



## Challenging deficit discourse in Aboriginal and Torres Strait Islander nutrition and dietetics research: A critical discourse analysis

Emma Chittleborough<sup>a,1</sup>, Robyn Delbridge<sup>c,1</sup>, John Coveney<sup>a</sup>, Roland Wilson<sup>b</sup>, Tamara Mackean<sup>b</sup>, Annabelle Wilson<sup>b,\*</sup>

<sup>a</sup> College of Nursing and Health Sciences, Flinders University, GPO Box 2100, Adelaide, South Australia, 5001, Australia

<sup>b</sup> College of Medicine and Public Health, Flinders University, GPO Box 2100, Adelaide, South Australia, 5001, Australia

<sup>c</sup> School of Allied Health, Social Service and Sport, Latrobe University, Melbourne, Victoria, 3083, Australia

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### ABSTRACT

Prior to colonisation, Aboriginal and Torres Strait Islander peoples used detailed knowledges on food and nutrition to develop sustainable practices which supported strong and healthy ways of life. Despite this, there is often a focus in the nutrition and dietetics literature on the deficits relating to food and nutrition for Aboriginal and Torres Strait Islander peoples, rather than the strengths. This study used a critical discourse analysis to investigate how Aboriginal and Torres Strait Islander peoples are portrayed in the discourse of peer-reviewed research relating to Aboriginal and Torres Strait Islander nutrition and dietetics. In doing so, this study explored the extent to which these portrayals perpetuate deficit discourse and the implications of this for Aboriginal and Torres Strait Islander peoples' health, and nutrition and dietetics research. Four prominent themes were identified: problem describing, comparison, acknowledgment of colonisation and inclusion of Aboriginal and Torres Strait Islander perspectives. The results indicate that deficit discourse dominates nutrition and dietetics literature, and a lack of strengths-based discourse is evident. This study brings awareness to, and emphasises the importance of, challenging and changing these discourses to ones that are more strengths-based.

### 1. Introduction

Language and discourses “shape the narrative of Aboriginal and Torres Strait Islander health and wellbeing,” and it is “imperative” to consider how Aboriginal and Torres Strait Islander peoples<sup>2</sup> are portrayed in language and discourse across health professions, including our discipline of interest, nutrition and dietetics (Browne, Gleeson, Adams, Atkinson, & Hayes, 2018; Fogarty, Bulloch, McDonnell, & Davis, 2018; Wilson et al., 2020). Australia's leading Aboriginal and Torres Strait Islander health research institute, The Lowitja Institute, criticises the extensive use of “deficit discourse” in scientific literature whereby Aboriginal and Torres Strait Islander peoples are “reduced” to being “a

problem to be fixed”. This document argues the remedy to this deficit discourse is through defining “strengths-based approach[es]”, whereby Aboriginal and Torres Strait Islander peoples are centralised as “people with a wealth of strength and resilience” (Fogarty, Bulloch, et al., 2018, p. v; Fogarty, Lovell, Langenberg, & Heron, 2018). Further, the current prioritisation of problem-focussed research, especially in research dissemination, fosters a discourse of deficit which “represents people or groups in terms of deficiency – lack, absence or failure ... and narrowly situates responsibility for problems with the affected individuals or communities, overlooking the larger socioeconomic structures in which they are embedded” (Fogarty, Lovell, et al., 2018, p. 6). Wilson et al. (2020) argues that deficit discourse dominates in Aboriginal nutrition

\* Corresponding author. Flinders University, GPO Box 2100, Adelaide SA 5001, Australia.

E-mail addresses: [emmachittleborough@outlook.com](mailto:emmachittleborough@outlook.com) (E. Chittleborough), [R.Delbridge@latrobe.edu.au](mailto:R.Delbridge@latrobe.edu.au) (R. Delbridge), [john.coveney@flinders.edu.au](mailto:john.coveney@flinders.edu.au) (J. Coveney), [roland.wilson@bom.gov.au](mailto:roland.wilson@bom.gov.au) (R. Wilson), [tamara.mackean@flinders.edu.au](mailto:tamara.mackean@flinders.edu.au) (T. Mackean), [Annabelle.wilson@flinders.edu.au](mailto:Annabelle.wilson@flinders.edu.au) (A. Wilson).

<sup>1</sup> Co-first authors.

<sup>2</sup> We acknowledge the diverse languages and cultures of Aboriginal and Torres Strait Islander peoples across the country which is now known as Australia. This paper uses the terms ‘Aboriginal and Torres Strait Islander’ and ‘Aboriginal’ interchangeably in reference to the First Nations Peoples of Australia.

and dietetics peer-reviewed research publications, ignoring Aboriginal peoples' extensive knowledges of foods, food systems, health, wellbeing and intergenerational nutritional heritage through deep connections to Country<sup>3</sup> (Gracey, 2000; Langton & Rhea, 2005; Pascoe, 2018). Also ignored are the ongoing effects of colonisation on nutrition, despite evidence demonstrating the colonisation not only affected foodways, but control and manipulation of food provision and food systems was also a means of colonisation (Mattingley & Hampton, 1988). However there has been no research study that has systematically examined if this is the case, and this paper seeks to fill that gap.

Deficit approaches such as those reported to be present in nutrition and dietetics literature can affect the health and wellbeing of Aboriginal peoples, acting as a barrier to improving health (Fogarty, Lovell, et al., 2018). Despite this, it has been reported that strengths-based approaches are currently underutilised in nutrition and dietetics, and deficit discourse continues to dominate (Foley & Schubert, 2013). Therefore, this paper responds to the "imperative work" of "making visible, understanding and challenging discourses of deficit in the way that Aboriginal and Torres Strait Islander health and wellbeing is constructed (Fogarty, Bulloch, et al., 2018, p. v) through exploring the presence and absence of both deficit discourses and strengths based approaches in existing Aboriginal and Torres Strait Islander nutrition peer reviewed publications.

This enquiry is particularly timely for the nutrition and dietetics discipline, with professional competency standards for dietitians now requiring graduates to be able to "[a]cknowledge colonisation and systemic racism," reflecting upon "how this might influence dietetic practice" including the ability to "appl[y] evidence- and strength-based best practice approaches in Aboriginal and Torres Strait Islander health care" (Dietitians Australia, 2021, p. 3). These standards seek to foster culturally responsive healthcare, which is associated with improved health outcomes and reductions in experiences of racism in healthcare interactions for Aboriginal and Torres Strait Islander peoples (Commonwealth of Australia, 2014; Bourke, Marrie, & Marrie, 2018; Commonwealth of, Paradies, 2016). The dietetics profession is varyingly prepared to implement these standards in education and practice, with some dietitians and education institutions well established in this space, while others less so (Delbridge et al., 2018, 2022; Murray et al., 2023). Dietitians are trained in the evidence-based paradigm (Dietitians Australia, 2015, 2021) and rely on peer reviewed literature to inform practice for all areas of nutrition and dietetics from acute care through to policy and public health, including Aboriginal and Torres Strait Islander nutrition practice (Dietitians Australia, 2021). At a time when the nutrition and dietetics profession is looking for evidence to support new ways of practising, this paper aims to explore the discourses of deficit and strengths in Aboriginal and Torres Strait Islander nutrition and dietetics literature. In doing so, the following research questions were addressed:

1. How are Aboriginal and Torres Strait Islander peoples portrayed in the discourse of Aboriginal and Torres Strait Islander nutrition and dietetics literature?
2. How do the portrayals of Aboriginal peoples resulting from this discourse legitimise and perpetuate deficit framing?

