recognising and Supporting Indigenous Spirituality

Understanding the importance of spiritual connections to Indigenous Australian wellbeing is crucial for both the practice and discipline of psychology. Indigenous counsellor, the late Joe Roe (2010), talked of the need to understand and work with the *ngarlu or lian*—the inner spirit—which ties the concept of spiritual connection to wellbeing. Some Indigenous Australian people have their own spiritual healers, or *Ngangkari*, who have nurtured the physical, emotional, and social wellbeing of Indigenous people across 350,000 square miles of the remote western desert of Australia for thousands of years. These traditional healers are playing an increasingly important role in partnering with psychiatrists and psychologists in contemporary practice, being recognised for their contributions to mental health and wellbeing with the prestigious World Council Sigmund Freud Award for Psychotherapy in Vienna in 2009 (Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2013). They recognise that much about their work may be unfathomable to non-Indigenous people and requires a leap of faith. However, in South Australia, Ngangkari are often used in hospitals and prisons in combination with Western practitioners, doctors, and psychologists to help calm and heal someone. Ngangkari focus on both physical pain relief and mental wellbeing, putting the spirit 'in the right place' or restoring the spiritual balance of someone who is not well through massage, coaxing, and using special powerful sacred tools.

Developing Cultural Awareness and Respect

At its most minimum level, cultural awareness requires that practitioners understand the impacts of colonial history, the importance of family and kin, and the distinctive framework of interconnected dimensions that contribute to Indigenous SEWB. Practitioners need to develop an understanding of the different language and family groups in the communities where they are working (Westerman, 2004). In traditional Aboriginal society, interpersonal relationships are governed by a complex and intricate system of rules within the kinship system based upon an expanded concept of family, family rights, and obligations. The kinship system enables each person in a language group to know her or his position in relation to every other person inside and outside that group. The kinship system specifies social relationships and behaviours in relation to every other person (Broome, 1994, p. 16). The kinship system in remote areas becomes even more complicated, connecting extended distant family within the group as well as providing a mechanism for interactions with persons outside the language group (often including health practitioners) by according a kin status in order that social interaction may occur (Jacob, 1991). Understanding the kinship system in Aboriginal society is critical for physical, psychological, and emotional survival because it provides a powerful regulatory framework for individual identity, stable relationships, and group cohesion (Bishop, Colquhoun, & Johnson, 2006; Elkin, 1974).

In more regional and remote areas, mental health practitioners need to be able to identify the traditional owner families and other key family groups. Practitioners also need to be aware of the extent (or lack) of self-governance and control of resources that exists in the community, and make links or work in partnership with community-

controlled organisations and other key stakeholders in the community. Psychologists working with Indigenous Australians also need to collaborate and build relationships with their community, establish appropriate referral pathways, work with other service agencies, have a cultural mentor, and seek to understand the cultural meaning of signs and symptoms of distress experienced by clients.

Practitioners cannot rely solely on Western psychiatric classification systems when trying to identify, understand, and work with symptom patterns of distress in Aboriginal populations (Adams, Drew, & Walker, 2014). They need to be aware of the implications of cultural differences. This includes the need to recognise culture-bound disorders (for example, longing for country) that “often mimic mental health disorders, [but for which] the triggers and maintaining factors lie with the cultural beliefs of the client, and therefore resolution often needs to occur at the cultural level” (Westerman, 2004, p. 4).

Aspiring to Cultural Competence

Cultural competence is about enhancing individual practice “to ensure our ways of working with and across cultures are respectful and promote cultural security and achieve improved mental health and social and emotional wellbeing outcomes” (Walker, Schultz, & Sonn, 2014, p. 195). According to Walker and colleagues (2014), cultural competence requires that practitioners, policymakers, and service providers understand how dominance and privilege is constructed and maintained. It also requires “examining and understanding the complex interplay of privilege and power afforded by whiteness in the context of race relations” (Walker et al., 2014, p. 205). They have identified a range of tools and techniques and a critically reflexive framework of analysis to assist practitioners in decolonising their practice. These tools involve asking questions, identifying and analysing the issues confronting clients, and engaging in a process of critical reflection. Such critical reflexivity enables practitioners to reveal their own, taken-for-granted values and assumptions based on personal experiences, disciplinary knowledge, and the professional rules that inform their practice. It also enables practitioners to make more conscious decisions in their work to support their clients’ interests and SEWB.

