



Back to the Future: Traditional knowledge healing learning journeys

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The theme of this paper is embracing traditional knowledge in innovative educational change to move back to the future while stepping into action. A pertinent theme given many Indigenous health professionals have been leading action in our nation for many years in providing holistic healing opportunities for Indigenous communities. However, there is still much to do with many Indigenous communities continuing to struggle with the trauma outcomes of colonisation that are manifested in poor education and health, and deflated and disconnected spirits.

Attempting to create change can be overwhelming, often relentless, and even debilitating for our health and healing practitioners. In this paper, we want to focus on the strengths Aboriginal and Torres Strait Islander people possess as the oldest continuing culture in the world, and how cultural knowledges and values can drive a different approach to addressing these issues, particularly through education.

We will demonstrate how Indigenous knowledge systems can create and support the environment for change. A case study from the work of the Aboriginal and Torres Strait Islander Healing Foundation will be discussed to demonstrate how this can contribute to the achievement of significant outcomes for our people. We will then outline how, within the themes of leadership, capacity building and innovation, our Indigenous knowledges can contribute to favourable outcomes, beyond symbolic measures in the field of healing.

In terms of pursuing Indigenous interests, the tendency has been for Indigenous people to not be taken seriously within universities, governments, and non-government service providers. Plans and/or suggestions generated by Aboriginal and Torres Strait Islander people are often not heard, understood, nor acted upon. This occurs through what Essed refers to as a practice of repressive

tolerance exercised by the white majority, so that an Indigenous view is not considered to be of any consequence [1].

This is generally caused as a result of a range of master narratives that exist to account for white racial privilege in institutions such as universities, hospitals, education systems, and other institutions in ways that render such privilege as part of the natural order in the face of the breadth and depth – and indeed continuity – of Indigenous disadvantage [2]. Consequentially, the master narrative is one that justifies and rationalises the privileges of white, middle to upper class, heterosexual men and it achieves this by endorsing these subject positions as the ‘normative points of reference’ on reality [2].

These narratives largely go unchallenged by most people in the white mainstream (with few exceptions) and only seem to face opposition by those who suffer as a consequence, i.e. Indigenous people.

Predictably, master narratives promote the idea of cultural assimilation as the answer for Indigenous ‘failure’. Assimilation here means that Indigenous professionals must adopt the ways of the dominant white culture if they are to succeed in their profession and life more generally.

In recent decades, many of our professions have worked to develop a changed relationship with the Indigenous community and their Indigenous colleagues. However, Baldry and Green highlighted how in Australia, Aboriginal and Torres Strait Islander peoples have always been positioned as the disadvantaged, that is, those always in extreme need of social services, education, housing, and child protection services and so therefore have been, and remain, the recipients of social work’s practice, not active participants in its theorising and/or practice development [3]. We might ask

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why the helping professions have not interrogated the politics of advantage, so that privilege and advantage based on race and gender is left invisible.

The fact that Indigenous Australians had lived highly successfully and harmoniously with and in their land and had developed extraordinary social and community skills is rarely acknowledged at any level of education. The welfare and social policies imposed upon Indigenous Australians by colonialism did not in any way value traditional knowledge systems.

In fact, there was a determined effort, driven by colonialist, racist ideology, to eradicate traditional knowledge and cultural practice [4]. This lack of understanding and recognition on the part of non-Indigenous governments and bureaucracies go a long way to explaining and understanding the continuing poor results from imposed non-Indigenous designed programs [3].

Whilst we would like to think we have progressed, we argue that many government policies, especially the Northern Territory Intervention, the single most pervasive policy intervention in the lives of Indigenous people in this nation, was based on these exact ideologies.

In 2011, Larkin argued that a more insidious form of exclusion exists in the higher education academy and more generally within society. This exclusion is institutional in nature and takes the form of a dominant epistemology (ways of knowing what is 'real') in teaching, assessment, and research that serves to disregard or even devalue Indigenous ways of knowing [5].