Through understanding the ways in which Aboriginal peoples are portrayed and represented through discourse, this paper discusses the

<sup>3</sup> The word 'Country' is "often used by Aboriginal peoples to describe the lands, waterways and seas to which they are connected. The term contains complex ideas about law, place, custom, language, spiritual belief, cultural practice, material sustenance, family and identity." *The Australian Institute of Aboriginal and Torres Strait Islander Studies*. (n.d.). *Welcome to Country* AIATSIS. Retrieved 19 June from <https://aiatsis.gov.au/explore/welcome-country>.

implications for Aboriginal and Torres Strait Islander peoples' health and nutrition in research and practice. Through this research, the authors hope to contribute to the literature of evidence- and strengths-based best practice that can be drawn upon by the profession.

## 2. Methods

### 2.1. Ontology and epistemology

It is essential, in qualitative research and in Aboriginal and Torres Strait Islander health research, to adopt ontological (*what can be known*) and epistemological (*how we know what we know*) positions which enable research that acknowledges Aboriginal and Torres Strait Islander knowledge systems (Creswell, 2018; Crotty, 1998; Ritchie, Lewis, McNaughton Nicholls, & Ormston, 2014). This study is grounded in the ontological position of idealism, asserting that reality is a construct existing through the human mind and socially constructed meaning (Ritchie et al., 2014). We drew on idealism in this study to acknowledge that meaning is socially constructed by individuals who read texts, in the case of this study, nutrition and dietetics literature. The epistemological perspective of this study is constructivism, which states that knowledge is constructed, rather than passively received (Crotty, 1998; Ritchie et al., 2014). A constructivist approach recognises the involvement of social, historical and cultural factors in shaping and constructing meaning. This approach is well suited to this study because social, historical and cultural factors in Australia shape the way in which contemporary texts about Aboriginal and Torres Strait Islander peoples are interpreted by those who read them (Browne et al., 2018; Ritchie et al., 2014).

### 2.2. Positionality

Explicit consideration of researcher positionality enables researchers to self-reflect on how their views and values may influence the research process (Creswell, 2018; Manohar, Bhole, Liamputtong, & Arora, 2017). This is considered essential in Aboriginal and Torres Strait Islander health research where one's own culture, attitudes and biases must be critically considered (Wilson, 2014). Similarly, it is necessary for non-Indigenous critical discourse analysis scholars in Aboriginal and Torres Strait Islander studies to engage with their own standpoint and reflexivity as part of engaging with the methodological tensions of analysing power (McCartan, Brimblecombe, & Adams, 2022).

The authorship team involved in this study include two well established Aboriginal public health researchers (initials removed for blind review) who were senior project advisors, providing significant input into the conceptualisation and design of this study and advised the research team throughout the study including the socio-cultural interpretation of the analysis results. Two authors are non-Indigenous, white-Australian dietitian-researchers (initials removed for blind review) with an established relationship and Aboriginal health research and publication record with (Aboriginal authors initials removed for blind review). Author (initials removed for blind review) is non-Indigenous, white-Australian dietetics honours student and was responsible for data collection and primary data analysis with guidance from the team.

As a team it was determined from the outset that Aboriginal researchers (initials removed for blind review) would be involved in key decision making, study design and data interpretation and would otherwise maintain an advisory role for the project. This is for two reasons; first, their individual and collective cultural load as Aboriginal academics required discernment in how time and resources were managed. Second that (initials removed for blind review) had been working closely and collaborating with (initials removed for blind review) for many years and trusted their ability to navigate the project details, ask for advice, and contextualise the research question within nutrition and dietetics. Furthermore, the research team considered the non-Indigenous lens, with appropriate support and oversight by

Aboriginal researchers, in this piece of work to be of interest, given the socio-cultural context of this work; that the majority of authors of the analysed texts are non-Indigenous and the vast majority of nutrition and dietetics professionals are also non-Indigenous (Murray et al., 2023).

### 2.3. Methodology

Critical Discourse Analysis (CDA) is a methodological approach to analysing communication, language and ideas through text, talk and other mediums such as images, gestures and film (Chouliaraki & Fairclough, 2010). Originally grounded in the disciplines of linguistics, anthropology and philosophy, CDA is now a well-established interdisciplinary methodology, with different scholars applying the emphasis of analysis in ways meaningful to the discipline (Smith, 2013; Willey-Sthapit, Jen, Storer, & Benson, 2020). Discourse refers to the ideas represented through both written and spoken communication, and is therefore concerned with language use in practice (Fogarty, Lovell, et al., 2018; Willey-Sthapit et al., 2020). Discourse can represent statements with moral valency, often setting standards that support dominant ideas (Coveney, 1998).

The 'critical' component of CDA is the specific attention to the role of power, dominance and social inequality in language and communication (Fairclough, 1993). Therefore, in using CDA as a methodology, this study aimed to explore the relationship between discourse and the wider sociocultural environment to determine *how* discourses influence social practice, with specific attention to how such practices are ideologically shaped by relations of power (Fairclough, 1993). In this way, CDA not only involves descriptive analysis, but works to uncover discourses which are often hidden in plain sight or accepted as 'normal' and contribute to the perpetuation of inequities (Willey-Sthapit et al., 2020). Therefore, CDA provides a framework for analysing the impacts of discourses present in Aboriginal and Torres Strait Islander nutrition and dietetics literature, and the extent to which these support strengths-based narratives and discourses of deficit.

The focus of this analysis is on texts, specifically peer-reviewed literature, as the academic platform for research dissemination and the foundation for evidence based best practices in nutrition and dietetics. The language of peer-reviewed literature is a site of analysis which can provide insight into the discourses associated with disseminating research on a specific topic, and because of its high value in science scholarship, discourses in peer-reviewed publications speak with an authority in knowledge and understanding (Annandale & Hammarström, 2011; Carter, Stone, Graham, & Cox, 2021; Tonkiss & Seale, 2004).

This study has drawn upon several previous studies that employ CDA to analyse social issues within peer-reviewed literature. A CDA exploring the biological and social factors associated with sex and gender in medical journal publications identified discourses of the "gender-specific body" which is influenced by the "prevailing neoliberal agenda which frames healthcare as a market good and locates health and illness in the individual bodies rather than in the wider social arrangements of society" (Annandale & Hammarström, 2011) (p. 583). Carter and colleagues (2021) utilised CDA to "assess how Black women are constructed in ... health science research articles on breastfeeding disparities in the United States" (Carter et al., 2021p. 1), reporting the portrayal of "race rather than racism as the cause of race disparities in health outcomes" (Carter et al., 2021p. 11). An Australian-led study exploring the construction of weight-neutral approaches to health in academic literature reported contradicting ways weight-centric principles are used to "retain biomedical credibility" within supposedly weight-neutral studies (Zafir & Jovanovski, 2022, p. 357). Further, McPhail and Bombak (2015) analysed the construction of fatness and queer women in public health literature and identified homophobic rhetoric which reinforces "old stereotypes of lesbians as inherently fat" (p547).