Defining/Decolonising Ourselves

A critical task for professional practitioners, scholars, and educators is decolonising ourselves by recognising how we have all been affected by colonisation. Part of the colonising project by the colonisers has been to define who and what the colonised were/are and, in response, part of the Indigenous struggle has been to take back the right of self-definition. An anti-colonial stance requires both an understanding of how colonial hegemony has misrepresented realities and identities for both coloniser and colonised, along with a willingness and commitment to reveal and disrupt the process (Langton, 1993).

As outlined earlier, the attempted erasure of the past and the devaluing of culture has adversely impacted Indigenous Australians’ wellbeing. Part of the decolonisation process for Indigenous Australians involves reclaiming the past, recovering culture and language, and determining the most effective and strategic points of renewal. For Indigenous Australians and other colonised peoples, reclamation and reconstruction of cultural identities and striving for self-governance and self-determination have become the defining movements of the period.

In the Australian context, the discourse of identity politics encompasses issues of representation and the employment of cultural identities to assert the cultural and political rights of Indigenous groups who are disadvantaged as a consequence of colonisation. The struggle for recognition has occurred in response to oppressive government legislation which has both confined and defined groups to a narrowly prescribed identity and range of behaviours,

social and economic activities, and political options (Choo, 2001). Part of the decolonising project for Indigenous peoples “is to challenge previously held assumptions and to create new constructions of identity” (Dudgeon, Rickwood, et al., 2014, p. 6).

Processes of decolonisation are also about challenging mainstream conceptions that fail to take account of what is crucial to Indigenous health and SEWB. The further theorisation and development of an Indigenous Australian SEWB framework is an important example of decolonising psychology. It involves incorporating mental health and mental health disorders within a broader framework that encompasses the domains of SEWB, and explicitly links mental health issues with the past injustices associated with colonisation. The guiding principles and domains that define the framework reinforce the need to attend to both mental health and social justice issues when working to improve the SEWB for Indigenous individuals, families, and communities.

Psychology is still influenced by conceptions of mental illness and disorder even though contemporary definitions of “mental health” exist along a continuum that includes “positive mental health” and experiencing a sense of connectedness to the totality of SEWB domains. Situating mental health within an Aboriginal SEWB framework is consistent with Aboriginal concepts of health and wellbeing that prioritise and emphasise wellness, harmony, and balance rather than illness and symptom reduction (Milroy, 2008).

Conclusion

In this paper, we have emphasised the crucial need for decolonising the science of psychology, and we have outlined a range of strategies to achieve this. These strategies include producing new knowledges and discourses which challenge mainstream psychological conceptions; providing a range of Indigenous-led strategies, solutions, tools, and methods to support critical reflexivity; and acknowledging power relations and white privilege. The articulation and incorporation of an Indigenous Australian conceptual framework of SEWB is essential to transform psychology, psychiatry, and other mental health disciplines. We provided an overview of the broad domains of SEWB and outlined the implications for practice. The implications include the need to take these domains into account in mental health policies, programs, services, and practices to improve SEWB outcomes.

Importantly, we have argued that decolonising psychology is underscored and supported by the [United Nation Declaration of Indigenous Rights \(2007\)](#) which is fundamental to improve the health circumstance of Indigenous peoples across the globe and in Australia. Existing institutions and structural mechanisms that have been part of the colonising apparatus need to recognise that Indigenous people’s health and SEWB are inextricably linked not only to their collective rights to land and natural resources, but also to the maintenance and application of traditional knowledges and contemporary cultural practices.

We have demonstrated how psychology’s disciplinary and professional bodies have, in the process of determining the parameters of mental health and SEWB, discounted the knowledges, perspectives, and distinctive values of Indigenous Australians and their conception of health and wellbeing. In doing so, the science of psychology has contributed to oppression, marginalisation, transgenerational loss, and trauma. We conclude that decolonising psychology requires the profession to acknowledge and act to protect and enshrine Indigenous individual and collective rights within the discipline and practice. Education institutions, academics, professional bodies, and practitioners need to integrate Indigenous perspectives and theories to inform the discipline’s discourse, assessment

and practice standards, programs, and preventative initiatives. Finally, Indigenous knowledges and discourses can offer new possibilities for psychology to embrace the complexity of human beings and their interactions with the universe as well as the social world.

Funding

The authors have no funding to report.

Competing Interests

The authors have declared that no competing interests exist.

Acknowledgments

The authors have no support to report.