This dominant epistemology—often referred to by critical race theorists as the neo-liberal positivist epistemology – pervades all aspects of Australia's higher education institutions, including pedagogical approaches, the structure and governance of institutions, staffing, and research. Its continued dominance is due to its perceived objectivity and neutrality, but in operation, it is anything but that. In action, the dominant pedagogical approach, assessment paradigm, and research methods converge to disregard and devalue Indigenous perspectives [5].

Thus it is imperative that our educational and health institutions and our healing professions engage and apply Indigenous knowledges to their work. Whiteside, Tsey and Earles point out that new approaches to research are attempting to bring 'subjugated knowledge to the forefront and to include the marginalised in the research experience, valuing their meanings, interpretations and participation' [6].

There is growth in such collaborative research underway, involving Indigenous community members and Indigenous and non-Indigenous practitioners and academics, aiming to better inform policies and practice [6].

Thus, whilst there has been some progress achieved with many of our Indigenous and non-Indigenous health and healing practitioners, academics debating, discussing, and collaborating on emerging ideas and theorising, the marginalisation of Aboriginal and Torres Strait knowledges continues to be a battle. For example, how many of the current mainstream, health and healing professional degree programs do not include specific Indigenous knowledge or healing subjects as part of their core curricula – many are only at the elective level, so we still have far to go.

The Aboriginal and Torres Strait Islander Healing Foundation, an Indigenous organisation that prioritises the reclamation of our own knowledges in the development of healing practices and education resources in this nation, applies this approach.

On the first anniversary of Prime Minister Kevin Rudd's apology to the Stolen Generations, the Australian government acknowledged the need to continue to support Australia's first people through specific actions to address trauma and grief and to aid healing in Indigenous communities. Consequently, the Aboriginal and Torres Strait Islander Healing Foundation was established in 2009 to support community-based healing initiatives to address the traumatic historical legacy of colonisation, forced removals and other past government policies.

The Healing Foundation designs and develops its evidence based programs with the knowledges of Aboriginal and Torres Strait Islander communities. The Healing Foundation understands healing as the restoration of harmony and balance rather than the Western construct of reducing symptoms or restoring function [7].

Healing implies restoration of health in the broadest sense, defined in the 1st National Aboriginal Health Strategy (1989), to include 'not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community... a whole-of-life view [that] also includes the cyclical concept of life-death-life' [8].

Given the complexity and diversity of needs in Indigenous communities, 'healing' will mean different things to different people. Healing relates to the personal journey of individuals, families and communities dealing with the trauma caused by past policies and current disadvantage [9].

Healing Foundation evidence indicates that healing is:

- an ongoing journey to restore and sustain holistic wellbeing, including physical, social, economic, emotional and spiritual wellbeing.
- led by Aboriginal and Torres Strait Islander people, with and for their own communities.
- Healing is founded in an Aboriginal and Torres Strait Islander

worldview, and strengthens cultures.

- Healing empowers individuals and communities to overcome trauma and its causes, as well as its symptoms [10].

In five short years the Healing Foundation has:

- provided funding to over 100 community organisations to lead and develop healing projects across our nation
- established an impressive body of evidence with over 22 evaluations and publications in partnership with over 8 research institutions and policy bodies
- developed and led in partnership with our communities the establishment of community healing forums and gatherings, assisting our people to create the template for healing in their region
- assisted over 20,000 Indigenous community members to be supported on a healing journey.

Aboriginal and Torres Strait Islander people have developed culturally effective ways of healing trauma and loss. The Healing Foundation initiatives are reconnecting Aboriginal and Torres Strait Islander people to these ways.

Our communities have held structures and practices that were embedded to assist with grieving, support recovery and enable pain and distress to be resolved through ceremony and traditional healing practices. Whilst many of these structures were destroyed by colonisation, the knowledge has not been lost. In the modern context, much of what we understand as trauma informed practice was known and practiced by our communities in the very way they lived ensuring we had strong spirits. Van de Kolk recognised this when he said in 2012 during his training tour that any culture that has existed for over 5,000 years would have to be trauma informed or they would have been caught in a flight or fight response constantly and could not have nurtured their young, or survived effectively.

The key to the Healing Foundation approach is therefore reinstating and reconnecting communities to their core cultural value systems to enable them to locate the solutions to their problems based on their thousands of years of knowledge and incorporating the best of modern knowledge systems to create a pathway forward.

