

A critical hermeneutic perspective in the context of an Aboriginal wellbeing program on Gumbaynggirr Country, Australia

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Statement of originality

I hereby certify that the work embodied in the thesis is my own work, conducted under normal supervision. The thesis contains no material which has been accepted, or is being examined, for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968 and any approved embargo.

07/02/2024

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Acknowledgement of authorship

I hereby certify that the work embodied in this thesis contains published paper/s/scholarly work of which I am a joint author. I have included as part of the thesis a written declaration endorsed in writing by my supervisors, attesting to my contribution to the joint publication/s/scholarly work.

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Author's notes

Definition of terms

I recognise and hold the tension that the complex and rich identities of First Nations People cannot be appropriately represented by simplified English terminology. I will respectfully use the terms First Nations, Indigenous, Aboriginal, and Torres Strait Islander people throughout this thesis.

I have used the term Indigenous or First Nations when referring to the broader First Nations community, which includes either Aboriginal and Torres Strait Islander People from Australia or First Nations Peoples from other colonised countries, including Aotearoa New Zealand, Canada, and the United States of America. My use of terminology, Indigenous or First Nations, varies between chapters in this thesis, reflecting my understanding of the changing academic and community discourses over the duration that this thesis was written. Journal requirements and reviewer comments have also influenced the choice of terminology over the different thesis chapters.

I have used the term Aboriginal when referring to research participants, the local community, and Aboriginal co-researchers on Gumbaynggirr Country, New South Wales, Australia, as this is the term they identify with. I have respectfully used the term Aboriginal when referring to First Nations Peoples from the mainland of Australia, including Tasmania.

Throughout this thesis, I have referred to the concepts of colonialism and colonisation rather than neocolonialism. Both colonialism and neocolonialism are oppressive systems with ongoing impacts on subjugated peoples that have led to power imbalances between the coloniser and the colonised. Although there are subtle differences between the two concepts, scholars use them interchangeably in the literature. For clarity, I have used the concept of colonialism throughout this thesis as

an overarching notion to describe the ongoing explicit and implicit subjugation of First Nations Peoples in Australia. The concept of colonialism is enduring and continues to impact Aboriginal and Torres Strait Islander Peoples in Australia. For instance, when we initially based the study on ‘measuring success’, it implied an insidious form of neo-colonialism tied to a colonial ideology (see Box 4.1, Chapter 4 for my reflections on ‘success’). Hence, there was a need to decolonise both researchers and research.

Throughout this thesis I have purposefully used capitalisation for important First Nations concepts to support cultural sensitivity, recognition, and respect, with an intention to promote greater awareness of First Nations cultures and their profound contributions to society. Terms capitalised in this thesis include ‘Ways of Knowing, Being, and Doing’, ‘Entities’, ‘Yarning,’ and ‘Country’; however, this was not always possible due to publication constraints. Words including ‘western’ and ‘eurocentric’ were purposely not capitalised in this thesis, except when constrained by publication requirements. By keeping these words in lowercase, I aim to challenge implicit assumptions of western superiority. Throughout this manuscript, I will refer to myself in the first person. My chosen methodologies involve my interpretations and collaborative discourses that have informed the findings and transformed my understandings, so I feel it would be inappropriate to distance myself from my writing.

Overarching statement of contribution

Developing this statement was challenging as I felt a risk of exerting western dominant research practices expected in academic settings, as well as overstating my contribution relative to how co-researchers, dialogue partners (explained further below and in section 1.3.7) and I developed knowledge presented in thesis Chapters 3-7. At the same time, I understand this statement is necessary to clarify my role as a doctoral candidate.

As the doctoral candidate, I have driven the development and completion of the research project, overseeing all stages from conceptualisation to final analysis and write-up. This work was completed under the supervision of Associate Professor

Leanne Brown, Dr Karin Fisher, and Dr Kerith Duncanson. My supervisors provided guidance, advice, and direction for the research. They also offered encouragement and support throughout this doctoral research program. Supervisors provided feedback on theoretical and methodological aspects, proofread manuscripts for publication, and reviewed the text of this thesis. Aunty Karen Roberts supported ongoing cultural mentorship throughout the research program (see section 1.3.5, which explores Aunty Karen Roberts' role in more depth).

My work has involved building and sustaining community relationships, project management, developing and maintaining ethics, formulating the research questions, designing the methodology, conducting data collection, and performing comprehensive analyses. I have collaborated with dialogue partners, which has resulted in the co-authorship of four published papers and one paper under review. I have used the phrase 'dialogue partner' to refer to Aboriginal and non-Indigenous researchers and co-authors on publications, who engaged in collaborative dialogues to inform the research (see section 1.3.7 for further detail). Additionally, I worked alongside co-researchers who contributed their knowledge and expertise to the findings of this research project. I have used the word 'co-researcher' to refer to research participants who participated in collaborative Yarning and interpretation of findings that are presented in Chapters 6 and 7 of this thesis (see section 1.3.7 for further detail).

As the first author of the publications (published and under-review), I drafted all manuscripts. I facilitated an iterative and critical process by checking back with co-researchers and dialogue partners' understandings to represent many voices in the findings (the contribution statements for each article are in Appendices 3.1, 4.1, 5.1, 6.1, and 7.1). These co-authored works highlight the collaborative and relational nature of my research approach and my ability to effectively collaborate with, contribute to and be inclusive of diverse perspectives within the field.

Publications arising from this thesis

This thesis is presented with the inclusion of four peer-reviewed manuscripts. This thesis comprises of four of these manuscripts (Chapters 3-6)

Manuscripts in peer-reviewed journals: Published

1. **Urquhart, L.**, Brown, L., Duncanson, K., Roberts, K., & Fisher, K. (2020). A dialogical approach to understand perspectives of an Aboriginal wellbeing program: An extension of Habermas' Theory of Communicative Action. *International Journal of Qualitative Methods*, 19, 1-10.
2. **Urquhart, L.**, Fisher, K., Duncanson, K., Roberts, K., Munro, S., Gibbs, C., & Brown, L. (2021). First Nation Peoples' nutrition and exercise group programs: Transforming success through the lifeworld. *International Journal of Qualitative Studies on Health and Well-being*, 16(1), 1-16.
3. **Urquhart, L.**, Roberts, K., Gibbs, C., Fisher, K., Brown, L., & Duncanson, K. (2022). Experiences of co-designing research about a rural Aboriginal well-being program: Informing practice and policy. *Australian Journal of Rural Health*, 30 (6), 703-892.
4. **Urquhart, L.**, Roberts, K., Duncanson, K., Brown, L., & Fisher, K. (2023). Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy. *Australian Journal of Health Promotion*, Early view, 1-13.

Manuscripts in peer-reviewed journals: Under review

This thesis is presented with the inclusion of one manuscript that is currently under peer review (Chapter 7).

1. **Urquhart, L.**, Roberts, K., Duncanson, K., Brown, L., & Fisher, K. (2023). Sustaining an Aboriginal Wellbeing program in Australia: Insights for transformative health service practices. [Manuscript submitted for publication].

Conference presentations arising from this thesis

During my candidature, the following abstracts were presented at conferences related to this thesis:

1. **Urquhart L**, Monaghan N, Cook J, Brown L, Fisher K, Duncanson K. (2018) *Yarning about Spring into Shape: Beyond the usual methods*. Rural Health Research Conference, Tamworth, NSW.
2. **Urquhart, L.**, Roberts, K., Brown, L., Duncanson, K., & Fisher, K. (2019). *Mutual respect for ways of knowing, doing, and learning: Collaborative yarning to understand an Aboriginal wellbeing program*. Lowitja Institute 2nd International Indigenous Health and Wellbeing conference, Darwin, NT.
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1. **Urquhart, L.** (2018, October 29). *Inspirations from our ethics journey (and approval)* [Online presentation]. University of Newcastle Department of Rural Health Engaging with Research Practice. Australia.
2. **Urquhart, L., Roberts, K.** (2019, June 4). *Mutual respect for ways of knowing, doing, and learning: Collaborative yarning to understand an Aboriginal wellbeing program* [Presentation]. Galambila Aboriginal Health Service, Coffs Harbour, NSW Australia.
3. **Urquhart, L.** (2021, December 7). *Knowledge sharing* [Online presentation]. University of Newcastle Department of Rural Health, Teaching and Learning Day. Australia.
4. **Urquhart, L.** (2022, March 21). *Exploring strengths of an Aboriginal nutrition and exercise wellbeing program* [Online presentation]. Rural Research Capacity Building Program. NSW, Australia.
5. **Urquhart, L., Roberts, K.** (2023, August 18). *Collaborative yarning and collage to co-interpret lifeworld qualities that sustain an Aboriginal wellbeing program* [Presentation]. Galambila Aboriginal Health Service, Coffs Harbour, NSW, Australia.
6. **Urquhart, L.** (2023, September 13). *Rural health and research practice – Coffs Harbour NSW* [Online Webinar]. Dietitians Australia Masterclass: Bringing the Country to the City – Highlighting practice outside the major city centres webinar. NSW, Australia.
7. **Urquhart, L.** (2023, November 2) *Rural health and research practice – Coffs Harbour* [Online presentation]. Australian Nutrition Collaborative for Health Outcomes in Rural (ANCHOR) populations. NSW, Australia.

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Abstract

The diverse and holistic wellbeing needs of First Nations Peoples in Australia have been marginalised by dominant research and health service policies and practices which prioritise western paradigms. The aim of this thesis was to engage with critical hermeneutics to transform understandings and practices in the context of the Aboriginal Wellbeing program, Spring into Shape, situated on Gumbaynggirr Country, Australia. Through a lens of Habermas' theory of communicative action, the research approach was collaborative and dialogical, guided by the local Aboriginal Health Service staff and community members. Throughout this research, ongoing community engagement was maintained. Three layers of praxis: i) understanding my own process, ii) informing self and others, and iii) interrogating western modernity; provided an approach to link understandings and practices for self-determination of First Nations' holistic wellbeing.

I am a non-Indigenous person, who collaborated with three Aboriginal dialogue partners, one of whom acted as a cultural mentor, and three non-Indigenous dialogue partners across this thesis. Fifteen participants and staff from the Spring into Shape program engaged in individual Yarning, with nine participants becoming co-researchers through their contributions to two half-day collaborative Yarning sessions. Individual and collaborative Yarning transcripts, as well as published literature and diarised reflections, were used as data for critical hermeneutic interpretation.

Informed by collaborative Yarning, this thesis presents actions that health professionals, policymakers, researchers, and educators can take to actively disrupt dominant research and health service understandings and practices. The actions are grounded in critical reflection, collaborative approaches, and shared communication. The three layers of praxis threaded throughout this thesis contribute to the culmination of a model of transformed practice called *walking alongside* that guides

towards a praxis. Empowering those involved in wellbeing programs, the model advocates for reform that respects the capability and cultural legitimacy of a lifeworld approach, striving towards First Nations' holistic wellbeing and self-determination.

Chapter 1 Thesis introduction and overview

1.1 Overview

Chapter 1 introduces my positionality and the foundations of my interests informing this doctoral thesis. This chapter outlines the research topic and a brief overview of the thesis, including the thesis aim, context, and significance of the research. This chapter concludes with a synopsis of the thesis chapters.

1.1.1 Identity and positionality

We are all cultural beings constructed of many identities; how we express our identities as we walk, talk, and act in the world is critical to shaping our understanding of who we are and how we practice (Russell, 2020). A researcher's identity and positionality can influence all aspects of research, including their choice of a research topic, methodology, and how they interpret and present research findings (Vanner, 2015; Wilson et al., 2022). Positionality means critically examining ourselves deeply to understand how we interpret the world, how we are socialised, and our biases. We must be critical of how this influences our practices with other people from different cultures and how we interact with and benefit from existing social structures (Russell, 2020).