References

- Adams, Y., Drew, N., & Walker, R. (2014). Principles of practice in mental health assessment with Aboriginal Australians. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 271-288). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Anderson, I. (1999). Aboriginal well-being. In C. Grbich (Ed.), *Health in Australia: Sociological concepts and issues* (2nd ed., pp. 53-73). Sydney, Australia: Longman.
- Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing individual and community transgenerational trauma. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 289-306). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Augoustinos, M., & Walker, I. (1995). *Social cognition: An integrated introduction*. London, United Kingdom: Sage.
- Austin-Broos, D. (2003). Places, practices, and things: The articulation of Arnernte kinship with welfare and work. *American Ethnologist*, 30, 118-135. doi:10.1525/ae.2003.30.1.118
- Australian Bureau of Statistics. (2011). *Aboriginal and Torres Strait Islander peoples population*. Retrieved from: <http://www.abs.gov.au/websitedbs/c311215.nsf/web/Aboriginal+and+Torres+Strait+Islander+Peoples+-+Population>
- Berndt, R. M., & Berndt, C. H. (1992). *The world of the first Australians: Aboriginal traditional life: Past and present*. Canberra, Australia: Australian Institute of Aboriginal and Torres Strait Islander Studies.
- Bhabha, H. (1990). The third space. In J. Rutherford (Ed.), *Identity: Community, culture, difference* (pp. 207-221). London, United Kingdom: Lawrence & Wishart Ltd.
- Bhabra, G. K. (2007). *Rethinking modernity: Postcolonialism and the sociological imagination*. Basingstoke, United Kingdom: Palgrave Macmillan.
- Bishop, B., Colquhoun, S., & Johnson, G. (2006). Psychological sense of community: An Australian Aboriginal experience. *Journal of Community Psychology*, 34, 1-7. doi:10.1002/jcop.20079

- Broome, R. (1994). *Aboriginal Australians*. (2nd ed.). Sydney, Australia: Allen & Unwin.
- Bulhan, H. A. (1985). *Frantz Fanon and the psychology of oppression*. New York, NY, USA: Plenum Press.
- Chandler, M. J., & Lalonde, C. E. (2008). Cultural continuity as a protective factor against suicide in First Nations youth. *Horizons, 10*, 68-72.
- Cheyfitz, E. (2002). The (post)colonial predicament of Native American studies. *Interventions, 4*, 405-427.
doi:10.1080/1369801022000013824
- Choo, C. (2001). *Mission girls: Aboriginal women on Catholic missions in the Kimberley, Western Australia, 1900-1930*. Perth, Australia: University of Western Australia Press.
- Colquhoun, S., & Dockery, A. M. (2012). *The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples*. Perth, Australia: Centre for Labour Market Research and School of Economics and Finance, Curtin University.
- Connor, S. (1997). *Postmodernist culture: An introduction to theories of the contemporary* (2nd ed). Oxford, United Kingdom: Blackwell.
- Cunningham, M. (2009). Health. In United Nations Department of Economic and Social Affairs, Secretariat of the Permanent Forum on Indigenous Issues (UNPFII) (Ed.), *State of the world's Indigenous peoples* (pp. 155-187). New York, NY, USA: Editor. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/SOWIP/en/SOWIP_web.pdf
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). *Handbook of qualitative research*. Thousand Oaks, CA, USA: Sage.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2005). *The Sage handbook of qualitative research*. Thousand Oaks, CA, USA: Sage.
- Dodson, M. (1994). The end in the beginning: Re(de)fining Aboriginality. *Australian Aboriginal Studies, 1*, 2-13.
- Dodson, M. (1977). Land rights and social justice. In G. Yunupingu (Ed.), *Our land is our life: Land rights — Past, present and future* (pp. 39-51). Brisbane, Australia: University of Queensland Press.
- Dudgeon, P. (2008). *Mothers of sin: Indigenous women's perceptions of their identity and gender* (Unpublished doctoral thesis). Murdoch University, Perth, Australia.
- Dudgeon, P., Milroy, H., & Walker, R. (Eds.). (2014). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed.). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Dudgeon, P., Rickwood, D., Garvey, D., & Gridley, H. (2014). A history of Indigenous psychology. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 39-54). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Dudgeon, P., Wright, M., Paradies, Y., Garvey, D., & Walker, I. (2014). Aboriginal social, cultural and historical contexts. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 3-24). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Elkin, A. P. (1974). *The Australian Aborigine*. Sydney, Australia: Angus and Robertson.
- Ferdinand, A., Paradies, Y., & Kelaher, M. (2013). *Mental health impacts of racial discrimination in Victorian Aboriginal communities*. Melbourne, Australia: The Lowitja Institute.
- Fleming, J., & Ledogar, R. J. (2008). Resilience and Indigenous spirituality: A literature review. *Pimatisiwin, 6*, 47-64.