CDA focuses on contributing to social change through challenging

systems and structures of power and oppression, and it is important to note that this CDA seeks to challenge the systems and structures that shape discourses of research dissemination through peer reviewed publications and the process used to publish such publications. We do not seek to personally criticise authors who participate in research dissemination practices, but rather the systems which perpetuate the problematisation of Aboriginal and Torres Strait Islander peoples in peer reviewed research publications.

There are varying approaches to CDA, this research takes an approach developed by Norman Fairclough which presents a model of discourse containing three interrelated dimensions (Fairclough, 1992). The first dimension involves a descriptive analysis of the text, focusing on linguistic features such as vocabulary, grammar, and subject positioning. This analysis aims to uncover how the language used by authors can influence the audience to adopt certain representations and identities. The second dimension focuses on discursive practice, or the processes of text production, consumption, and distribution. Analysis in this dimension is interpretive, focusing on the narratives, framings or representations which emerge across the text. The third dimension involves an explanation of the wider sociocultural environment influencing both the text and discursive practices. Overall, this approach to CDA aims to identify the ways in which the texts and discursive practices strengthen, verify or interrupt and disrupt ideologies and social practices (Fairclough, 1992).

### 2.4. Theoretical perspective

The naming of explicit theoretical perspectives is essential in CDA within Aboriginal and Torres Strait Islander research fields (McCartan et al., 2022). The theoretical perspectives of a CDA fosters transparency in how issues of power and privilege are analysed within the research question. In order to determine how Aboriginal peoples are portrayed in nutrition and dietetics literature, this study draws on the theoretical perspectives of both Aboriginal and Torres Strait Islander strengths-based approaches and deficit discourse in health, thus privileging the standpoints of Aboriginal and Torres Strait Islander scholarship.

The Lowitja Institute drew on Aboriginal health literature to formulate a typology of strengths-based approaches, defining 11 strengths-based concepts in Aboriginal and Torres Strait Islander health and research, all of which have been used to inform this study. These concepts include; asset-based approaches, resilience, cultural appropriateness, social determinants of health, protective factors, empowerment, holistic approaches, wellness and wellbeing, strengths-based counselling, decolonisation methodology and salutogenesis. (Fogarty, Lovell, et al., 2018). Rather than focusing on deficits of ill health, these concepts draw on the theory of salutogenesis which focuses on factors which contribute to and promote health, well-being and empowerment (Fogarty, Lovell, et al., 2018; Foley & Schubert, 2013). Overall, these concepts centre Aboriginal standpoints and perspectives by privileging Aboriginal ways of knowing, being and doing (Fogarty, Lovell, et al., 2018).

This study also draws on the theory of deficit discourse also outlined by the Lowitja Institute, defining the key features of deficit discourse identified include polarisations, othering language, deficit statistics and social determinants of ill-health (Fogarty, Lovell, et al., 2018).

When performing CDA, it is important to look for both presence and absence of discourses (Willey-Sthapit et al., 2020) because repeating patterns of discourse can lead to the production of a dominant discourse, while consistently absent discourses can render ideas as unimportant, irrelevant or illegitimate. Therefore, both the presence and absence of strengths-based and deficit discourses will be investigated.

### 2.5. Data collection

The texts that underwent a critical discourse analysis were peer

reviewed publications that were identified through a systematic literature search (Carter et al., 2021; McPhail & Bombak, 2015; Zafir & Jovanovski, 2022). The sample consisted of 30 peer reviewed publications on nutrition and dietetics in Aboriginal and Torres Strait Islander communities between 2001 and 2021. The sample was generated by conducting searches on five electronic databases which were chosen for their broad coverage of health disciplines: Medline, PsycInfo, Scopus, CINAHL and Web of Science. The search terms used were “nutri\*” OR “diet\*” AND “Aborigin\*” OR “Torres Strait Island\*” OR “Indigenous” OR “First Nation\*”, AND “Australia\*”. All publications retrieved through the database searches were exported via Endnote X9 to Covidence (Veritas Health Innovation, Melbourne, Australia) and duplicates were removed.

The 30 peer-reviewed publications were identified through title and abstract screening was completed by examining the publications against a series of inclusion/exclusion criteria designed by the research team. The inclusion criteria were; peer-reviewed publication of qualitative or quantitative original research, Aboriginal and/or Torres Strait Islander peoples in Australia as the primary focus of the study, article focuses on food, nutrition and dietetics research, and the outcome of the study focussed on a nutrition. Review articles, policy analyses and conference abstracts were excluded.

Existing publications went on to full-text screening, only the publications that met all criteria during full text examination were included in the final sample. The work of creating the sample was conducted by the honours student, who was specifically trained by the research team and crossed checked by the senior author.

2.6. Data analysis

Data analysis was led by the three dimensions of Fairclough’s approach; text, discursive practice and sociocultural practice (Fairclough, 1992). To perform analysis and allow description, interpretation and explanation of these dimensions, the research team developed an analytical tool consisting of 26 questions, bringing together Fairclough’s principles with the theoretical perspectives of strengths-based approaches and deficit discourse (Fogarty, Lovell, et al., 2018) (Table 1). This approach of bringing together discourse analysis with theory is consistent with the ‘multiperspectival framework’ which supports robust ‘transdisciplinary integration’ of discourse analysis (Jørgensen & Phillips, 2002, p. 86) and is therefore well suited to applying CDA methods in the field of nutrition and dietetics. Furthermore, the approach of asking “questions of the text” to bring together Fairclough’s CDA approach with a theoretical underpinning has been demonstrated by Commodore, Lockett, Johnson, Gooze, and Covington (2020 p. 4) in their interrogation of racist archetypes in media regarding Black Women in United States colleges.

Initially piloted with only strengths-based principles, the analytical tool could only identify the presence and absence of strengths-based principles and was not nuanced enough to identify the presence and absence of deficit-discourse. Therefore, the original tool was expanded with the development of questions relating specifically to features of deficit discourse.

In performing analysis, (author removed for blind review) asked each of the 26 questions (Table 1) of the studies included in the data set, organising this into a spreadsheet. By engaging in multiple readings of each study, (author removed for blind review) was able to effectively focus on both the descriptive features of the text and identify the particular narratives they communicate and the broader sociocultural practices and conventions they reflect. Throughout data analysis, (author removed for blind review) engaged in regular discussions with members of the research team, maintained a reflexivity journal and read contextualising literature to explore the broader socio-cultural contexts to inform analysis. The final stage of analysis involved the identification of prominent discursive themes across the 30 peer-reviewed publications as a whole, which were presented in writing to the whole research

Table 1

Critical discourse analysis (CDA) analytical tool developed to address Fairclough’s three dimensions (text, discursive practice, and sociocultural practice) and theoretically informed by strengths-based concepts and features of deficit discourse.