I understand that there is no impartial research. My opinions, values, beliefs, and social context journey with me through the research process, shaping each research decision I make (Vanner, 2015). I identify as an Australian woman of European descent. I am a dietitian, educator, researcher, a wife, a daughter, a friend, and an aunt. I am also white, cis-gendered, and heterosexual. I would not have considered these aspects part of my identity a few years ago, as these parts of my identity previously remained unchallenged and unseen to me. I acknowledge that my privilege can exist within me in unnoticed ways, requiring me to commit to an intentional and ongoing

critical self-reflection through a social and political analysis that may lead to transformative changes (Russell, 2020). How I am positioned in the world, and the consequences of this positioning on my understanding and practices are notions that I will critically reflect on throughout the chapters in this thesis, beginning with the foundations of my interest (see section 1.1.2 below).

1.1.2 Foundations of my interest in the research topic

The foundations of my interest in critical approaches to practice in Aboriginal wellbeing contexts began in 2017 when I supervised nutrition and dietetics students on a service-learning placement as one aspect of my role with the University of Newcastle Department of Rural Health.¹ Through collaborative and ongoing conversations with the local Aboriginal community and staff at Galambila Aboriginal Health Service (AHS) located on Gumbaynggirr Country, Mid North Coast, New South Wales, Australia, we explored the opportunity for student placements. As part of these discussions, Galambila management asked me to oversee and facilitate a student placement that evaluated an Aboriginal wellbeing program named Spring into Shape. The evaluation was carried out by three university students completing their final year of studies in nutrition and dietetics (Pearce M et al., 2017) (see 1.3.4 for further information about the program). I co-supervised the student evaluation along with an Aboriginal Health Worker, who was the Spring into Shape coordinator at the time of the project. The student evaluation determined an apparent absence of clear objectives and strategies that made it difficult for them to measure outcomes relevant to the program goal, which they understood to be about promoting a healthy lifestyle

¹ Funded by Rural Health Multidisciplinary Training program the University of Newcastle Department of Rural Health aims to improve the recruitment and retention of the rural health workforce in Australia (Australian Government Department of Health and Aged Care, 2022). Responsibilities of my role within the University Department of Rural Health include support and supervision of student placements, rural research, rural community engagement and support of rural and First Nations health workforce.

and helping participants manage stress through a holistic approach (Pearce M et al., 2017). Instead, the students found that participant numbers were the main outcome measure used to justify the continuation of program funding (Pearce M et al., 2017). The student evaluation recommended that detailed program objectives and strategies should be developed to enable an evaluation of the stated overall program goal (Pearce M et al., 2017).

Through my involvement with the student project, I was inspired by the resilience of the program and the individual participant stories. Participants and stakeholders of Spring into Shape described their program to me as a wellbeing program. Participants felt that the program supported them in more ways than just providing information and interactive activities, e.g., healthy cooking and exercise. They described the social and emotional attributes of the program linked to communication, culture, and community.

I was challenged by the contrasting practices of evaluation and objective measurements for funding and the rich and complex socio-cultural practices that seemed to sustain the program and support participants in their wellbeing journey. It is my assumption that the recommendations made from the findings of the student evaluation were primarily based on a colonising biomedical perspective of health (Haynes et al., 2021; Huria et al., 2021), which focused on measuring the success of the program from the perspective of the dominant health service system.

1.2 Research topic

The research topic for this thesis relates to my critical interest in the understandings and practices that can support First Nations' wellbeing through exploring the perspectives of health and wellbeing and the existing dominant practices. In this introduction, I outline that there is a mismatch between current practices based on colonising western theories that do not align with First Nations' concepts of wellbeing. I then suggest a praxis, through three layers, as an emancipatory approach

to better link understandings and practices towards self-determination of First Nations' wellbeing.

1.2.1 Perspectives of health and wellbeing

This section describes different perspectives that can inform current practices in First Nations' health and wellbeing in Australia, particularly how colonising western perspectives that have dominated practices do not align with First Nations' concepts of wellbeing.

The World Health Organisation (2020) provides the following definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (p. 1). In the literature, there is a diversity of perspectives and contention regarding the concept of health and wellbeing for First Nations Peoples, encompassing overall health and the practices that may support it (Boddington & Räisänen, 2009; Butler et al., 2019; Mackean et al., 2022; Terare & Rawsthorne, 2020). Differences include whether the focus of wellbeing centres on the individual, the individual in an environment, or a more collective, ecological or relational view (Mackean et al., 2022). I have outlined three perspectives of wellbeing below and will argue that the first two, rooted in western colonialism (biomedical and wellness or lifestyle), have caused harm, and suffering to First Nations Peoples.

Biomedical perspective

The biomedical perspective of wellbeing privileges scientific and technical knowledge and is removed from personal and social contexts (Scambler & Britton, 2001). Biomedicine uses expert language and knowledge to operate instruments that measure 'health' to collect information about individuals, predict current or future risks of morbidity and treat individuals based on science (Mackean et al., 2022; Scambler & Britton, 2001). The dominance of biomedicine within a First Nations health context has normalised a deficit discourse and racism in health practices, contributing to stark health inequity for First Nations Peoples in Australia (Chittleborough et al., 2023; Fogarty et al., 2018; Haynes et al., 2021; Paradies, 2018).

This dominance has blamed First Nations Peoples for health disparities, overshadowing the critical roles of health systems, socio-economic conditions, historical contexts, and political influences (Chittleborough et al., 2023; Haynes et al., 2021; Paradies, 2016).

Wellness or lifestyle perspective

A wellness or lifestyle approach to wellbeing involves health professionals delivering information to people to influence behaviours that may improve aspects of their health (Mackean et al., 2022). However, akin to the biomedical model, these behavioural approaches often prioritise a unidirectional flow of expert knowledge and language directed at individuals, neglecting the broader socio-political context that profoundly shapes wellbeing (Mackean et al., 2022). In doing so, this perspective overlooks the significance of systemic factors, colonial legacies and sociocultural determinants that contribute to the overall health and wellness of First Nations individuals and communities.

First Nations' holistic perspective

Indigenous knowledge systems underpin First Nations' understandings and practices of wellbeing (Nakata, 2002; Nakata et al., 2012). First Nations' perspectives of wellbeing focus on social relations, including family and community ties and collective identities, including connection to ancestors, family, and Country and the importance of common over individual good (Bryant et al., 2021). This emphasis on connectedness is a holistic perspective of wellbeing, adopting a whole-of-life view aligning "...spiritual, social, and cultural elements in intimate connection with biophysical bases" (Panelli & Tipa, 2007, p. 456).

First Nations' health in Australia has been dominated by biomedical treatment and wellness or lifestyle approaches to change behaviours related to diet, exercise, alcohol and tobacco use (Baum & Fisher, 2014; Fisher et al., 2016; Shakespeare et al., 2021). Both biomedical and wellness-lifestyle constructs of wellbeing take a western individualised way of knowing and being that has a reduced capacity to account for

rich and diverse relational, political, collectivist, and holistic concepts of wellbeing for First Nations Peoples (Bryant et al., 2021; Mackean et al., 2022). Western ways of knowing, being, and doing have shaped all aspects of health and wellbeing services, continuing to problematise and colonise First Nations Peoples in Australia (Chittleborough et al., 2023; Sherwood, 2009; Sherwood & Mohamed, 2020). The significance of this has led to the compounding of harm and poor health status for First Nations Peoples and communities (Sherwood, 2009). These approaches fail to consider Ways of Knowing, Being, and Doing that articulate First Nations Peoples' experiences, realities, and understandings (Manton & Williams, 2021; Martin & Mirraboopa, 2003; Sherwood, 2009). Aboriginal Ways of Knowing, Being, and Doing in the context of this thesis are further explored in Chapters 2-4.

1.2.2 Practices that support wellbeing

This thesis will explore the practices of people who are involved in Aboriginal wellbeing programs, including Aboriginal program participants, health professionals, policymakers, researchers, and health student educators. I have drawn on the concept of practices as described by Kemmis (2009); Kemmis et al. (2014), who suggests that practices can be understood as human and social actions with enduring moral, political, and historical dimensions. Practices also form and transform those who practice, as well as those who are influenced by their practice (Kemmis et al., 2014). Practices can be considered as human activities or actions that can be thought of as sayings, doings, and relatings described by Kemmis et al. (2014).

- Sayings - are cultural-discursive arrangements relating to semantics through the medium of language.
- Doings – are the material-economic arrangements relating to spatial-temporal aspects through the medium of activity.
- Relatings – are the socio-political arrangements relating to social aspects through solidarity and power.

In the example of westernised biomedicine (above), sayings involve one-sided communication from an expert using technical language or jargon. Doings are the tests or procedures performed *on* someone or the collection of information *about* someone in a clinical or research environment. Relatings are the power imbalances between the researcher or health professional as the expert and the patient as the problem and the passive object of study. I understand these practices have led to the self-serving dominance of colonising interests, which have disempowered, silenced, and disconnected First Nations Peoples from cultural and relational practices that support holistic wellbeing (Bryant et al., 2021; Gatwiri et al., 2021). Hence, there is a mismatch between practices and concepts that can support the self-determination of First Nations' wellbeing.

Self-determination is a concept that is used to refer to a collective human right exercised by Peoples (Australian Human Rights Commission, 2023). Survival, dignity, and wellbeing of First Nations Peoples depend on their ability to exercise self-determination, which has been impeded in Australia through acts of colonisation and punitive policymaking, causing harm and trauma (Australian Human Rights Commission, 2023). Self-determination and decolonising practices have been linked in the literature as important for strengthening approaches to First Nations' wellbeing (Dudgeon et al., 2017; Prehn & Ezzy, 2020; Sherwood & Edwards, 2006). Decolonising wellbeing practices requires acknowledging that knowledge and actions are linked and have been historically and institutionally contrived through an unchallenged western lens (Paradies, 2016; Sherwood, 2009). Instead of perpetuating the problematisation of First Nations Peoples, researchers, health professionals, and policymakers must engage in critical reflection on the causes and effects of past and present knowledges, actions, and policies (Sherwood, 2009; Wilson et al., 2020).

I think that understandings and practices aimed at supporting wellbeing must consider the broader social, cultural, psychological, and political contexts that shape the knowledge of wellbeing (see my reflection in Box 1.1). This perspective

acknowledges that First Nations Peoples' wellbeing is not a problem to be managed by experts (biomedical) or solely the outcome of an individual's behaviours (wellness-lifestyle). Instead, it takes into consideration the complex societal structures that have impaired and disempowered First Nations' Ways of Knowing, Being, and Doing for First Nations Peoples (Gatwiri et al., 2021; Martin & Mirraboopu, 2003). In exploring wellbeing practices in the context of an Aboriginal wellbeing program, my interest lies in understanding the intricate interplay between interpersonal and structural elements that influence these practices. This encompasses a critical questioning of how health and wellbeing are not only shaped by social structures but also by the dynamics of the complex relationships involved.