- Fox, D., & Prilleltensky, I. (1997). *Critical psychology: An introduction*. London, United Kingdom: Sage.
- Ganesharajah, C. (2009). *Indigenous health and wellbeing: The importance of country*. Canberra, Australia: Australian Institute for Aboriginal and Torres Strait Islander Studies.
- Garnett, S. T., Sithole, B., Whitehead, P. J., Burgess, C. P., Johnston, F. H., & Lea, T. (2009). Healthy country, healthy people: Policy implications of links between Indigenous human health and environmental condition in tropical Australia. *Australian Journal of Public Administration*, 68, 53-66. doi:10.1111/j.1467-8500.2008.00609.x
- Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 55-68). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Gooda, M. (2010). *Social Justice and Wellbeing* [Speech] (Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS] Seminar Series 2010: Canberra). Retrieved from <https://www.humanrights.gov.au/news/speeches/social-justice-and-wellbeing-2010>
- Grievies, V. (2009). *Aboriginal spirituality: Aboriginal philosophy, the basis of Aboriginal social and emotional wellbeing* (Discussion Paper No. 9). Darwin, Australia: Cooperative Research Centre for Aboriginal Health.
- Hall, S. (1996). When was 'the post-colonial'? Thinking at the limit. In I. Chambers & L. Curti (Eds.), *The post-colonial question: Common skies, divided horizons* (pp. 242-260). London, United Kingdom: Routledge.
- Hobbes, T. (1994). *Leviathan* (E. Curley, Ed.). Indianapolis, IN, USA: Hackett. (Original work published 1668)
- Howarth, C. (2006). How social representations of attitudes have informed attitude theories: The consensual and the reified. *Theory & Psychology*, 16, 691-714. doi:10.1177/0959354306067443
- Ife, J. W. (2002). *Community development: Community-based alternatives in an age of globalisation*. Frenchs Forest, Australia: Pearson Education.
- Jacob, T. (1991). *In the beginning: A perspective on traditional Aboriginal societies*. Western Australia: Ministry of Education.
- Jones, J. (1997). *Prejudice and racism* (2nd ed). New York, NY, USA: McGraw-Hill.
- Kincheloe, J. L. (2005). On to the next level: Continuing the conceptualization of the bricolage. *Qualitative Inquiry*, 11, 323-350. doi:10.1177/1077800405275056
- Langton, M. (1993). *Well, I heard it on the radio and I saw it on the television...* Woolloomooloo, Australia: Australian Film Commission.
- Milroy, H. (2008). Children are our future: Understanding the needs of Aboriginal children and their families. In A. S. Williams & V. Cowling (Eds.), *Infants of parents with mental illness: Developmental, clinical, cultural and personal perspectives*. Bowen Hills, Australia: Australian Academic Press.
- Moreton-Robinson, A. (2003). I still call Australia home: Indigenous belonging and place in a white post-colonizing society. In S. Ahmed, C. Castañeda, A.-M. Fortier, & M. Sheller (Eds.), *Uprootings/regroundings: Questions of home and migration* (pp. 23-40). New York, NY, USA: Berg.
- Naidoo, A. V. (1996). Challenging the hegemony of Eurocentric psychology. *Journal of Community and Health Sciences*, 2, 9-16.
- Nakata, M. (2007a). The cultural interface. *The Australian Journal of Indigenous Education*, 36, 7-14.