The way that the Healing Foundation achieves this is through a process of effective and meaningful co-design. This incorporates the key principle of working directly with Aboriginal men, women and children to empower them to develop solutions for themselves. This work enables healing to be embedded in service delivery. The functionality of the community thus improves.

This process has been evidenced in the NT based *Our Men Our Healing* project, the first Healing Foundation program dedicated to

Aboriginal and Torres Strait Islander men, and was made possible through a \$600,000 contribution from the Northern Territory Office of Children and Families.

Aboriginal and Torres Strait Islander men in these communities acknowledged their uncertainty about their traditional roles and their disengagement from both their culture and identity. The result has seen:

- poor social, spiritual, physical, mental and emotional wellbeing
- disempowerment and low self-esteem
- unemployment and economic disadvantage
- substance use and misuse,
- child and family abuse, neglect and breakdown
- lateral and sexual community violence
- incarceration and recidivism
- self-harm and suicide.

The intent of the *Our Men Our Healing* has been to reconnect men in their communities to culturally significant roles and responsibilities.

A critical step in enabling men in communities to begin the complex and difficult process of healing, *Our Men Our Healing* was underpinned by Aboriginal and Torres Strait Islander knowledge, and its design was driven through Indigenous cultural authority. Accordingly, the Aboriginal and Torres Strait Islander men in the program became the influencers and change agents.

The external evaluation undertaken in 2015 found that participation rates in each of the 3 programs have been strong (across age ranges) and increasing. Over 448 men have participated in the three community healing programs. The evaluation not only validated the program findings, but found widespread community support for the programs [11].

Critical success factors for the *Our Men Our Healing* program included:

- At each site, the elements that need to be present for a quality healing program including: addressing local issues; local leadership; an understanding of the impact of trauma and grief; being proactive rather than reactive; building individual, family and community capacity; and combining Western and Indigenous healing practices were all found to be present.
- A meaningful co-design process that ensured that there was ownership and agency by the men and the community.
- The presence of a strong auspicing organisation in the community that provided support and legitimacy to the program.
- The presence of individual leadership to build capacity within other individuals and the group, families and community.

- A space for men to meet that is culturally safe and is recognised in the community as a place for men to talk, cool off, share, and support each other. Without such a place / space the program essentially has no home and can therefore stall.
- A reconnecting to culture and country that is embedded or even embodied within any cultural healing program for men.
- The appropriate inclusion of women who are informed and supportive of the program.

A key outcome of the program appears to be enhanced self-esteem and confidence in the men. Men became stronger and were more able to take up their role as providers (through culture and employment), as protectors (of families and communities) and as teachers and traditional educators (of their children and others).

This is reflected in the words of the men who shared the impact of the Healing work in their lives.

It's about sharing good things and bad, about building role models and helping the community... they need us men... to be a better community we have to get better ourselves

It's private and supportive and we hold one another like we have not done before and it frees us and puts the good spirit in us

The men's group brings it [trauma] out of us for family, community, culture and children. We have a lot of pain in ourselves and if the group was not here we could not tell our stories. They would not get talked about

This is also reflected by our women and their views of the program:

The program has been really successful with men speaking more and owning their mistakes. They are open about their mistakes and willing to share them for the benefit of others. Tyson [pseudonym] has gone to apologise to his neighbours for disturbing them which would never have happened before...

A further endorsement for the Men's Healing Program came from the Northern Territory Department of Corrections. With reference to quantifiable data, the Department reported that over a 2 year period the number of men from the community registered with Corrections had reduced from 80 to 40 men. Of these 40, there were 20 that had been referred to the Wurrumiyanga Men's Healing Program.

Importantly, the Department stated that

'many of the men do not reoffend and the pleasing thing is that many of the men still stay in the program and the change is remarkable... there has been an amazing transformation in the last couple of years.'

Through the process of co-design, men from Wurrumiyanga, Maningrida and Ngukurr have been able to take ownership of their

challenges and the solutions.