Box 1.1: A reflection on my practices

I reflected that in my practices as a dietitian and health student educator, I experienced situations that provoked my critical curiosity. One example is when I supervised three fourth-year nutrition and dietetics students delivering a nutrition education program to a group of participants involved in the Spring into Shape program who identified as Aboriginal Peoples. The students stood up at the front of the group with a slideshow presentation, each taking turns to describe their designated section about nutrition for the management of chronic diseases. As part of their project, they designed surveys to accompany the education and measure changes in participants' nutrition knowledge. After the program, I facilitated reflective time with the students. The students claimed that the participants did not seem interested, sometimes walking off or talking amongst themselves and that engagement with their surveys was minimal. The students reflected that they were unsure how they would measure a change in participant's knowledge and health based on their education sessions if they were unable to complete the survey analysis. I wondered how the students understood their role in the group. It made

me consider more closely what the nutrition and dietetics profession could offer in the context of Aboriginal wellbeing. If viewed through a western biomedical lens, then ‘yes, it would be tricky’ to measure changes in health status. Furthermore, colonising and biomedical power relations between health professionals and participants would remain inequitable, with the participants continuing to occupy a passive role in their wellbeing journey (Scambler & Britton, 2001). However, if health and wellbeing practice was viewed through a relational, socio-ecological and holistic lens (Mackean et al., 2022), the students would have asked permission to sit with and listen to participant’s food stories that were intricately interwoven with social, political, psychological, spiritual, and physical aspects of their wellbeing. They would have reflected on how colonisation had impacted not only nutritious food availability but every aspect of the holistic wellbeing knowledges and practices passed on through oral traditions over thousands of years (Bulloch et al., 2019). The students would have contemplated how their use of language may have influenced the power dynamics of the group and how they may be able to work to change their language for a more empowering approach to practice (Wilson et al., 2020). This experience prompted my thinking, *how could a critical interest work to transform understandings and practices in the context of an Aboriginal wellbeing program?*

At the beginning of this research, I recognised that there was a need for students and health professionals working in this setting to approach their practices in a different way. The dominant way of knowing and practising instilled by tertiary institutions and western health services maintains the status quo. Whereas ways that support a holistic approach with people as active participants who shape their wellbeing journey could work to emancipate people from health services. This interest prompted me to ask another question: *How could I, as a non-Indigenous researcher, clinician, and educator, respectfully undertake research about this topic when I cannot know Indigenous Knowledges?*

In my reflections (Box 1.1) and through a review of the literature, I have outlined current practices that are based on colonising western theories do not align with First Nations' concepts of wellbeing. A different approach is needed to transform understandings and practices to support self-determination of First Nations' wellbeing. This thesis critically explores practices in the context of an Aboriginal wellbeing program, integrating a concern for social justice and power structures to transform understandings and practices. I recognise that transforming practices evolve from engaging in intentional actions that aim to bring about meaningful changes at individual, collective, and societal levels. It involves critically interrogating existing norms, structures, and power dynamics to promote social justice, equity, and emancipation (Kemmis, 2022). It seeks to challenge oppressive systems, promote self-determination, and foster sustainable and inclusive change (Angell, 2019; Servage, 2008). To transform practices entails critical reflection, collaboration, and motivation towards shared communication for actions, which links closely with the concept of praxis (Kemmis, 2022; Kemmis et al., 2014).

1.2.3 Three layers of praxis

The concept of praxis threads throughout this thesis as an emancipatory approach to better link understandings and practices towards self-determination of First Nations' wellbeing. The concept of praxis is embedded in the idea that theory and practice (knowing and doing) are interconnected and should inform each other for meaningful and transformative change in critical inquiry (Crotty, 1998; Kemmis, 2010).

Across the chapters of this thesis, there are three layers of praxis:

- i) Understanding my own process
- ii) Informing self and others, and
- iii) Interrogating western modernity

The three layers of praxis are outlined in Figure 1.1 and expanded on in the text below. The four aspects of praxis (theory, collaboration, reflection, and actions) underpin the three layers and thread throughout the thesis. This concept is further expanded on in Figure 1.6 on page 27, linking each chapter to aspects of praxis.

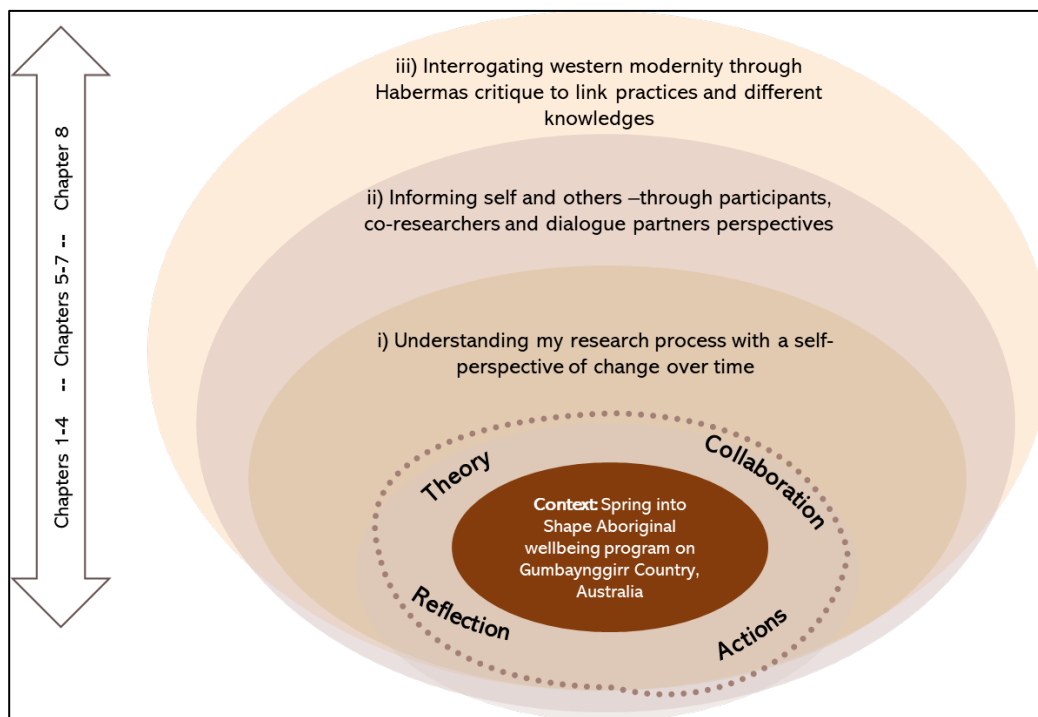


Figure 1.1 Three layers and four aspects of praxis across the thesis

i) Understanding my research process

Through this thesis introduction, I have established my interest in an emancipatory search for knowledge to take action for change (Crotty, 1998) and to transform practices in the context of an Aboriginal wellbeing program. This chapter has outlined the beginning of my own praxis journey that evolves throughout the thesis chapters. My process is underpinned by four aspects of a praxis framework (theory, collaboration, reflection, and action), with aspects of my praxis journey moving from theory (Chapters 1-4) to collaboration (Chapter 5), to reflection and actions (Chapters 6-8), although there is overlap and aspects do not move linearly across the chapters.

As a non-Indigenous researcher, I recognised that I could not apply Indigenous Knowledges, but I needed to use theory aligned with the goal of emancipation and self-determination of First Nations Peoples. A critical hermeneutic approach informed by Jurgen Habermas' theory of communicative action and his concepts of lifeworld and system (Habermas, 1984, 1987) provided a lens for me to reveal, sceptically question

and transform understandings and practices in this thesis (Kemmis et al., 2015) (see Chapters 2 and 3 for further details). I recognise that critical hermeneutics is a western theory, and that western thought and science are inextricably linked to colonialism (Angell, 2019; Denzin & Lincoln, 2008). This is a tension that I hold and explore throughout the chapters of this thesis. To further grapple with this tension, I engage in a critical examination of western modernity, as articulated in the third layer of praxis (interrogating western modernity).

ii) Informing self and others

The second layer of praxis in this thesis is about informing self and others. Chapters 5-7 draw on the perspectives of Aboriginal research participants, Aboriginal co-researchers, Aboriginal, and non-Indigenous dialogue partners (see section 1.3.7 page 22 for a definition of ‘co-researcher’ and ‘dialogue partner’) and myself to culminate in a model to inform and guide others (and my own) praxis (Chapter 8). Through the chapter findings, this layer of praxis suggests that health professionals, policymakers and researchers are not bound by rigid rules for performance (Patton, 2014). Instead, they are expected to undertake good and moral actions in their practice when faced with unique situations, even if that action challenges taken-for-granted assumptions of traditions in the field (Patton, 2014). This sense of praxis, underpinned by collaboration and a critical reflection on the social reality from the perspective of others (Crotty, 1998), can help guide people, including health professionals, policymakers, health educators, and researchers, ‘to be better’ in their practices (Kemmis, 2010) in the context of First Nations’ health and wellbeing.

iii) Interrogating western modernity

Chapter 8 will add a third layer of praxis through a critical interrogation of western modernity as I critique Habermas’ theory to link practices and different knowledges together. Chapter 8 critiques that Habermas’ notion of modernity does not critically articulate the link between the practitioner, cultural perspectives and societal norms that influence actions. This layer of praxis is considered in a post-Marxian

sense. This meaning argues that social formations, ideas, and theories “emerge from a human and collective social praxis, and that social action (praxis) makes history” (Kemmis, 2010, p. 9). This understanding of praxis can guide the collective development of First Nations’ health and wellbeing practices by helping to develop more awareness of the history-making significance of people's collective work (Kemmis, 2010).

1.3 Thesis overview

This thesis will work to drive meaningful change in practice in the context of Aboriginal wellbeing programs. I will achieve this by critically exploring understandings and practices across the thesis chapters to work to improve practices across various domains, including conducting research, health professional education, policy development and healthcare. The overarching thesis aim and research questions are outlined below.

1.3.1 Thesis aim

The primary aim of this thesis is to engage with critical hermeneutics to transform understandings and practices in the context of an Aboriginal wellbeing program located on Gumbaynggirr Country, Australia.

1.3.2 Thesis research questions

Five main research questions are addressed in Chapters 3-7:

1. How can Aboriginal and non-Indigenous researchers respectfully engage with Indigenous and western knowledges to understand perspectives of an Aboriginal wellbeing program? (Chapter 3)
2. How do dialogue partners understand success in First Nations Peoples' nutrition and exercise group programs using a critical hermeneutic approach to interpret the literature? (Chapter 4)

3. How can data, as well as experiences and reflexivity of Aboriginal and non-Indigenous co-researchers about co-design, inform practice and policy? (Chapter 5)
4. What sustains an Aboriginal wellbeing program on Gumbaynggirr Country, Australia? (Chapter 6)
5. What are the dynamics that sustain an Aboriginal wellbeing program on Gumbaynggirr Country, Australia, and how do the dynamics sustain the program? (Chapter 7)

1.3.3 Significance of the project

The research study presented in this thesis is significant as it adds to the critical and social justice literature in the context of an Aboriginal wellbeing program. In this thesis, I apply a unique methodology for the context, developed collaboratively with the local Aboriginal community, the wellbeing program participants, and the Aboriginal Health Service on Gumbaynggirr Country, Australia.

The findings presented in this thesis challenge current understandings and practices of dominant western approaches and provide a model of transformed practice that guides praxis. Transforming understanding and practice in the context of an Aboriginal wellbeing program offers valuable implications for non-Indigenous health professionals, researchers, educators, and policymakers. It guides them on collaborating on such programs for self-determination and emancipation from colonising practices. This research project adds to the body of scholarly work and provides further thought for future collaborative research and decision-making in Aboriginal wellbeing contexts.

1.3.4 Context of the research presented in this thesis

The research presented in this thesis is in the context of an Aboriginal wellbeing program called Spring into Shape, facilitated by Galambila AHS located on

Gumbaynggirr Country on the Mid North Coast of New South Wales, Australia (Aboriginal Health & Medical Research Council of New South Wales, 2009).