Question	Theoretical Underpinning: Strengths-based (SB) concepts or deficit discourse (DD)
<i>Text (Description)</i>	
1. Is there text that describes assets or strengths? What are the assets or strengths mentioned?	SB: Asset-based, strengths-based counselling approaches, salutogenesis
2. Is there text that describes the resilience of Aboriginal and Torres Strait Islander peoples? How is resilience referred to?	SB: Resilience
3. Are social determinants of health/nutrition described? Are these in relation to good or ill-health?	SB: Social determinants of health
4. Is there text describing protective factors?	SB: Protective factors
5. Is there text describing Aboriginal ways of knowing, being or doing? What concepts are included in this?	SB: Holistic approaches, decolonisation methodology
6. Is wellbeing referred to in the article? If so, how?	SB: Wellness and wellbeing
7. Is there text describing the ‘whole of life’ view of health of Aboriginal and Torres Strait Islander peoples?	SB: Wellness and wellbeing, decolonisation methodology
8. Is there text describing cultural-appropriateness?	SB: Cultural appropriateness
9. How are Aboriginal and Torres Strait Islander peoples referred to in relation to health?	SB: Wellness and wellbeing; Social determinants of health DD: social determinants of ill-health; deficit statistics
10. How are Aboriginal and Torres Strait Islander peoples referred to in relation to diet/nutrition?	SB: Wellness and wellbeing; Social determinants of health DD: social determinants of ill-health; deficit statistics
11. What is the use of ideological presuppositions, assumptions or declarative statements?	SB: Wellness and wellbeing; Social determinants of health DD: social determinants of ill-health; deficit statistics; othering language
12. Is there use of deficit statistics? What is the location of these in the text?	DD: Deficit statistics
13. Is there use of polarisations?	DD: Polarisations
14. Is there use of othering language?	DD: Othering language
15. Is there text describing self-determination?	SB: Self-determination, strengths-based counselling approaches
16. Are the initial and/or ongoing effects of colonisation referred to? How is colonisation referred to?	SB: Decolonisation methodology, resilience
<i>Discursive Practice (Interpretation)</i>	
17. What is the focus of the study? Is it on unhealthy behaviours and specific issues/problems or on empowerment/health promotion?	DD: social determinants of ill-health; othering language SB: empowerment
18. Is the concept of salutogenesis (creation and maintenance of good health) evident?	SB: Salutogenesis
19. How are Aboriginal and Torres Strait Islander peoples depicted? What are the narratives that emerge from the text?	–

(continued on next page)

Table 1 (continued)

Question	Theoretical Underpinning: Strengths-based (SB) concepts or deficit discourse (DD)
20. Is there any (explicit) presence of deficit discourse, strengths-based approaches or both as a whole? When was the article published (is there any relationship with other articles in a similar time period)?	-
21. How does this text relate to other texts? Are other articles referenced and for what purpose?	-
<i>Sociocultural Practice (Explanation)</i>	
22. What are the ideologies and social practices that the study constructs and reflects?	-
23. How does the article strengthen, verify or interpret ideologies and social practices relating to Aboriginal and Torres Strait Islander nutrition?	-
24. Is there a legitimisation of ideas through the reproduction of text?	-
25. How does the reproduction of discourse legitimise discourse about Aboriginal and Torres Strait Islander peoples? What is present?	-
26. How does the lack of discourse reinforce this as illegitimate, irrelevant or unimportant? What is absent?	-

team for debate and interpretation of themes in the light of sociocultural contexts and existing literature, which were refined until consensus was reached.

### 3. Results

Through data analysis, four prominent discursive themes relating to strengths and deficit framing and discourses in Aboriginal and Torres Strait Islander nutrition and dietetics literature were developed and interpreted in the context of sociocultural contexts and existing literature. These themes include: problem describing, comparison, acknowledgment of colonisation and inclusion of Aboriginal and Torres Strait Islander perspectives. In this Results section, themes are described and discussed with illustrative quotes and broader interpretive commentary informed by relevant literature is provided.

#### 3.1. Identified literature

The searchers generated a total of 213 original peer reviewed publications. Title and abstract screening eliminated 75 publications because they were not original research or did not focus on Aboriginal and/or Torres Strait Islander peoples in Australia or were only peripherally exploring nutrition issues. A further 11 were eliminated during full-text examination due to not being primarily nutrition focussed research or were a policy analysis or conference paper. The final sample consisted of 30 publications. The flow diagram in Fig. 1 outlines the process of data collection. Of the 30 publications, only six were published in the decade between 2001 and 2011, and the remaining 24 were published between 2012 and 2021. The majority of publications in the final sample focused on food and nutrient intake of Aboriginal peoples (n = 18), with other publications investigating the impacts of nutrition program implementation within Aboriginal communities (n = 9), and some publications focusing on biomedical parameters including diabetes diagnosis, homocysteine and cholesterol levels (n = 6). Only one publication focused on reporting and responding to the nutrition concerns and issues identified by an Aboriginal community.

#### 3.2. Reproducing deficit-discourse through problem describing

Throughout the analysed literature it was common for studies to

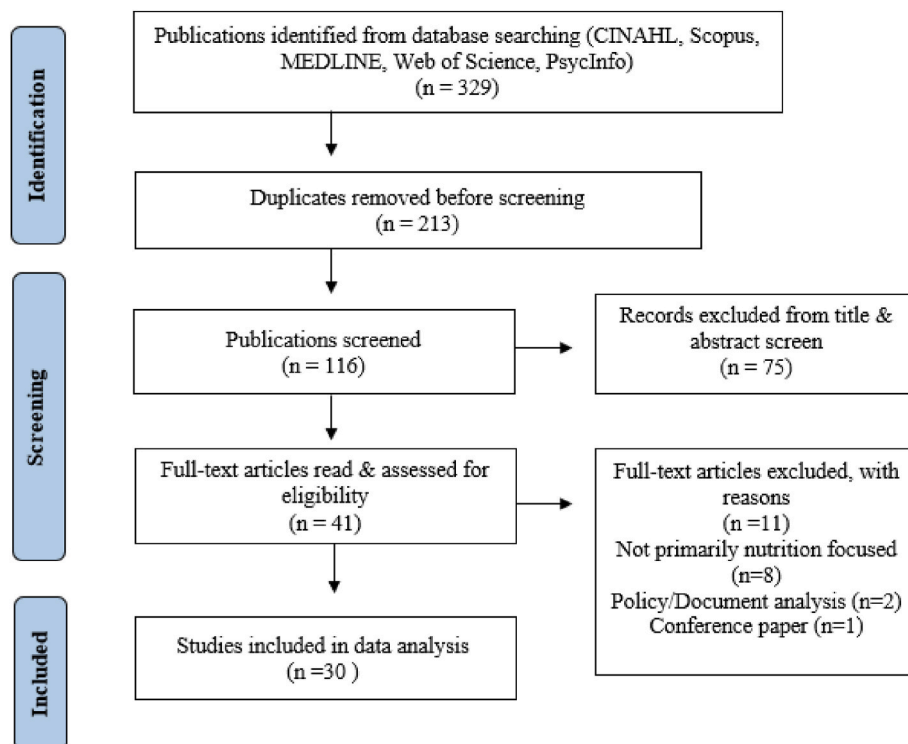


Fig. 1. Flow diagram of included and excluded studies.