The process of co-design ensured that there was male ownership and agency within the program that positioned themselves as the agents of change. Co-design meant that the men were given tools and resources to support the program but much more importantly, the design of the program valued their culture and their knowledge systems.

This led to an increased sense of confidence where the men believed that *'our own solutions can work best if we own them and take responsibility for them'*. The evaluation concluded it was doubtful whether the outcomes achieved could have emerged as quickly – indeed if at all – had the co-design elements described earlier had not been present.

Through the program men have begun to see themselves, their families, their culture and their community through a new lens – *their own*. It is a lens of hope, respect and possibility. As many men noted, a number of the challenges have now gone away and there is still a complex and difficult local environment. However, *Our Men Our Healing* is providing tangible evidence of change and increased connection to culture, education, and employment [11].

Aboriginal men in other jurisdictions have experienced the imposition of many non-Indigenous designed policy and programs. Yet despite enormous amounts of funds and good will invested, these programs have not been able to achieve the changes they sought. What these programs have lacked is a focus on creating change through the utilisation of Indigenous knowledges. The *Our Men Our Healing* program provides compelling evidence that where Indigenous knowledges are engaged and applied, sustainable change can be achieved within short periods.

So what might this mean for other healing professions that are engaged within Indigenous health work across Australia?

All of our systems could benefit from the application of Indigenous knowledge systems. Despite the ongoing large gap in our people achieving parity in health outcomes, Aboriginal and Torres Strait Islander professionals struggle for formal opportunities to contribute their knowledges into policy service design, nor do governments actively seek them. The inclusion of these knowledges would provide valuable evidence to create the changed environments that can help governments meet their objectives and our people to achieve justice.

Our jurisdictions lack any accountability in their failure to take note of such evidence and their failure to do so subsequently prevents a flow of resources to Indigenous organisations. Through both direct and indirect means, Indigenous knowledges are precluded from existing and developing bodies of evidence that supposedly drive change in our communities.

Until academic institutions that train our health and healing workforce, and the indeed the professions themselves operationalise epistemological equivalence and a parity of esteem to the key principles of Indigenous knowledge, then they remain complicit in the perpetuation of Indigenous oppression and disadvantage.

To achieve this, the approach must adopt what Gillborn refers to as 'a radical critical edge' [12]. The risk for health and healing scholars in this field is the trap of placing their emphasis on system reform 'while taking for granted the essential shape and character of the system itself' [12].

Pursuing a reform agenda is not without utility when it involves mapping the scale of inequality and the generation of local level approaches to improve the situation, but I echo Gillborn's counsel that such efforts must also engage with 'the most powerful forces operating at the societal level to sustain and extend these inequalities' or otherwise risk 'tinkering with the system to make its outputs slightly less awful, but leaving untouched the fundamental shape, scale and purpose of the system itself' [12].

In our experience, policy documents often attribute the ongoing disadvantage of our peoples, amongst other things, to the continuity of colonisation ideologies and practices, both of which are founded on white theories of race and racism. However it has not been their intent to promote the idea that every racial disparity or negative experience an Indigenous person has is attributable to racism. However, it would seem that nearly all scholars and policy analysts rely on everything *but* racism when explaining, theorising and discussing the failure to achieve social justice outcomes for Indigenous people [13].

So in this example, our failure to seriously investigate and study race, racism and racist institutional norms will consign us to a trajectory where we will only study the 'symptom' (racial disparities) without understanding the 'disease' (racism and white supremacy).

Thus to change this paradigm we believe that it is essential for our professions and the institutions that employ us to fully commit to an ongoing formal engagement with Indigenous standpoints. These standpoints must be positioned and embedded across various structures and processes of governance, administration and educational management. A formalised engagement with Indigenous standpoints will also create new possibilities for Indigenous futures in and will ensure our health and healing programmes are relevant to Indigenous peoples and their communities.

Only then we will see effective solutions, enabled and sustained that can create real change for our communities. Only when our own knowledge is celebrated, privileged, and supported

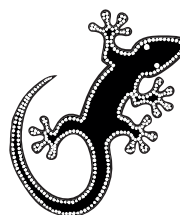
throughout our healing professions and education systems will we see the true impacts of our traditional healing learning journey – *back to the future*.

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