Gumbaynggirr Country

The Gumbaynggirr Peoples have been the custodians of the lands and waters extending from the Clarence River in the north to the Nambucca River in the south and west to the Great Dividing Range since time immemorial (Yarrawarra Aboriginal Cultural Centre, 2021). Gumbaynggirr Country encompasses complex ecosystems, including dry sclerophyll forest, rainforest (Figure 1.3), wetlands, rivers, coastal headlands, and sea Country, extending to the Solitary Islands Marine Sanctuary (Figure 1.4) (Ngiyambandigay Wajaarr Aboriginal Corporation, 2022). The Gumbaynggirr Peoples hold important connections to Country, the land, skies and waters, as living culture expressed through language and storylines (Somerville & Perkins, 2010). It is a story that holds the connection between people and places (Somerville & Perkins, 2010).

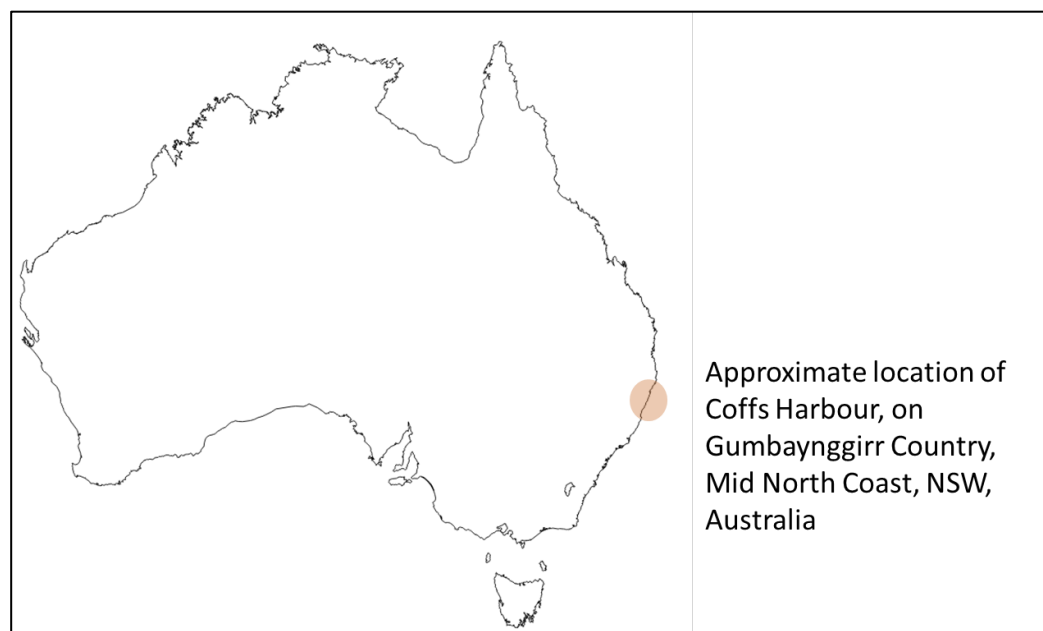


Figure 1.2: Approximate location of Galambila AHS, Coffs Harbour, located on Gumbaynggirr Country, Mid North Coast, Australia

Source: Collins Maps (2011, p. 137); (Murrumbidgee Aboriginal Language and Culture Co-operative, 2023)



Figure 1.3: Balijin (Bellingin Region) rainforest and creek

(Language source: New South Wales National Parks and Wildlife Service, 2010). Photo: Lisa Urquhart



Figure 1.4: Bunyun.gudi (South Solitary Island), part of the Solitary Islands Marine Sanctuary looking back towards Munim-Munim coastline (Moonee-Moonee Beach)

(Language source: New South Wales National Parks and Wildlife Service, 2010). Photo: Lisa Urquhart

Galambila Aboriginal Health Service (AHS)

Galambila AHS commenced as a small general medical practice in 1998 in response to a community need for culturally appropriate services (Galambila Aboriginal Health Service, n.d.). Galambila became an independent Aboriginal Community Controlled Health Service in 2008 with services including general medical practice and specialist services, drug and alcohol services, child and maternity, allied health, dental, outreach, and community programs (Galambila Aboriginal Health Service, n.d.; National Aboriginal Community Controlled Health Organisation, 2022b).

An overview of the Spring into Shape Aboriginal wellbeing program

The Spring into Shape Aboriginal wellbeing program was developed in response to local community consultation at a chronic disease camp held in August 2003 and through feedback from clients of Galambila AHS about its services (Aboriginal Health & Medical Research Council of New South Wales, 2009). The community consultations identified a need for increased exercise and nutrition services to be provided through Galambila AHS (Aboriginal Health & Medical Research Council of New South Wales, 2009).

The format of Spring into Shape has changed over time. Initially, Galambila AHS funded ten participants to be involved in a three-week exercise program commencing in October 2003 (Aboriginal Health & Medical Research Council of New South Wales, 2009). The program was expanded with additional funding from the NSW Health Aboriginal Vascular Health Program and the Mid North Coast Chronic Disease Program (Aboriginal Health & Medical Research Council of New South Wales, 2009). Activities over the past 20 years have included group personal training, water aerobics, ten-pin bowling, tai chi, yarning circles, a smoking cessation program, nutrition information sessions and cooking sessions (Aboriginal Health & Medical Research Council of New South Wales, 2009).

The current format of the program is a 20-week program that runs twice per year with up to 20 participants per program (Figure 1.5). Participants are adults (≥ 18 years), with or at risk of a chronic condition, such as type 2 diabetes or cardiovascular disease, or mental illness, such as depression or anxiety disorders. The program is currently financed through a mix of funding streams, including the Rural Doctors Network, with fund providers requiring participant attendance to be reported (Rural Doctors Network, 2023).

Aunty Karen Roberts is an Aboriginal Health Practitioner and Aboriginal Elder, she is currently employed by Galambila AHS as the program coordinator (since 2018). Program participants require a Medicare-funded General Practitioner Management Plan and Team Care Arrangement referral (Services Australia, 2022), as well as medical clearance for physical activity from their doctor at Galambila AHS to support their commencement of the program. Before participants start the program, the program coordinator facilitates a ‘Spring into Shape clinic’ at Galambila for individual baseline health screening and goal setting. The weekly program structure includes three one-hour group physical activity sessions and one three-hour group cooking and nutrition session (Figure 1.5). A non-Indigenous Accredited Exercise Physiologist facilitates the exercise sessions at a local gym. Since 2018, I have assisted in facilitating the group cooking and nutrition sessions as a dietitian alongside Aunty Karen Roberts (Spring into Shape program coordinator) at a local church kitchen.



Figure 1.5: Spring into Shape program timeline over 20 weeks

There is no cost to attend the program and participants are offered transport. Participants who attend most sessions over two weeks receive a \$25 fruit and vegetable voucher to contribute towards achieving personal health goals and preparing nourishing recipes with their families. At the end of each 20-week program, the program coordinator organises a graduation lunch and ceremony for participants to celebrate their personal and wellbeing achievements.

1.3.5 First Nations governance of this research project

This research project was initiated by Aboriginal community members on Gumbaynggirr Country, NSW, Australia. The project adopted First Nations' governance procedures from the commencement of the project (Gwynn et al., 2015). Before beginning the research, I engaged with the community through face-to-face meetings and community activities that supported the building of relationships with Galambila managers, staff, participants of Spring into Shape and local Elders on Gumbaynggirr Country (see Chapter 3, section 3.4 for further detail). This community engagement process occurred over six months, enabling time for many conversations to establish appropriate governance procedures (Gwynn et al., 2015). These respectful relationships have been maintained and strengthened throughout the research.

The overarching First Nations governance for the project has been provided through the Galambila AHS board, who have been engaged prior to and throughout the research project. Before commencement, a research agreement was developed and signed by representatives of Galambila AHS and The University of Newcastle (Appendix 1.1). I have provided biannual reports of the research progress to the Galambila chief executive officer throughout the project. Aunty Karen and I have formally presented the research findings to the Galambila board of directors on two occasions.

Ongoing governance has included my reciprocal and respectful mentoring relationship with Aunty Karen Roberts. Aunty Karen is a proud Dunghutti woman with family ties to the Yuan, Gidabal, Biripi, Gumbaynggirr, and Bundjalung Peoples.

Aunty Karen has supported me with culturally safe research approaches, including building relationships in the community, appropriate communication skills, and showing me how to take time to introduce the idea of research to the community. Together, Aunty Karen and I introduced the research project to the community, taking on feedback, listening, and changing things along the way through a respectful two-way process.

Over the research project time, I have supported Aunty Karen Roberts with technical and clinical-related skills. This included mentoring support for Aunty Karen to complete her Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Aboriginal Health & Medical Research Council of New South Wales, 2020), as well as other areas she identified for professional development. Aunty Karen and I have a close working relationship, she is my mentor, colleague, and also my friend.

I have maintained weekly engagement with the Spring into Shape Program participants in my capacity as both dietitian and researcher. Program participants, Aunty Karen Roberts and I often spent time Yarning (see section 2.7.1 for definition of Yarning) over a shared meal. Yarning topics ranged from family and community to health advice, sharing recipes and cooking techniques, to offering ideas or information to support the guidance of the research process. The Spring into Shape Program participants have supported and guided this project from the outset. The progress and findings from the project were returned to the participants and the broader Aboriginal community on Gumbaynggirr Country (See Chapter 6 and Appendix 6.3 for further details).

1.3.6 Doctoral research supervision

This doctoral research was supervised by three non-Indigenous academics, Associate Professor Leanne Brown, Dr Karin Fisher, and Dr Kerith Duncanson. All three supervisors have prior experience working with Aboriginal communities in a health and research capacity. Leanne is a dietitian and provided project oversight and

support underpinned by a pragmatic approach. Karin, with a background in nursing and public health, guided the critical research approach through her depth of knowledge about qualitative research methodologies and critical theory. Kerith is a dietitian; she supported the communication of findings for policy and practice implications informed by a diverse research and practice background. My supervisor's diverse backgrounds and experiences supported this thesis through flexibility, curiosity, and a strong sense of social justice.

1.3.7 Key terms and special elements

Dialogue partners, participants, and co-researchers

Collaborative dialogues underpin all research actions in this thesis, from initial conceptualisation and ongoing engagement involving the local Aboriginal community and Galambila AHS to data collection, interpretation, and dissemination of findings with dialogue partners and co-researchers. The term 'dialogue partner' is used throughout this thesis to refer to Aboriginal and non-Indigenous researchers and co-authors on publications, who engaged in collaborative dialogues to inform the research design, data collection and interpretation through a critical hermeneutic approach (Chapters 3- 7). Dialogue partners throughout this thesis included Aunty Karen Roberts (Chapters 3-7), Clinton Gibbs (Chapters 4-5), Simon Munro (Chapter 4), as well as my doctoral research supervisors Leanne Brown, Karin Fisher and Kerith Duncanson, who contributed as dialogue partners in Chapters 3-7. 'Research participants' (Chapters 5-7) are people who voluntarily participated in individual Yarning (defined in Chapter 2, section 2.7.5) after providing informed consent. The term 'co-researcher' is an inclusive term that refers to research participants as well as Aunty Karen Roberts and myself who joined as co-researchers in Chapters 6 and 7 to engage in collaborative Yarning (defined in Chapter 2, section 2.7.5) and interpretation of the research findings (Chapters 6 and 7). Throughout the thesis chapters, I will introduce key terms (dialogue partners, co-researchers and research participants) applicable for each part of the research process.

Personal reflections

My personal reflections are threaded throughout the chapters of this thesis to map the transformation of my understanding and practice in parallel with the findings presented in this thesis. Personal reflections change in format throughout the chapters. Chapters 1 and 2 include personal reflections within the body of the main text and as a text box (Chapter 1 only). Personal reflections in Chapters 3-8 are located at the end of each chapter and presented in a text box.