problem describe; that is, describe dietary issues experienced by Aboriginal and Torres Strait Islander peoples without describing factors leading to such inequities (Abbott, Davison, Moore, & Rubinstein, 2012; Brimblecombe, Ferguson, Liberato, & O'Dea, 2013; Butler, Tapsell, & Lyons-Wall, 2011; Gwynn et al., 2012; Lee et al., 2021; Longstreet, Heath, Savage, Vink, & Panaretto, 2008; McDermott, Campbell, Li, & McCulloch, 2009; McMahon, Webster, O'Dea, & Brimblecombe, 2015; Pettigrew, Jongenelis, Moore, & Pratt, 2015; Valery et al., 2012; Zeunert et al., 2002). This represents use of deficit discourse (Fogarty, Lovell, et al., 2018). These descriptions included use of alarmist adjectives to alert the reader, for example “extremely poor nutrition throughout life” (Brimblecombe et al., 2013). It is acknowledged that authors report such patterns in order to highlight the gap and justify the research being conducted, however the commonality of deficit discourse used amongst publications was striking, for example use of words including ‘poor’ (Ashman et al., 2016; Brimblecombe et al., 2013, 2018; Gwynn et al., 2012; Leonard, Aquino, Hadgraft, Thompson, & Marley, 2017; Luke et al., 2015; McMahon, Wycherley, O'Dea, & Brimblecombe, 2017; Nilson, Kearing-Salmon, Morrison, & Fetherston, 2015), ‘sub-optimal’ (Lee et al., 2019; Onifade et al., 2021) and ‘concern’ (Ashman et al., 2016; Gwynn et al., 2012; McMahon et al., 2015; Myers, Thorpe, Browne, Gibbons, & Brown, 2014; Valery et al., 2012). As a result, Aboriginal people were regularly framed in a narrative of negativity. Examples include:

“**poor** nutrition begins from their first solid foods” (Leonard et al., 2017, p. 440, p. 440)

“**sub-optimal** diet quality, high intakes of saturated fat and sodium and **sub-optimal** intakes of iron, folate, fibre and core food groups” (Lee et al., 2019, p. 480, p. 480)

“Of particular **concern** is the daily consumption of sweet snacks and high-energy drinks by high school adolescents” (Valery et al., 2012, p. 8, p. 8)

Discourses in the analysed literature reproduced the idea that little is known about the dietary intakes of Aboriginal peoples as part of their research justification, with the aim of many studies to investigate, examine or describe dietary intakes. This is consistent with broader research agendas in Aboriginal and Torres Strait Islander communities that are criticised for repeating known problems, rather than progressing to research informed and community driven solutions. Consequently, rather than investigating effective solutions to nutrition-related health inequities, studies repeat patterns of reporting diets and/or nutrition of Aboriginal people as poor (Brimblecombe et al., 2018; Leonard et al., 2017; Luke et al., 2015; McMahon et al., 2017; Nilson et al., 2015) and do not meet guidelines, as well as reiterating poorer health (Ashman et al., 2016; Gwynn et al., 2012; Lee et al., 2019; Luke et al., 2015; McMahon et al., 2015; Myers et al., 2014). For example, a study aiming to describe the nutritional quality of community-level diets in remote Northern Australian communities discussed that,

A further disturbing aspect of the diet is that fibre-modified and fortified white bread is providing a large proportion of key nutrients, including protein, folate, iron, calcium, and magnesium and unacceptably high levels of sodium ... it is alarming that white bread is providing a large percentage of dietary protein when it is a poor protein source (Brimblecombe et al., 2013, p. 383, p. 383)

The use of the words ‘unacceptable’, ‘disturbing’ and ‘concerning’ in the quote above (Brimblecombe et al., 2013) create a sense of alarm and urgency about the issue for research purposes. We acknowledge that research processes perpetuate the need for such alarm by ensuring that authors highlight research gaps in their work, however this also contributes to an overly negative and repeating representation of Aboriginal peoples (deficit discourse) which effectively problematises Aboriginal peoples rather than the complex historical, structural, and political factors responsible.

Another evident pattern was the use of the highlighted deficit discourse as a way of justifying programs which were seen as a strategy to address the dietary patterns of Aboriginal peoples and communities, not necessarily with community consultation (Ashman et al., 2016; McMahon et al., 2015; Rowley et al., 2001). For example, in a study describing the nutrient intake of adult urban Aboriginal and Torres Strait Islander peoples following a lifestyle intervention, it is suggested that the observed dietary patterns provide a “challenge to dietetic practitioners, primary healthcare teams and policy makers to continue efforts to develop effective dietary intervention” (Longstreet et al., 2008, p. 132). In this example, Aboriginal peoples are portrayed as a problem to healthcare professionals that need addressing. The term ‘intervention’ is also regularly used throughout the publications to describe such programs (Ashman et al., 2016; Brimblecombe et al., 2018; Lee et al., 2019; Longstreet et al., 2008; Rowley et al., 2001, 2003). The idea of ‘intervention’ is grounded in a deficit discourse which reflects a colonialist ideology where Aboriginal peoples are seen as needing fixing (Fogarty, Lovell, et al., 2018). Furthermore, the language of ‘intervention’, while considered neutral in positivist research, is a politically loaded term for many Aboriginal and Torres Strait Islander peoples, associated with governmental coercive control including the implementation of the Northern Territory Emergency Response, known as The Northern Territory Intervention, implemented from 2007 to 2022 (Fogarty, Lovell, et al., 2018).

In addition to the idea of ‘intervention’, studies often referred to the need for further research to uncover more about the dietary patterns of Aboriginal peoples, thus providing justification to repeat the problem description focus. In a study comparing self-reported dietary intake to data from the National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey, it was noted that the use of store data can be “extremely useful as a monitoring and feedback tool to empower decision makers to improve the health of their communities” (McMahon et al., 2017, p. 602). Another study investigating the associations between maternal nutrition during pregnancy and the growth of infants suggests that “future studies with long-term follow up of the children in the current cohort to assess renal damage, and blood pressure are imperative” (Lee et al., 2021, p. 14). The idea that Aboriginal peoples need ongoing monitoring in order to improve nutrition-related health outcomes reflects a paternalistic ideology where Aboriginal peoples are seen as lacking agency in determining nutritional needs and therefore would be better off with further investigation. Such a notion is present in Australian society, for example the Basics card where individuals receiving income support from the Australian Government can only spend money at certain businesses, including supermarkets. This was trialled in the Northern Territory, where 30.8 percent of the population are Aboriginal or Torres Strait Islander (Northern Territory Government, 2022).

This pattern of problem describing throughout the analysed literature leads to an overall representation of Aboriginal peoples as unhealthy and requiring ongoing monitoring or intervening. Grounded in a deficit discourse, these representations reflect both colonialist and paternalistic ideologies.

### 3.3. Comparison with non-Indigenous Australians and guidelines

The health and nutrition of Aboriginal and Torres Strait Islander peoples was commonly compared to that of non-Indigenous Australians, or to national guidelines such as the Australian Guide to Healthy Eating (NHMRC, 2017) throughout the analysed literature.

Firstly, repeated discourses of comparison were evident with studies describing a health or dietary gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians (Abbott et al., 2012; Ashman et al., 2016; Gwynn et al., 2012; Lee et al., 2019; Leonard et al., 2017; Longstreet et al., 2008; Myers et al., 2014; Onifade et al., 2021; Pettigrew et al., 2015; Valery et al., 2012). This was typically achieved through the use of deficit statistics. For example, McMahon et al. (2015)

stated that the “risk of cardiovascular disease (CVD) mortality in Indigenous Australians is nearly twice that of non-Indigenous Australians, and CVD is responsible for approximately 3 years of the life-expectancy experienced by this population” (p.2). Discourses utilising deficit statistics with no adjacent discussion of the structural, historical, and political factors responsible results in a reductionist narrative, adding to the deficit discourse, which represents Aboriginal peoples in terms of inferiority. By situating responsibility for health inequities with Aboriginal peoples, the ways in which structural inequities are affecting health are overlooked and kept invisible.