- Nakata, M. (2007b). *Disciplining the savages, savaging the disciplines*. Canberra, Australia: Aboriginal Studies Press.
- National Aboriginal Health Strategy Working Party. (1989). *A national Aboriginal health strategy 1989*. Canberra, Australia: Department of Health and Ageing. Retrieved from <http://www.naccho.org.au/resources-downloads/>
- National Mental Health Commission. (2013). *The mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities* [Supplementary paper]. Retrieved from <http://www.healthinonet.ecu.edu.au/key-resources/bibliography/?lid=24980>
- Nelson, G., & Prilleltensky, I. (Eds.). (2010). *Community psychology: In pursuit of liberation and well-being*. New York, NY, USA: Palgrave MacMillan.
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation. (2013). *Traditional healers of Central Australia: Ngangkari*. Broome, Australia: Magabala Books.
- Nguyen, O. K., & Cairney, S. (2013). Literature review of the interplay between education, employment, health and wellbeing for Aboriginal and Torres Strait Islander people in remote areas: Working towards an Aboriginal and Torres Strait Islander wellbeing framework. *Australian Indigenous Health Bulletin*, 13(2).
- Paradies, Y. C. (2006). Beyond Black and White: Essentialism, hybridity and Indigeneity. *Journal of Sociology*, 42, 355-367. doi:10.1177/1440783306069993
- Paradies, Y. C., & Cunningham, J. (2012). The DUID study: Exploring mediating pathways between racism and depressive symptoms among Indigenous Australians. *Social Psychiatry and Psychiatric Epidemiology*, 47, 165-173. doi:10.1007/s00127-010-0332-x
- Peeters, L., Hamann, S., & Kelly, K. (2014). The Marumali program: Healing for Stolen Generations. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 493-508). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Piot, C. (2001). Of hybridity, modernity, and their malcontents. *Interventions*, 3, 85-91. doi:10.1080/13698010020027047
- Poroch, N., Arabena, K., Tongs, J., Larkin, S., & Henderson, G. (2009). *Spirituality and Aboriginal People's social and emotional wellbeing: A Review* (Discussion Paper No. 11). Darwin, Australia: Cooperative Research Centres for Aboriginal Health.
- Purdie, N., Dudgeon, P., & Walker, R. (Eds.). (2010). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Canberra, Australia: Australian Government Department of Health and Ageing.
- Quijano, A. (2000). Coloniality of power, Eurocentrism, and Latin America. *Nepantla: Views From the South*, 1, 533-580.
- Roe, J. (2010). Ngarlu: A cultural and spiritual strengthening model. In N. Purdie, P. Dudgeon, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 245-252). Canberra, Australia: Australian Government Department of Health and Ageing.
- Rose, N. (1996). *Inventing ourselves: Psychology, power and personhood*. New York, NY, USA: Cambridge University Press.
- Rose, N. (1999). *Powers of freedom: Reframing political thought*. Cambridge, United Kingdom: Cambridge University Press.
- Said, E. (2003). *Orientalism* (2nd ed). London, United Kingdom: Penguin Books.
- Sanson, A., & Dudgeon, P. (2000). Guest editorial: Psychology, Indigenous issues, and reconciliation. *Australian Psychologist*, 35, 79-81. doi:10.1080/00050060008260327
- Schultz, C., Walker, R., Bessarab, D., McMillan, F., MacLeod, J., & Marriott, R. (2014). Interdisciplinary care to enhance mental health and social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and*

- Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 221-242). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Sissons, J. (2005). *First peoples: Indigenous cultures and their futures*. London, United Kingdom: Reaktion Books.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. London, United Kingdom: Zed Books.
- Social Health Reference Group. (2004). *Social and emotional well-being framework: A national strategic framework for Aboriginal and Torres Strait Islander Peoples' mental health and social and emotional well-being 2004-2009*. Canberra, Australia: Department of Health and Ageing.
- Spivak, G. (1990). *The post-colonial critic: Interviews, strategies, dialogues*. New York, NY, USA: Routledge.
- Taylor, J., Edwards, J., Champion, S., Cheers, S., Chong, A., Cummins, R., & Cheers, B. (2012). Towards a conceptual understanding of Aboriginal and Torres Strait Islander community and community functioning. *Community Development Journal*, 47, 94-110. doi:10.1093/cdj/bsq068
- United Nations General Assembly. (2007). *The United Nations declaration on the rights of Indigenous Peoples: Resolution adopted by the General Assembly*. Geneva, Switzerland: United Nations.
- Walker, R. (2005). *Transformative strategies in Indigenous education: Decolonisation and positive social change: The Aboriginal Community Management and Development Program* (Doctoral thesis, University of Western Sydney, Sydney, Australia). Retrieved from <http://handle.uws.edu.au:8081/1959.7/678>
- Walker, R., Schultz, C., & Sonn, C. (2014). Cultural competence – Transforming policy, services, programs and practice. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 195-220). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- Walker, R., & Shepherd, C. (2008, February). *Strengthening Aboriginal family functioning: What works and why* (AFRC Policy Brief No. 7). Retrieved from Australian Institute of Family Studies website: <https://aifs.gov.au/cfca/publications/strengthening-aboriginal-family-functioning-what-works-and>
- Wanganeen, R. (2014). Seven phases to integrating loss and grief. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 475-492). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.
- 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*, 3, 88-93. doi:10.5172/jamh.3.3.88
- Zubrick, S. R., Shepherd, C. S., Dudgeon, P., Gee, G., Paradies, Y., Scrine, C., & Walker, R. (2014). Social determinants of social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 93-112). Canberra, Australia: Australian Government Department of the Prime Minister and Cabinet.