1.3.8 Synopsis of thesis chapters

This doctoral thesis consists of eight chapters. The chapter synopsis (below) provides a brief overview of each chapter. After the chapter synopsis, I have presented a diagrammatic representation of the thesis as a whole to outline the relationship between each chapter, research questions, findings, and aspects of praxis that are described above (see Figure 1.1).

Chapter 1: Thesis introduction and overview

This introductory chapter provided an overview of my interest in the research topic. Chapter 1 introduced the concepts of wellbeing, practice, and praxis. It presented the context, aim, and significance of the research, summing in an overview of the thesis chapters.

Chapter 2: Philosophical underpinnings of the research process and research methods

This chapter is presented as a traditional thesis chapter and begins to explore the philosophical underpinnings of the overall body of research presented in this thesis through the critical research paradigm, ontology, epistemology, axiology, methodology, methods, and ethics. Chapter 2 explores theory towards an approach to research practice that privileges and respects Aboriginal knowledges.

Chapter 3: A dialogical approach to understand perspectives of an Aboriginal wellbeing program: An extension of Habermas' Theory of Communicative Action

This chapter is a published article that discusses Aboriginal and non-Indigenous research practices. The aim of Chapter 3 is to discuss how Aboriginal and non-Indigenous researchers can apply a collaborative dialogical research methodology to privilege and respect Aboriginal ways. Chapter 3 explores critical reflection (reflexivity), collaborative dialogues, and researcher actions to develop a way for Aboriginal and non-Indigenous people to respectfully research together. These aspects work together to build a research relationship that is mutually beneficial in the context of an Aboriginal wellbeing program. The citation for the published article in Chapter 3 is as follows:

Urquhart, L., Brown, L., Duncanson, K., Roberts, K., & Fisher, K. (2020). A dialogical approach to understand perspectives of an Aboriginal wellbeing program: An extension of Habermas' Theory of Communicative Action. *International Journal of Qualitative Methods*, 19, 1-10.

Chapter 4: First Nation Peoples' nutrition and exercise group programmes: Transforming success through the lifeworld

Chapter 4 is a published literature interpretation. The aim of Chapter 4 is to apply critical hermeneutics through a lens of Habermas' theory of communicative action to transform understandings of success in First Nations Peoples' nutrition and exercise group programs through a lifeworld perspective. Dialogue partners engaged in a critical hermeneutic approach and collaborative Yarning to develop reflective questions to guide future research and wellbeing practice through actions. The citation for the published article in Chapter 4 is as follows:

Urquhart, L., Fisher, K., Duncanson, K., Roberts, K., Munro, S., Gibbs, C., & Brown, L. (2021). First Nation Peoples' nutrition and exercise group programs: Transforming success through the lifeworld. *International Journal of Qualitative Studies on Health and Well-being*, 16(1), 1-16.

Chapter 5: Experiences of co-designing research about a rural Aboriginal wellbeing program: Informing practice and policy

This chapter is a published article that explores co-designed research in the context of an Aboriginal wellbeing program. The aim is to interpret data and Aboriginal and non-Indigenous researchers' experiences and reflexivity about co-design in the context of a rural Aboriginal nutrition and exercise program to inform practice and policy. This article engaged a collaborative and critical hermeneutic approach and developed a model for co-designed health and wellbeing research actions. The citation for the published article in Chapter 5 is as follows:

Urquhart, L., Roberts, K., Gibbs, C., Fisher, K., Brown, L. J., & Duncanson, K. (2022). Experiences of co-designing research about a rural Aboriginal wellbeing program: Informing practice and policy. *Australian Journal of Rural Health*, 30(6), 703-892.

Chapter 6: Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy

Chapter 6 is a published article. The aim of this article is to explore what sustains the Spring into Shape Aboriginal wellbeing program in Australia, with a view to inform critical reflection and reorientation of Aboriginal wellbeing program practice and policy. Critical theory and collaborative interpretation informed the research findings. The findings describe qualities that sustain the Spring into Shape Aboriginal wellbeing program. The chapter prompts health service providers and policymakers to critically reflect on their actions towards Aboriginal self-determination and leadership in the context of wellbeing programs.

The citation for the published article in Chapter 6 is as follows:

Urquhart, L., Roberts, K., Duncanson, K., Brown, L., & Fisher, K. (2023). Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy. *Australian Journal of Health Promotion*, Early view, 1-13.

Chapter 7: Sustaining an Aboriginal wellbeing program in Australia: Insights for transformative health service practices

Chapter 7 is an article under review by the Journal of Health Services Research & Policy. The aim of this article is to explore dynamics that sustain the Spring into Shape Aboriginal nutrition and exercise wellbeing program. Critical hermeneutics and collaborative Yarning informed the findings. The findings challenge the status quo within health services and policy, with practice and policy implications that privilege the capacity and cultural legitimacy of First Nations' self-determination in pursuing holistic wellbeing.

Chapter 8: Thesis discussion and a model of practice

Chapter 8 is a traditional thesis chapter that aims to encapsulate the whole thesis as a body of work and consolidate the transformed understandings and practices. The final chapter explicates how the research contained in this doctoral thesis achieved the thesis aim. The strengths and limitations of this body of work are explained. Chapter 8 brings together the three layers of praxis across the thesis by critiquing western critical theory for transformed understandings to establish a communicative space. Chapter 8 introduces a model of practice that involves 'walking alongside' which guides praxis. This thesis concludes by proposing the transformed practices through 'walking alongside' in the context of health professional education, policymaking, healthcare, and research. Through 'walking alongside', people (e.g., First Nations Peoples, students, educators, health professionals, policymakers, and researchers) can work together for self-determination in the pursuit of holistic wellbeing in the context of an Aboriginal wellbeing program.

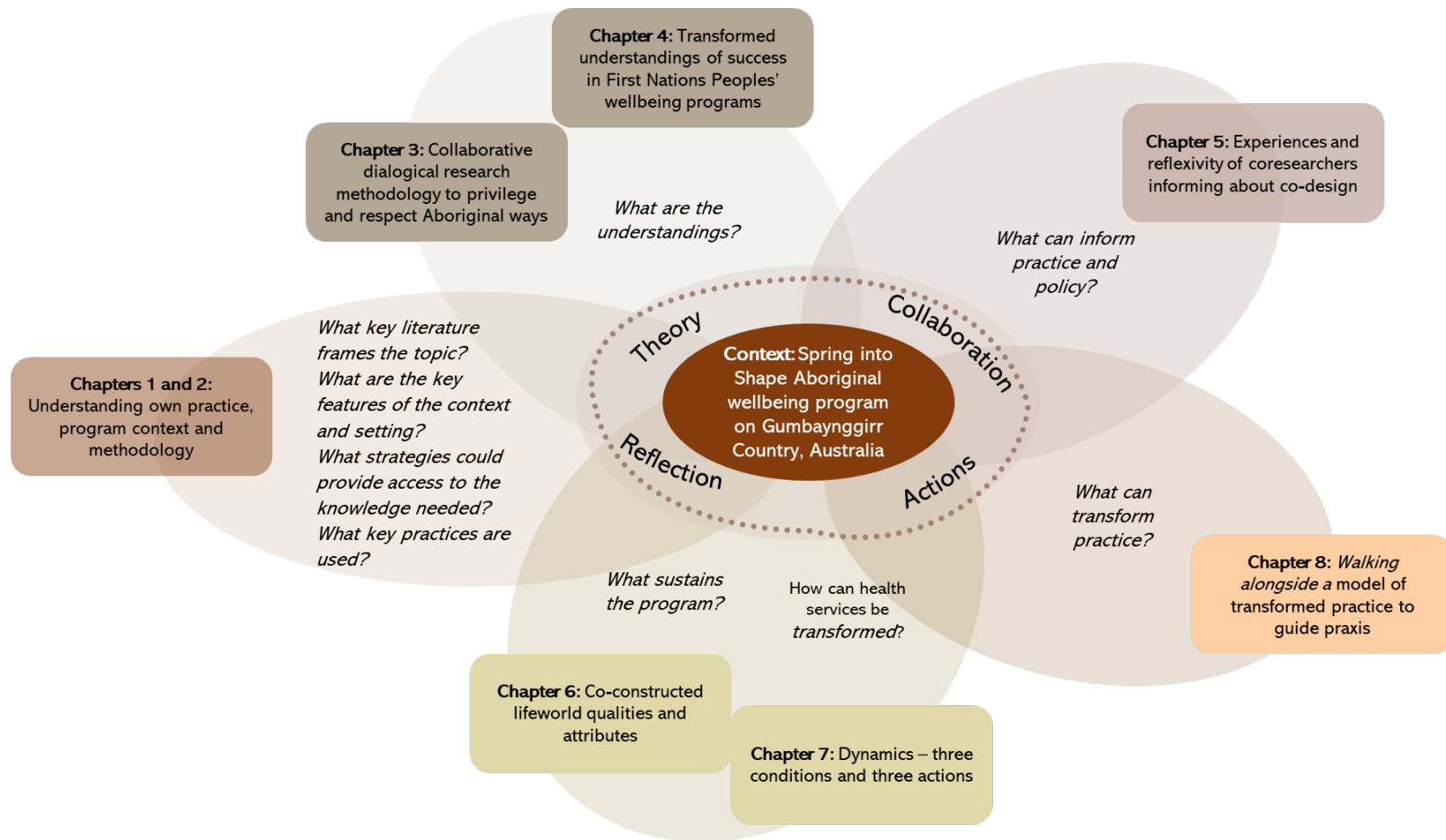


Figure 1.6: Diagrammatic representation of the thesis

The context of the research is presented in the centre oval, with four aspects of praxis surrounding it. Questions guiding the chapter findings relevant to each aspect of praxis are depicted in surrounding ovals. The chapter findings are illustrated in each rectangle.

Chapter 2 Philosophical underpinnings of the research process and research methods

2.1 Introduction

In the previous chapter, I located myself and the study within the critical research paradigm by exploring the foundations of my interests, along with the context, aim and significance of the research presented in this thesis.

This chapter will describe the critical research paradigm, which provided the theory for interrogating power dynamics, social inequities, and system injustices in this body of work. I will introduce the philosophical underpinnings which informed the research presented in this thesis through metatheory, ontology, epistemology, axiology, and methodology. Informed by philosophical underpinnings, this chapter will also describe the methods applied in the research presented in this thesis. Throughout this chapter, I include my reflections about the philosophical underpinnings in relation to the research context and my praxis journey (first layer of praxis described in Chapter 1, page 10). Hence, the research questions guiding Chapter 2 are: *What strategies could provide access to the knowledge that is needed? What key practices are used?*

This chapter and Chapter 3 aim to describe an approach by which Aboriginal and non-Indigenous researchers can apply research methodologies and methods to privilege and respect Aboriginal Ways for a cross-cultural research approach. The following chapter (Chapter 3) will begin to apply the philosophical underpinnings and methods discussed in this chapter to propose a way for Aboriginal and non-Indigenous researchers to work together through reflexivity and actions.

2.2 Critical metatheory

For this thesis, I will approach issues of theory and practice from a philosophically grounded position, or a research metatheory. A metatheory is defined as a theory about a theory and conceptualises assumptions about the nature of reality and ways of constructing knowledge about reality to approach theory and practice (Morrow & Torres, 2002).