Secondly, the dietary intakes of Aboriginal and Torres Strait Islander peoples were discussed in relation to that of non-Indigenous Australians, and framed as being different. For example, a study evaluating the nutrient intake of adult urban Aboriginal and Torres Strait Islander peoples concluded that “the reported intake identified an average nutrient pattern that was significantly different from the typical Australian intake” (Longstreet et al., 2008, p. 132). Similarly, a study aiming to describe the food and nutrient intake of a population of Australian Indigenous and non-Indigenous rural children claimed that “differences in intake by Indigenous status need further investigation” (Gwynn et al., 2012, pp. 12–13). This has the effect of implying that non-Indigenous Australians are the norm, or point of reference, for Aboriginal people to aspire to (Fogarty, Lovell, et al., 2018).

Finally, the analysed literature utilised comparison to assess the nutritional adequacy of Aboriginal and Torres Strait Islander peoples’ dietary intakes to that of national guidelines (Ashman et al., 2016; Beringer et al., 2021; Lee et al., 2019, 2021; McDermott et al., 2009; McMahan et al., 2015; Tonkin et al., 2020). Consequently, repeated discourses describing the ‘discrepancies’ or ‘disparities’ between dietary patterns and guidelines were evident, resulting in description of the nutrition of Aboriginal peoples as inadequate or deficient. For example, following the assessment of maternal dietary intake, Lee et al. (2019, p. 480) report “discrepancies between nutrient intakes reported by pregnant Indigenous Australian women in the Gomeri gaaynggal cohort and those recommended in the national guidelines” and 40% of Aboriginal teenagers had moderate to severe iodine deficiency. Current data from the ABS indicate that 11% of Aboriginal and Torres Strait Islanders are iodine deficient, similar to non-Indigenous populations” (McMahon et al., 2015). This language of comparison is common in Aboriginal and Torres Strait Islander health and has the effect of highlighting that “Aboriginal and Torres Strait Islander Australians are failing to meet a standard” (Fogarty, Lovell, et al., 2018, p. 20) which is set from non-Indigenous peoples and institutions. In conjunction with other points regularly highlighted, these descriptions contribute to and compound the deficit discourse created around Aboriginal peoples and nutrition.

### 3.4. Variable acknowledgments of colonisation

Throughout the analysed literature, there were three observed patterns of discourse relating to the acknowledgment of colonisation and its ongoing effects: no acknowledgment, trivialised comment, and brief or in-depth acknowledgment. The first and most apparent was the absent recognition of colonisation. In these studies, there was no acknowledgment of initial colonisation, or its ongoing effects on the food knowledges and food systems on Aboriginal peoples today. Without acknowledgment of historical factors, colonising deficit discourse is reinforced, Aboriginal and Torres Strait Islander knowledges and experiences are hidden, and the responsibility for nutrition-related issues are placed with Aboriginal peoples.

The second evident pattern was the trivialised implicit reference to colonisation. In these studies, colonisation was referred to using descriptors such as “lifestyle changes” (Butler et al., 2011, p. 115), “westernisation” (Longstreet et al., 2008, p. 128) and “transition” (Butler et al., 2011, p. 115; Valery et al., 2012, p. 10). These inadequate and perfunctory descriptions reflect a tokenistic acknowledgment of

colonisation, producing representations of Aboriginal peoples as passive in the process of colonisation, rather than colonisation as a violent and imposed process which continues to be resisted and opposed (Watego, Singh, & Macoun, 2021).

Thirdly, and contrastingly, of the studies that acknowledged colonisation, there were both in depth discussions as well as only brief mentions. Studies that included in depth discussions of colonisation focused on the forced dependence “on rations provided through missions” (Onifade et al., 2021, p. 2) and the loss of both “traditional lands as a food source” (Luke et al., 2015, p. 163) and “traditional nutritional knowledge transfer” (Nilson et al., 2015, p. 3398). These studies acknowledged the “the importance of understanding the relationship between the colonisation processes, segregation, protection and assimilation policies, and the current nutritional status of Aboriginal people” (Nilson et al., 2015, p. 3402, p. 3402). Studies which included discourses relating to colonisation challenge the racist stereotypes which are constructed in the absent recognition of the ongoing impacts of colonisation. Not all studies however included discussions as in depth as this, with some only briefly referring to colonisation in relation to the “dramatic” (Sjöholm, Pahkala, Davison, Juonala, & Singh, 2020, p. 1) changes resulting from its occurrence.

### 3.5. Inconsistent inclusion of aboriginal and torres strait islander perspectives

Discourses regarding Aboriginal and Torres Strait Islander standpoints and perspectives were incorporated inconsistently throughout the analysed literature. This included discourses around Aboriginal and Torres Strait Islander perspectives on health and wellbeing and traditional foods.

Aboriginal perspectives on health and wellbeing were largely absent in the discourses present throughout the analysed literature. For Aboriginal peoples, health and wellbeing is multi-dimensional and encompasses a ‘whole of life’ (p. 6) view of “physical wellbeing [and] ... social, emotional and cultural” (p. 5) (NACCHO, 2001) health of people within their Community’s wellbeing. In the absence of Aboriginal perspectives of health, the dominant Western health knowledge system is positioned as the normative or standard health system, thus making Aboriginal health knowledge systems invisible. For example, studies commonly focused on a Western biomedical model of health, using anthropometric data, biochemical measures and dietary intake data as indicators of health (Ashman et al., 2016; Beringer et al., 2021; Black et al., 2013; Luke et al., 2015; McDermott et al., 2009; Rowley et al., 2001, 2003; Todd, Carroll, Gallagher, & Meade, 2013; Valery et al., 2012). As a result, this ethnocentric approach to research maintains a colonialist ideology where Western forms of knowledge are privileged and seen as the norm or standard.

On the other hand, studies that did incorporate Aboriginal perspectives on health and wellbeing particularly mentioned the ‘whole of life’ view of health in relation to the more “expansive significance of food” (Colles, Maypilama, & Brimblecombe, 2014, p. 365) than just maintaining physical health. For example, a study exploring strategies for providing culturally sensitive information and approaches to support food choice among a remote Aboriginal community presented Aboriginal perspectives on nutrition as being closely linked with psychological wellbeing stating that eating good foods “produced ‘a feeling of lightness’ associated with ‘feeling energetic and happy’; a sense of wellbeing” (Colles et al., 2014, p. 367). This inclusion of Aboriginal standpoints and perspectives challenges the more dominant colonialist ideology, although may still fall short of encapsulating the roles of food in the diversity of Aboriginal ways of knowing, being and doing about food practices, wellbeing, culture, and Country.