This thesis is grounded by the metatheoretical perspective of critical inquiry (critical paradigm), with underlying assumptions of emancipation and transformation. The critical research paradigm attempts to sceptically question current and conventional social norms and innate actions towards a more just and freer society than what currently exists (Crotty, 1998). I have situated this thesis within modern western critical inquiry to ‘call out’ normalised concepts of democracy, opportunity structures and social justice in Aboriginal health and research. By doing so, critical inquiry works to denounce the power and domination of western colonising societies, such as Australia, which are normatively considered as unproblematically democratic and free (Angell, 2019; Kincheloe et al., 2018).

Through critiquing normalised assumptions of tradition and current culture, critical theory works to uncover dominative relationships that have been historically formed and strengthened by western society’s traditions of colonialism and capitalism (Angell, 2019; Crotty, 1998). Critical theory argues that modern western society, through science, economics, and politics, preferences objective knowledge and instrumental actions that are strategically geared towards the success of the dominant power structure (Crotty, 1998). Furthermore, it asserts that academic and scientific communities continuously reinforce this system through the validation and legitimisation of these knowledge claims (Scotland, 2012).

Instead, through language and human action, critical inquiry sets out to dismantle this reality by addressing issues of social justice and marginalism, arguing

that there are alternative realities (Scotland, 2012). Critical theory understands that knowledge and language hold value and it is through conscious awareness of inequities that inquiry through dialogue and social action can transform knowledge and disrupt the status quo (Kincheloe & McLaren, 2011). Hence, critical theory works to problematise practice and theory by linking action with reflection (Kemmis, 2010).

Critical social action in research begins with both participant and researcher being equitably involved in a dialogue to uncover, understand, and transform knowledge about reality (Scotland, 2012). Emancipatory research cannot be carried out by researchers for participants but in solidarity with them (Freire, 1972). Hence, this thesis involves a research approach of participation in a dialogue (see Methods page 47) using a lens of Habermas' theory of communicative action (Habermas, 1984, 1987).

This thesis is presented as a discrete piece of work with associated actions that have achieved research milestones and reached an endpoint. However, I argue that this thesis should be viewed as part of the enduring emancipatory project that challenges the hegemony over First Nations Peoples. Rather than finishing a project, the aim is to continue transforming and critiquing subjugating assumptions with constant reflection on action (Crotty, 1998).

To situate this thesis in the paradigm of critical inquiry, the following section will explore three metatheoretical questions inspired by Morrow and Torres (2002) and Wilson (2008) listed below, and how they align with Indigenous knowledge systems or Ways of Knowing, Being, and Doing (Martin & Mirraboopa, 2003; Ryder et al., 2020):

1. Ontology: What represents reality? What is the nature of what we can know?
2. Epistemology: What is the essence of the relationship between the knower and the known?

3. Axiology: What part of reality has value to find out about? How can knowledge seekers gain knowledge ethically? How will this knowledge be used?
4. Methodology: How do knowledge seekers go about finding knowledge?

2.3 Ontology

Ontology is a branch of philosophy about the nature of reality (Hathcoat et al., 2019). We could ask, is there one ‘real’ world to be measured and observed, or are there multiple worlds that exist, depending on the point of view of the observer (Wilson, 2008)? Ultimately, there is no way to answer this question, so researchers take on an ontological vantage point based on their beliefs about reality. Once the researcher decides upon an ontological vantage point to establish ‘what is real’, they can use their vantage point to find out more about this established reality (Guba & Lincoln, 1994). Therefore, a researcher’s vantage point is based on their assumptions and understanding of reality (ontology) and the kind of knowledge that might be obtained from studying a social phenomenon (epistemology) (Hathcoat et al., 2019; Scotland, 2012).

As a non-Indigenous person, I am limited to an ontology through a western lens, which does not encompass the rich, complex and relational First Nations’ Ways of Doing, as this is not my reality (Martin & Mirraoopa, 2003; Ryder et al., 2020). Instead, I need to position my ontology as one that frames my understanding of reality to deeply respect other ways of doing. For me, the nature of reality can be considered somewhere on a continuum between realism and anti-realism (Figure 2.1). There are many permutations and variations on the ontology continuum and additional ‘new’ philosophical vantage points emerging in the literature (see examples: Heron & Reason, 1997). Below, I have briefly discussed the two extremes of the continuum; realism and anti-realism, and emphatically discarded the former in the context of this thesis.

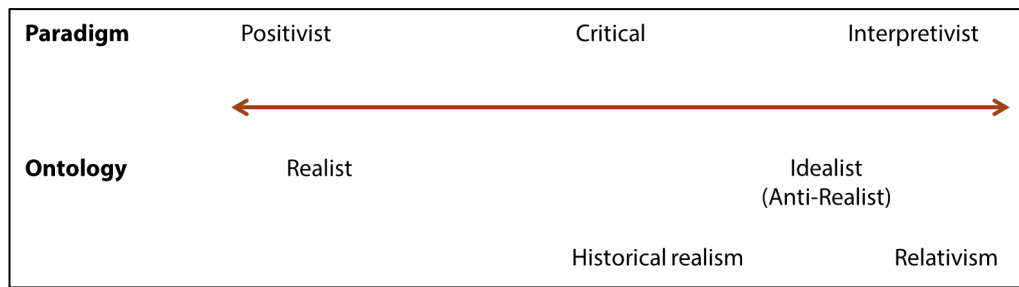


Figure 2.1: My conceptualisation of the continuum of philosophical vantage points (ontologies)

A realist ontology understands that reality exists entirely independently of researchers (Scotland, 2012). A realist ontology is a belief in a single identifiable reality for which only a single truth exists (Hathcoat et al., 2019). The truth can be measured and studied, with the purpose of research to predict and control (Lincoln et al., 2018). Classically, a realist ontology aligns with positivism and an objectivist epistemology, where a researcher gains knowledge through total objectivity (Lincoln et al., 2018). With this in mind, I can quickly discard a realist ontology as a vantage point for this thesis. Realism's objectivity, control, and measurement conflict with my understanding of practices shaped by social constructs impacted by colonisation, racism and hegemony of interest and knowledge.

By discarding realism, I take the vantage point of an anti-realist or idealist ontology, rejecting that reality exists in a world that is independent of the researcher(s) who are investigating a phenomenon (Hathcoat et al., 2019). An idealist ontology understands that reality is socially, culturally, and/or historically constructed and the researcher is part of this construction (Crotty, 1998; Hathcoat et al., 2019). In most instances, an idealist ontology aligns with constructionism and subjectivism epistemologies (Crotty, 1998; Lincoln et al., 2018; Scotland, 2012). These vantage points reject positivism for constructivist, interpretivist, and critical theory paradigms (Lincoln et al., 2018). Working in these paradigms, the researcher(s) applies dialogic, dialectic or hermeneutic methodologies to explore the research phenomenon (Lincoln et al., 2018).

In establishing a vantage point of an idealist, I have further distilled the ontology informing this thesis to one of historical realism (Figure 2.1) (Lincoln et al., 2018; Scotland, 2012; Trede & Higgs, 2009). Historical realism is defined by Lincoln et al. (2018) as “...virtual reality shaped by social, political, cultural, economic, ethnic, and gender values, crystallized over time” (p. 110). I have tried to best distil an ontological vantage point that aligns with my understandings, dialogues, tensions, and opportunities of multiple knowledge systems (Indigenous and non-Indigenous). I view reality through a sceptical lens in a world where people struggle for power. Through this lens, I understand reality as an uneven power interaction between colonising western cultures and oppressed First Nations Peoples based on ethnicity, culture, socioeconomics, and politics. It is my assumption that language constructs our reality through our social interactions, and it is a language that has power relations that can be used to empower or weaken (Habermas, 1972; Lincoln et al., 2018; Scotland, 2012; Trede & Higgs, 2009).

2.4 Epistemology

From an ontological vantage point of historical realism, I have explored the epistemology informing research for this thesis. Epistemology is the study of knowledge, or how we know what we know about the world (Crotty, 1998; Wilson, 2008). Maynard (1994) explains the applicability of epistemology to research knowledge: “...epistemology is concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate” (p. 10). Hence, I need to explain and justify my epistemological vantage point for this thesis to inform how knowledge was constructed and applied to the research and how knowledge of research findings was shared.

I believe knowledge is based on real-world phenomena and is constructed by people interacting in a society through language (Scotland, 2012). This theory of knowledge, called social constructionism, argues that we have been born into a world

where meaning has already been made through an established culture (Gergen, 2010; Scotland, 2012). An established culture includes agreements about knowledge that have already been achieved and those that are still being achieved through the use of language (Scotland, 2012). Language has the power to change knowledge through the generation of new understandings. With multiple possible realities, we, as people, can use language as a dialogical community to guide us toward a reality that we consider most plausible (Gergen, 2010; Whitney & Trosten-Bloom, 2010).

My assumption is that First Nations Peoples have a socially constructed reality influenced by the colonisation of their Peoples, lands, and cultures. That act of colonisation has led to domination over and oppression of First Nations Peoples. Their historicity and First Nations' Ways of Knowing have been subjugated, rejected, and devalued (Ryder et al., 2020). Their truth has been shaped and constructed by a cultural narrative based on their intersubjective and rationalised knowledge. Their socially constructed meaning has been externalised, objectivised, and internalised by years of institutional order and ongoing domination (Angell, 2019; Heibert, 2014).

Socially constructed meaning is stratified and marked by power and inequality – influenced by location, gender, racial, and cultural tenets (Crotty, 1998; Scotland, 2012). Hence, I believe that knowledge cannot be 'value-free' as purported by the objectivist stances of western academic and scientific communities. Instead, I understand that western academies contribute to further inequity of knowledge and power in research. Hence, to ensure adequate and legitimate knowledge in the research space I am entering, I need to adopt a subjective vantage point through social constructionism to question and critique the power and privilege of knowledge in First Nations research using language.

2.5 Axiology

So far, I have discussed that the objective of this research is to change reality toward a more just and freer society (critical theory), that reality is an uneven power

struggle (ontology), and that knowledge is socially constructed (epistemology). Hence, to change or transform reality and disrupt the status quo, ethical principles (axiology) must guide and inform all aspects of the research process.

Axiology is the branch of philosophy dealing with ethics, aesthetics and spirituality (Lincoln et al., 2018). Axiology, informed by ethics and morals, guides the search for adequate and legitimate knowledge and informs how knowledge is obtained (Wilson, 2008). I understand that axiology is foundational to the philosophical dimensions informing this research and links with First Nations' Ways of Being (Martin & Mirraoopa, 2003; Ryder et al., 2020). For me, axiology embeds ethics and Ways of Being within the philosophy of research and opens opportunities for dialogue about the role of spirituality in knowledge and inquiry (Lincoln et al., 2018). The axiology informing this thesis regards the intrinsic and extrinsic values of knowledge systems through a framework of mutual understanding and respect, with the flexibility to adapt as required in the research relationship (Ryder et al., 2020).

Underpinning my purpose for doing research is an accountability to the research relationship. Wilson (2008) describes accountability to the research relationship as "...fulfilling a role and obligations in the research relationship – that is being accountable to all my relations" (p. 77). My research relations with others include dialogue partners, co-researchers, the local Gumbaynggirr community, research participants, broader Aboriginal and First Nations communities, Aboriginal research, and the research process itself. There are many more research relations that I am connected to, so my accountability must continue and extend.

Stemming from accountability, to frame the axiology which informs this research are the three Rs – respect, reciprocity, and responsibility. The three Rs are key features of an accountable research relationship (Weber-Pillwax, 2001; Wilson, 2008). Some examples of applying the 3 Rs in the research presented in this thesis are listed in Table 2.1.

Table 2.1: Example application of 3 Rs in this research project

Source: Wilson (2008, p. 77)

Relationships	Building and maintaining relationships through trust from which respect and reciprocity of research can flow. Methods build respectful relationships between the topic, me as a co-researcher and dialogue partner. Relationships beyond research – through connection with community and the Aboriginal Health Service.
Reciprocity	Ensuring the usefulness of results to benefit the local Aboriginal community. Research topic responding to specific needs of community. Knowledge sharing as reciprocal and building skills together about research and health for knowledge co-creation.
Respect	Respect for different Ways of Knowing, Being, and Doing. Integrity of methodology through dialoguing towards mutual understanding and shared decision-making. Respect for relationships we have built, and respect for growing relationships through the research process.

It is from a relationally, reciprocally, and respectfully framed axiology, socially constructed epistemology, and historical realist ontology that I chose a dialogical and critical hermeneutic methodology (below).

2.6 Methodology

Methodology in research is the “unity of theory and practice” (Morrow & Torres, 2002, p. 53) linked to a specific context. In other words, as researchers, our methodology is our plan of action informed by philosophical vantage points that rationalise a particular choice of methods and link to the desired outcomes of the research or our research practices (Crotty, 1998).

The methodology used in this thesis is critical hermeneutics informed by a lens of Habermas’ theory of communicative action (Habermas, 1984, 1987). I chose this

methodology as it is framed by an understanding that knowledge is constructed through intersubjective dialogues that are respectful, relational, and reciprocal to support social transformation (Lincoln et al., 2018; Wilson, 2008). Hence, intersubjective dialogue and differences in understanding were the starting point of my research discussions (Kemmis et al., 2015). Diversity underpinned the newly co-created social dialogue, where participants and co-researchers should feel free to use expression (such as language and art) to co-create and represent mutual understandings of the world to develop a way forward to change (Gergen, 2010).

In the below paragraphs, I explore Habermas' critical hermeneutics through his theory of communicative action (Habermas, 1984, 1987), which provided a lens informing the research methodology in this thesis. The methodology was chosen as it seeks to develop shared dialogues for mutual understanding and decision-making, whilst simultaneously critiquing underlying power assumptions for interpretation and transformation of understanding and practices in the context of an Aboriginal wellbeing program.

2.6.1 Habermas' theory of communicative action

Jürgen Habermas is a second-generation Frankfurt critical theorist with an enduring interest in politics, rationality, communication, and knowledge (Crotty, 1998; Scambler, 2001). Habermas' life work has sought to provide a normative basis for critical theory and its relationship to practice (Allen, 2016; Bohman & Rehg, 2017; Rasmussen & Görtzen, 1990). For Habermas, it is the unfinished project of modernity and rationality from which he conceptualised his two volumes of the *Theory of Communicative Action* (Habermas, 1984, 1987).

Briefly, the theory of communicative action explores the role of communication in shaping social life and fostering mutual understanding among individuals (Habermas, 1984, 1987). According to Habermas, communicative action occurs when individuals engage in dialogue, exchange ideas, and strive for consensus through rational argumentation (Habermas, 1984, 1987). It is a process of reciprocal

communication aimed at reaching understanding and making collective decisions (Habermas, 1984). For Habermas, communicative action occurs in the lifeworld, where individuals draw on their background understandings, shared cultural knowledge, and social practices that shape their perceptions and interactions (Habermas, 1984, 1987). These background understandings provide a foundation for meaningful communication and play a crucial role in the interpretation and negotiation of social reality within the lifeworld. Habermas also recognised the presence of the system, which includes political, economic, and bureaucratic institutions that operate based on strategic action and predefined goals (Habermas, 1984, 1987). The system can exert influence and impose its own rationality, often prioritising efficiency and control over communicative and participatory processes (Habermas, 1984, 1987).

The theory of communicative action (Habermas, 1984, 1987) is further applied in Chapter 3. I have critiqued Habermas' theory in Chapter 8 to link practices and different knowledges together as part of a third layer of praxis (See 1.2.3- Three layers of praxis page 10).

2.6.2 The theory of communicative action in the context of First Nations' wellbeing and research

In an increasingly neoliberal, westernised, and colonising space, social life has often been coordinated by the system's strategic action and functionalist reason (Allen, 2016; Kemmis, 2001). Consequently, the lifeworld's reproductive process towards mutual understanding and shared decision-making for First Nations' wellbeing has been oppressed (Kemmis, 2001; Kovach, 2018). Western goal-orientated actions of 'getting on with the task' without seeking consensus have deferred, displaced, and devalued First Nations Peoples' validity claims and strained and disturbed symbolic reproductive processes (Kemmis, 2001). Thus, First Nations' health research has been overwhelmingly administered via western academia's positivism using quantitative and scientific research practices (Saunders et al., 2010). Positivist research practices

have suspended mutual understanding *with* First Nations communities, instead deciding *for* communities based on functional reasons to further disturb reproductive processes and colonise the lifeworld (West et al., 2012).

Habermas argues that reproductive processes, when disturbed through systematisation, acquire certain pathologies (Habermas, 1987). I believe we can see examples of communicative pathologies or cultural, social, and personal crises of the lifeworld affected by strategic actions of colonisation and systematisation in Australia, and I have provided examples below:

- **Cultural reproduction crises** resulting in a general loss of meaning, for example, replacing spiritual, holistic First Nations' Ways of Knowing (Martin & Mirraboopa, 2003) with reductionist, scientific western research methods or biomedical practices.
- **Social integration crises** resulting in anomie because of a breakdown in solidarity, for example, replacing a collective-relational First Nations' Ways of Being (Martin & Mirraboopa, 2003) with western-individualistic notions of success.
- **Socialisation crises** leading to the formation of personalities with differing mental states (Habermas uses the term psychopathologies). For example, replacing First Nations' Ways of Doing (Martin & Mirraboopa, 2003), such as caring for Country, with dispossession through westernised measures of individual 'ownership'.

If these kinds of crises are the cost of system rationalisation and colonial processes to the lifeworld, then the question is, could it be possible to change the way the system functions vis-à-vis the lifeworld (Kemmis, 2001)? And if so, is there a possibility for a revitalised lifeworld to sensitise the system towards unburdening culture, society, and the individual towards a freer and more just society (Kemmis, 2001)?

2.6.3 The emancipatory potential of Habermas' theory

Habermas has rightly received criticism that his theories overlook concerns of racism and subjugation of minority groups, limited by his own western privileged position of eurocentric normativity framing the notion of modernity's progress (Allen, 2016; Fraser, 1990; McArthur, 2021; West et al., 2012). This criticism is further explored in Chapter 8. Despite this criticism, West (2012) argues that Habermas' Theory has a useful application in informing research and healthcare systems, exposing strategic action and providing an opportunity for the transformation of First Nations' health and wellbeing through mutual understanding and shared decision-making using language.

Habermas argues that the structure of a communicative discourse is emancipatory through its embodiment of the claims of a reconstructed project of modernity (Rasmussen & Görtzen, 1990). For Habermas, a reconstructed project of modernity does not exclude scientific (technical) or practical (interpretive) interests (see Table 2.2 for definitions) but places social justice issues on an equally important footing based on robust debate and explicit and transparent reasoning through communicative rationality (Habermas, 1972, 1984). This notion aligns with reflections from First Nations scholars, that "empirical knowledge is still crucial, yet it is not the only way of knowing the world around them" (Wilson, 2008, p. 58). Hence, the belief in the superiority of empirical knowledge can be challenged through alternative ways, such as critical hermeneutic methodology, providing a lens to see otherwise.

A communicative rationality, through Habermas lens, is built on difference and discourse to challenge unreflected traditions and oppressive power relations towards a truly intersubjective rationality using language (Rasmussen & Görtzen, 1990; Trede & McEwan, 2015). Communicative rationality, Habermas (1984) proposed (see quote below), is an equitable subject-subject relation between communicative and interacting individuals towards achieving understanding.

If we assume that the human species maintains itself through the socially coordinated activities of its members and that this coordination has to be established through communication- and in certain central spheres through communication aimed at reaching agreement- then the reproduction of the species also requires satisfying conditions of a rationality that is inherent in communicative action. (p. 397)

In other words, Habermas favoured the kind of reflection and dialogue (communicative rationality) we 'do' when we interrupt what we are doing (technical or practical interests) to explore the essence, interactions, and value using a critical hermeneutic process (see Table 2.2) (Kemmis, 2001). It is my assumption that if dialogue partners and co-researchers work to disrupt technical and practical interests via critical hermeneutics, then we begin to expose implicit and inequitable power structures in the context of an Aboriginal wellbeing program. Hence, I applied critical hermeneutics to guide inquiry through collaborative dialogue, critical reflection, and social action, to transform knowledge and disrupt the status quo for the possibility of transformed understanding and practice.

Table 2.2: Habermas' threefold typology of human interest

Source: Habermas (1972, p. 311)

Interest	Ideology	Understanding of reality
Technical interests (Emprico-analytical, positivist)	Based on the empirical-analytical sciences, which aim to predict and control the natural environment and test generalised explanations to produce factual knowledge.	Toward technical control
Practical interests (Hermeneutic-interpretive)	Based in the interpretive social sciences for mutual understanding and creating shared meaning through language in the conduct of socio-cultural forms of life.	Toward mutual understanding
Emancipatory-cognitive interests (Critical)	Centred in the critical social sciences for transformative knowledges through critical hermeneutics and action learning using language to challenge the status quo.	Toward emancipation

2.6.4 Critical hermeneutics

Hermeneutics overview

Hermeneutics is the art or science of interpretation (Ferraris, 1996). The origins of hermeneutics date back to the interpretation of biblical texts (Ferraris, 1996). In modern times, the science of hermeneutic interpretation has expanded to include reconstructing the general grounds for understanding a range of communication mediums, including texts, images, videos, interviews, dialogues, and other means of expression (Kinsella, 2006; Kögler, 2012). Hermeneutics in qualitative inquiry “...can enrich, substantiate and make explicit assumptions about interpretation and understanding” (Kinsella, 2006, pp. 1-2) towards sense-making and meaningful knowledge.

Hermeneutic inquiry is mindful of relationships and the context in which interpretation is situated, encompassing the practice of interpretation from a theoretical lens (Trede et al., 2008). Wilson (2008) describes similarities between hermeneutics and First Nations' Ways of Knowing:

Because so much of what we do and think is based on the context or relational accountability, maybe hermeneutics is a good English word to describe our epistemology. Interpretation in the context of knowledge is necessary for that knowledge to become lived, become a part of our collective experience or part of our web of relationships. So, we contextualise everything that we do, and we do that contextualisation in a conscious way. (p. 102)

In entering into a hermeneutic inquiry, I am conscious of our different collective and lived experiences and the complexity of the context in which we seek to understand and transform knowledge (West et al., 2012).

Habermas (1972) developed critical hermeneutics from a critical social science perspective; in doing so, Habermas critiqued Gadamer's philosophical hermeneutics by challenging the claim to universality (Gadamer, 1975; Outhwaite, 1994). Habermas rejected Gadamer's social-scientific understanding of hermeneutics, which rested solely on the basis of mutual understanding, arguing that language itself is shaped and determined by social factors, including power and subjugation (See Table 2.2) (Habermas, 1972; Trede et al., 2008). Framed by Habermas' critical hermeneutics, the research processes in this thesis aimed to move beyond practical interests toward emancipatory-cognitive interests for transformed understandings and practices in the context of an Aboriginal wellbeing program.