Further to this, there was a focus on the connection to and use of traditional food throughout the analysed literature. Discourses focused on traditional foods were often present in relation to data collection. For example in a study investigating the differences in usual diet of

Aboriginal and Torres Strait Islander young people, data collection included questions “based on validated Australian National Nutrition Survey with slight modification to enable data to be collected about youths on the consumption of turtle and dugong” (Valery et al., 2012, p. 3). Other studies, however, encouraged and promoted the use of traditional foods explaining their importance in maintaining health and wellbeing. One study described the implementation of a “bush tucker” trip with [A]boriginal [E]lders and children to provide an opportunity for cultural exchange of knowledge and for the children to learn the value of bush tucker as part of a healthy lifestyle” (Zeunert et al., 2002, p. 104). Similarly, in a study describing the dietary intake of young children in a remote Aboriginal community, traditional food consumption was commonly reported, highlighting “the importance of traditional foods for intergenerational cultural knowledge sharing and eating socialisation” (Tonkin et al., 2020, p. 9).

Concurrently, traditional foods were also framed negatively with regular assumptions made about how traditional foods contribute to Aboriginal peoples’ diets today. In these studies, the contribution of traditional foods was often overlooked, dismissed, or framed as ‘difficult’ to estimate. For example, one study stated that

the contribution of wild-harvested foods to modern day Indigenous Australian diet is difficult to quantify. There is little current information on the types and amounts of wild-harvested foods consumed by this population, although the contribution to energy is likely to be small at the population- level (McMahon et al., 2017, p. 601, p. 601)

This discourse was further reinforced by unsubstantiated statements that traditional foods are not commonly eaten by Aboriginal and Torres Strait Islander peoples. For example, studies stated that traditional foods contribute “periodically” (Rowley et al., 2001, p. 446) to community-level dietary intake only representing a “small proportion of dietary intake” (McMahon et al., 2015, p. 7) as “procurement usually does not occur on a regular basis” (Brimblecombe et al., 2013, p. 384) without substantiation. This discourse frames Aboriginal peoples as having little contemporary connection to or use of traditional foods, judging frequency or volume of food consumption without consideration of cultural significance. This reflects a minimisation of the centrality of culture, traditional food practices and knowledges for Aboriginal and Torres Strait Islander peoples’ health and wellbeing (Christidis, Lock, Walker, Egan, & Browne, 2021).

#### 4. Discussion

This study sought to investigate how Aboriginal and Torres Strait Islander peoples are portrayed in peer-reviewed nutrition and dietetics literature, focusing on strengths-based and deficit framing and discourses. Following analysis, four prominent themes relating to strengths and deficit framing and discourses were identified: problem describing, comparison, acknowledgment of colonisation and inclusion of Aboriginal and Torres Strait Islander perspectives.

Repeated patterns of deficit discourse describing Aboriginal nutrition and health were evident throughout the analysed literature. This

<sup>4</sup> ‘Bush tucker’ is a common informal term used to describe traditional foods which were foraged, hunted and cultivated by Aboriginal and Torres Strait Islander peoples prior to colonisation. Some food practices are negatively impacted by ongoing colonisation, while many others continue to be practiced and taught across generations and other practices are being rejuvenated in more recent years. Bush tucker is nutritionally nourishing and culturally significant. Adams, V. M., Douglas, M. M., Jackson, S. E., Scheepers, K., Kool, J. T., & Setterfield, S. A. (2018). Conserving biodiversity and Indigenous bush tucker: Practical application of the strategic foresight framework to invasive alien species management planning. *Conservation Letters*, 11(4), e12441. <https://doi.org/10.1111/conl.12441>, Gott, R. (2006). *Bush tucker/Robert Gott*. Heinemann Library. , Pascoe, B. (2018). *Dark Emu: Aboriginal Australia and the birth of agriculture*. Magabala Books.

continual focus on problems does little to acknowledge or address the nutrition-related health inequities faced by Aboriginal and Torres Strait Islander peoples. This call for a more critical examination of the focus on deficits and deficiencies in Aboriginal and Torres Strait Islander people’s health research is not new, as stated by Foley and Schubert (2013),

by placing the spotlight on the quantification of the ‘problem’, by labelling Indigenous peoples as ‘diseased’ or ‘deficient’ and by relying on this perspective to launch us into ‘corrective’ solutions, a shadow is inadvertently cast over part of the story that might just be crucial to finding solutions (p.20)

In addition, it has previously been suggested that a way to avoid perpetuation of a deficit discourse is to (1) describe a strength of Aboriginal people, (2) discuss inequities and (3) finish with naming the relevant health or nutrition issue (Wilson et al., 2020). Without acknowledging the structural, historical, and political reasons for nutrition-related health inequities, Aboriginal peoples are incorrectly portrayed as the problem and as responsible for differences in health and nutrition status compared to non-Indigenous people. These inaccurate representations of Aboriginal peoples can lead to the formation of negative stereotypes which contribute to both interpersonal and internalised racism, leading to a decreased utilisation of healthcare and further nutrition-related health inequities (Bond, 2005; Christidis et al., 2021; Fogarty, Lovell, et al., 2018). Consistent with Lowitja Institute’s assertion, a focus on problems also overlooks the existing strengths and capacity of individuals and communities, which are key to addressing nutrition-related health priorities within Aboriginal Communities (Fforde, Bamblett, Lovett, Gorringer, & Fogarty, 2013; Fogarty, Lovell, et al., 2018).

Negative stereotypes are further constructed through repeated discourses of comparison to non-Indigenous peoples, and comparison of health and dietary intakes to national guidelines (which are not specific to Aboriginal peoples) (Fogarty, Lovell, et al., 2018). This reinforces colonial ideology which positions non-Indigenous Australians as ‘superior’ (Mohamed Shaburidin, Bourke, Mitchell, & Newman, 2022). A key feature of comparison utilised throughout the analysed literature was deficit statistics. While statistics can be important in emphasising issues of inequality, when consistently repeated and disconnected from historical and structural context, these statistics can lead to the construction and embedding of racist stereotypes (Fogarty, Lovell, et al., 2018). These racist stereotypes constructed throughout nutrition and dietetics literature contribute to institutionalised racism, a key structural determinant of Aboriginal and Torres Strait Islander health and wellbeing (Mohamed Shaburidin et al., 2022; Paradies, Harris, & Anderson, 2008).

Throughout the analysed literature there were inconsistent degrees of acknowledgment of ongoing colonisation or its effects on the nutrition and health of Aboriginal peoples. It has been established that adopting decolonising methodologies, part of which includes acknowledging history, is extremely important in affecting change within Aboriginal and Torres Strait Islander health, including in nutrition (Sherwood & Edwards, 2006). Therefore, a lack of discussion around colonising factors situates responsibility for current nutrition-related inequities with Aboriginal peoples. Conversely, as demonstrated by those studies incorporating in depth discussions of colonisation, acknowledging the historical and ongoing factors which contribute to nutrition-related health inequities actively challenges discourses of deficit by deconstructing negative race-based stereotypes. As stated by Sherwood. (2013) “colonisation is a determinant of health and requires appreciating that it is not a finished project” (p.30).

Decolonising methodologies within research also aim to shift the focus of research from one of Western understanding and logic to one which centres Aboriginal and Torres Strait Islander standpoints and perspectives (Fogarty, Lovell, et al., 2018; Prior, 2007; Sherwood & Edwards, 2006). The lack of discourses including Aboriginal and Torres Strait Islander perspectives of health and wellbeing, and the limited discourses referring to traditional foods throughout the analysed

literature indicate that decolonising methodology is not well utilised. The use of Western understanding and logic to conduct research contributed to colonisation by producing knowledge which “purposely misrepresented and dehumanised Aboriginal peoples, producing racist stereotypes” (Sherwood, 2013). As evidenced by the analysed literature, nutrition and dietetics research is not immune to the dominant structures of Western knowledge systems which establish the acceptable standards for research dissemination. Coupled with an absence of discourses on Aboriginal perspectives, effectively rendering this as unimportant, nutrition and dietetics literature thus enables the perpetuation of colonisation through the continued production of racist stereotypes.

#### 4.1. Strengths and limitations

This study has focussed on the discourses present within the nutrition and dietetics peer-reviewed literature and has demonstrated the dominance of deficit discourses in this discipline of research. This approach could be utilised to critique the discourses relating to Aboriginal and Torres Strait Islander peoples and health in other disciplines.

The authors recognise the tension created in this analysis, which has problematised the discourses which reinforce colonial and racially stereotypical ideologies. In doing so, we are also contributing to the descriptions of problems. It is our hope that through this problematisation via a critical lens, patterns in language use and discourse reproduction can be challenged and changed.

This analysis focussed on the discourses present in the language of published, peer-reviewed research publications, which is the language of research dissemination. Therefore, there may be aspects of the research process or methods pertinent to this analysis which are undescribed or unreported in publications due to word count limitations or expectations of publishing institutions. The language of research dissemination is not selected by authors in isolation, but rather is positioned within the systems of power in publication institutions including journal expectations and peer reviews which influence language. The utilisation of critical discourse analysis enables the critique of language in use, and places the focus of change in the systems and structures of power. Therefore, it is important to note that this work does not seek to blame authors but to challenge the prevailing systems of research dissemination which are influenced by societal expectations, funding bodies, publication institutions, journal word count limitations, editorial and peer review teams (Tennant & Ross-Hellauer, 2020).

A further acknowledged limitation is the utilisation of Lowitja Institute’s seminal reports on strengths and deficit approaches in research, which were published in 2018, and the analysed literature dates back to 2001 (Fogarty, Lovell, et al., 2018), meaning that authors could not have used the Lowitja Institute reports to inform their work prior to 2018. While the need for strengths-based approaches were established prior to 2018 (Brough, Bond, & Hunt, 2004; Foley & Schubert, 2013; McKenzie, Dell, & Fornssler, 2016; Tedmanson & Guerin, 2011), this analysis is effectively looking back and appraising studies against current standards.

The strengths of this study include the systematic search strategy for data collection, and the grounding of the analysis in the concepts laid out by the Lowitja Institute as the theoretical framework. The Lowitja Institute is Australia’s leading research institute led by Aboriginal and Torres Strait Islander peoples, this approach is grounded in the rigour of Aboriginal and Torres Strait Islander scholarship. Furthermore, the Lowitja Institute is a community-controlled entity and therefore its outputs, including the comments that guided this work, are grounded in Aboriginal and Torres Strait Islander Community priorities and ways of working.

As analysis for CDA relies upon the researcher’s ability to identify and interpret discourses there is a potential for researchers to miss relevant language, therefore acting as a limitation. This was mitigated through the development and use of the theory-grounded analysis tool which enabled transparent and consistent analysis across the dataset and

facilitated the research team to routinely refer back to the analysis during the debate, refinement and socio-cultural interpretation of critical discourse analysis themes.

The transdisciplinary nature of this study has been strengthened through the application of ‘multiperspectival framework’ approach to ensure rigorous combining of CDA methods and social theory in a way that is meaningful and innovative in the nutrition and dietetics field (Jørgensen & Phillips, 2002; Willey-Sthapit et al., 2020). However, the authors acknowledge that the pure linguistic analysis may not be as in-depth as a CDA within the field of sociolinguistics.

There are two important limitations in this study; firstly, grey literature was excluded from this study and is recognised as a limitation as a portion of Aboriginal and Torres Strait Islander community led nutrition projects are not published via peer-review and investigation into this body of work is warranted. Secondly, members of the research team are Aboriginal public health researchers and dietitian researchers, there are no Aboriginal dietitian researchers on this team. Further research expanding on strengths-based approaches in the nutrition and dietetics field needs to involve Aboriginal dietitian researchers in the team.

#### 4.2. Implications for future research and practice

With a strong emphasis on evidence-based practice, research is central to the production of knowledge and circulation of ideas and concepts within nutrition and dietetics, therefore providing an environment in which dietitians and nutrition professionals are socialised (Bessey, Brady, Lordly, & Leightzeizer, 2021). As a result, the negative Western ethnocentric representations of Aboriginal peoples present in nutrition and dietetics literature become a strong point of reference and understanding. Consequently, students, dietitians and nutrition professionals are socialised into a discourse of deficit. It is evident that deficit discourses impact on the health of Aboriginal peoples contributing to both institutionalised and internalised racism and perpetuating colonisation. As dietitians and nutrition professionals, we are not taught to think critically of the discourses present, and therefore these practices become accepted as ‘normal’. This not only constrains how Aboriginal and Torres Strait Islander nutrition and health is thought about, but also the potential for any effective and sustainable solutions. The findings from this paper suggest that dietitians and nutrition professionals need to be equipped in, recognise, name and work toward reframing deficit discourse and how this impacts how Aboriginal and Torres Strait Islander peoples are perceived, and how their nutrition care is delivered. We must begin to think critically about discourses and how they impact on our work as dietitians and nutrition professionals.

This study has brought an important awareness to the dominating deficit discourses in Aboriginal and Torres Strait Islander nutrition and dietetics literature. While this is an important first step in resetting the negative narrative and deficit framing of Aboriginal peoples, it is crucial that these discourses are also actively challenged. One way of doing this is by adopting strengths-based approaches which privilege Aboriginal standpoints and perspectives, as well as recognises the complex historical, structural, and political conditions affecting Aboriginal peoples today. Although strengths-based approaches continue to be underutilised in nutrition and dietetics, there is growing evidence to support their use and practical application (Fogarty, Lovell et al., 2018; Thurber et al., 2020).

## 5. Conclusion

There is an evident dominance of deficit discourse throughout Aboriginal and Torres Strait Islander nutrition and dietetics literature. This study demonstrates that overall, there is a lack of acknowledgment and understanding of colonisation and Aboriginal and Torres Strait Islander perspectives are rarely explicitly incorporated. Due to the effects that the presence and absence of these discourses have on how Aboriginal peoples are portrayed, and further on the health and

nutrition of Aboriginal peoples, it is crucial that this is rebalanced. While this study brings awareness to the power of deficit discourse present in nutrition and dietetics literature, it also highlights the importance of challenging these discourses by using strengths-based approaches. In doing so, more holistic and meaningful solutions to nutrition-related health inequities can be achieved.

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### Authors' contribution

Emma Chittleborough: Methodology; Formal Analysis; Investigation; Data Curation; Writing – Original Draft; Writing – Review & Editing Robyn Delbridge: Conceptualisation; Methodology; Writing – Review & Editing; Supervision John Coveney: Conceptualisation; Methodology; Writing – Review & Editing; Supervision Roland Wilson: Conceptualisation; Supervision; Writing – Review & Editing Tamara Mackean: Conceptualisation; Supervision; Writing – Review & Editing Annabelle Wilson: Conceptualisation; Methodology; Writing – Review & Editing; Supervision.

### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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