Habermas' critical hermeneutics

Habermas' critical hermeneutics is explicitly derived from connections between knowledge and interest (Crotty, 1998; Habermas, 1972). He argues that all knowledge is implicated by interest, and each domain develops knowledge that is valid and important, described in three domains detailed in Table 2.2 (Habermas, 1972). It is the

emancipatory-cognitive interest centred in critical social science through critical hermeneutics, where researchers can adopt a position of scepticism and critical reflection about the status quo (Trede et al., 2008). “In this way a critical hermeneutic approach affords a space for repressed voices to speak out, and neglected texts to get a reading” (Kinsella, 2006, p. 12). Hence, a critical hermeneutic approach offers another way for First Nations People’s voices silenced by the domination of positivist science to be respected, valued, and represented in the process of constructing knowledge for transformed understandings in research about First Nations’ health and wellbeing.

Through critical hermeneutics, dialogue partners and co-researchers used language to reveal hidden power structures and question the status quo to “illuminate a situation so that it can be seen or appreciated” (Eisner, 1998, p. 7). At its core, critical hermeneutics works towards liberation from unexamined constraints by taking an outsider’s view of previously taken-for-granted assumptions and social practices constructed by power relations (Kögler, 2012; Trede et al., 2008). Power relations, which structure understanding, can be transformed through human agency grounded in linguistic expression, transcending, and challenging existing social practices to unmask the potential for autonomy and self-realisation (Kögler, 2012). By making power relations explicit through interests, rationality, and questioning interpretations, dialogue partners and co-researchers worked to transform understandings towards emancipation (Trede et al., 2008). For example, by using language to critically question power relations that structure First Nations’ health as individualistic and disease-focused, participants, co-researchers and dialogue partners hold a capability to reframe First Nations’ wellbeing through collective, cultural, and relational notions (Barnett & Kendall, 2011; Scambler, 2001; Williams, 2018).

Habermas claimed that to understand and transform meaning, we must enter into a (real or figurative) communicative relation with the author of a text or dialogue partner to extend beyond our current understanding (Eriksen & Weigård, 2003; Trede et al., 2008). By working to extend understanding, researchers are released from their

limited view of the world when they work to expose their unreflected preconceptions and ideas in a critical research dialogue. These critical dialogues must be free from coercion, domination, and unnecessary constraints if they are to transform knowledge towards emancipation (Habermas, 1984). Habermas (1984), describes these conditions as linked to linguistically mediated expressions requiring “...sophisticated skills of introspection, curiosity of otherness and a willingness to uphold reason over power” (in Trede et al., 2008, p. 4). Thus, critical hermeneutics is grounded in Habermas’ theory of communicative action (1984, 1987), where validity claims and shared dialogue underpin intersubjective understanding (Kögler, 2012). It is my assumption that for an emancipatory approach to rationality, critical hermeneutics and Habermas’ theory of language can provide a lens for groups of people to engage in conversations that directly and explicitly confront colonisation and its enduring effects on First Nations Peoples’ health and wellbeing (Hopkins, 2018; West et al., 2012).

2.6.5 Summary of methodology – Habermas’ critical hermeneutics and relevance to Aboriginal wellbeing research

In establishing a rationality based on linguistically mediated expression for communicative action and background understanding from lifeworld, Habermas provided participants and researchers with tools to become dialogue partners or co-researchers in a critical hermeneutic process (West et al., 2012). In Habermas’ view, access to a symbolically pre-structured reality (lifeworld) cannot be gained from observation alone; instead, it needs hermeneutic interpretation by equally interacting participants (Outhwaite, 1994). Hence, Aboriginal and non-Indigenous dialogue partners and co-researchers were able to work together using hermeneutics to transform understandings based on a shared assumption that knowledge is constructed through intersubjective dialogues that are respectful, relational, and reciprocal (Lincoln et al., 2018; Wilson, 2008). A dialogue that drew on a communicative action lens offered a way towards ‘levelling the playing field’, talking together as a community of equals and trusting each other in an environment representing all voices (West et al., 2012).

It is my assumption that dialogue partners and co-researchers commenced this research from different lifeworlds (diverse background knowledges and norms), with the diversity of these lifeworlds forming the foundations of our collaborative and respectful social dialogues. Within this space, co-researchers could freely express themselves, employing various mediums like language and art to collectively shape shared understandings of the world and co-develop the way for transformative change (Gergen, 2010). For the research presented in this thesis, Habermas' theory has fostered a way to challenge understanding through reflexivity, curiosity of difference, and a motivation to uphold reason over power in a subject-subject dialogue to transform understandings (Trede et al., 2008).

An underlying emancipatory motivation and subject-subject dialogue, which privileges Aboriginal voice, informed the choice of methods in this thesis. In a conversation with different knowledge systems (explored further in Chapter 3), I, along with dialogue partners, have consciously chosen a communication approach to create a relational space for researching together with co-researchers.

2.7 Methods

I recognise the inherent tension in the philosophical underpinnings of this thesis, as they are informed by western critical theory rather than Indigenous theory. As a non-Indigenous person, I am aware that I cannot take an Indigenous perspective. However, I approached this research sensitively and strove to create an inclusive space for dialogue and shared understanding. Aboriginal and western research methods have been interfaced in the literature as a way to inform strengths-based approaches to disrupt the status quo of the dominant discourse and intensify perspectives and voices of the colonised in order to re-imagine social action (Leeson et al., 2016; West et al., 2012). For this research project, local Aboriginal community and Aboriginal co-researchers have guided the choice of research methods. Together with Aboriginal dialogue partners and in collaborative community discussions, I have chosen Yarning

as the culturally appropriate research method, our way of knowledge sharing and meaning-making, which harmonises with the ontological, epistemological, and theoretical underpinnings of this project (Bessarab & Ng'andu, 2010; Wilson, 2008).

Yarning is an Aboriginal and Torres Strait Islander way of storytelling, an oral tradition, and a cultural practice of knowledge exchange and meaning-making (Bessarab & Ng'andu, 2010; Murrup-Stewart et al., 2022). Knowledge sharing through Yarning is derived from everyday localised normativity in the lifeworld of First Nations Peoples, built on relational intricacies and complexities handed down through oral cultures over millennia (Geia et al., 2013; Murrup-Stewart et al., 2022; Nunn & Reid, 2016). Yarning method is inextricably linked to emancipatory and decolonising research, as it celebrates First Nations' knowledges and modes of communication and language, which are starkly different from western understandings of narrative or system processes (Byrne et al., 2021; Geia et al., 2013).

Below, I have outlined several key considerations regarding method, power dynamics, rigour, context, and typology in Yarning. These considerations culminate in my explanation about how Yarning has been applied alongside a critical hermeneutic methodology in this thesis to privilege First Nations' truths as legitimate knowledge systems for emancipation and transformation.

2.7.1 Yarning method

To Yarn is to have a conversation; it is not an unbroken soliloquy of information but a dialogical progression that is shared and co-developed (Bessarab & Ng'andu, 2010). Yarning provides an opportunity for social interaction, relationship building and scope to illuminate and represent an Aboriginal person's voice to challenge colonial dominant methods (Byrne et al., 2021; Geia et al., 2013). The focus of Yarning is the journey itself rather than the research outcome and on forming relationships via a safe and relational dialogue (Byrne et al., 2021). Yarning method centres on the relationship, the story, and the reflections of the Yarning experience grounded in an

axiology of respect, reciprocity, and relationality (Atkinson et al., 2021; Byrne et al., 2021; Murrup-Stewart et al., 2022; Wilson, 2008).

The practice of Yarning requires careful listening and appropriate questioning to elicit meaning-making. Yarning must also be situated in the language of the individual's culture, including syntax, semantics, and jargon, from their communicative lifeworld (Polkinghorne, 1991). Hence, researchers must have some shared knowledge of language and spend time with the local community to listen and talk, to begin to appreciate, learn, reflect on, and understand the intricacies and complexities of language employed by the local Aboriginal community (Byrne et al., 2021). For Aboriginal Peoples in Australia, language includes Aboriginal Languages, Aboriginal English and English (for further discussion about Aboriginal English, see Eades (2013) and Chapters 3 and 4).

2.7.2 Power and Yarning

There is a growing body of literature rightly calling for Yarning methods in research to be transparent and to display the researcher's Yarning experience and expertise, reflexivity, and relationality (Atkinson et al., 2021; Murrup-Stewart et al., 2022). Discernibly, Yarning method offers an opportunity for research to disrupt colonising and deficit-based approaches through celebrating Aboriginal Ways of Knowing, Doing, and Being (Martin & Mirraboopa, 2003), where the "...eurocentric comfort zone is undergoing a shaking and ruffling of academic feathers" (Geia et al., 2013, p. 14). However, without careful consideration, local guidance and researcher reflection, Yarning method runs the risk of becoming a strategic action. Yarning masquerading as "virtuous" (Moreton-Robinson, 2015, p. 190) expressions by non-Indigenous researchers and settler-colonial institutions may be an all-convenient 'miraculous' way to alleviate power inequities in research (Murrup-Stewart et al., 2022).

The complexity and subtleties of Yarning as a cultural practice are at risk of cultural misappropriation in cross-cultural research through unreflected power

dynamics of blindness and white possessive logic (Moreton-Robinson, 2015; Murrup-Stewart et al., 2022). For example, operationalising Yarning through western methods of interviews or focus groups displays a blindness about relational subtleties and complex processes involved in Aboriginal knowledges and re-establishes ownership and domination by the research academy (Atkinson et al., 2021; Murrup-Stewart et al., 2022).

Instead, Murrup-Stewart et al. (2022) have warned that “There is potential without meaningful consideration of epistemology, ontology, and axiology in the decision to engage with Yarning method in research spaces the application of the method may be inappropriate, misguided or unethical” (p. 779). Hence, it is imperative that I as co-researcher and dialogue partner continued to reflect on my practices, explore assumptions and work to expose the “shape-shifting nature of colonisation” that persists throughout the research process (Moreton-Robinson, 2015, p. 192). Chapters 4-7 of this thesis detail how co-researchers and dialogue partners engaged in Yarning to respect and privilege Aboriginal Ways of Knowing, Being and Doing.

2.7.3 Yarning - research rigour

Yarning is a rigorous and culturally safe research method (Bessarab & Ng'andu, 2010). Bessarab and Ng'andu (2010) suggest that Yarning can inform and strengthen the interpretive process in research and “...has a legitimate place alongside other western research methods in the gathering of data” (p. 47). Yarning is rigorous because it is a relationship between the story, the people involved, and the interpretation (Bessarab & Ng'andu, 2010; Murrup-Stewart et al., 2022). The rigour in a Yarn occurs when researchers listen and allow the story to flow while looking for ‘threads’ that inform the research topic (Bessarab & Ng'andu, 2010; Walker et al., 2014). In this thesis, Yarning pacesetting and flow were intricately guided by Aboriginal co-researchers and dialogue partners in each chapter (Chapters 4-7).

2.7.4 Yarning method in health research

Yarning method has previously been applied to build relationships with Aboriginal communities, design research processes and facilitate the recruitment of research participants (Gibson et al., 2020; Walker et al., 2014). For example, Walker et al. (2014) discussed their use of Yarning as a culturally appropriate recruitment approach to a research project about Indigenous women's wellness.

Yarning method has been widely applied for data collection purposes (Durey et al., 2016; Longstreet et al., 2008; Murrup-Stewart et al., 2021; Nilson et al., 2015; Rheault et al., 2021; Ryder et al., 2021; Vallesi et al., 2018). For example, Durey et al. (2016) explored Aboriginal health service delivery through Yarning circles. Dietary interview processes (Longstreet et al., 2008), experiences of cooking (Nilson et al., 2015), and health promotion programs (Vallesi et al., 2018) have also been explored using Yarning method. Yarning has also been applied as a method to deliver health-based education in group and individual settings (Browne et al., 2014; Lin et al., 2016; Mills et al., 2017).

Finally, Yarning method has been approached in the literature as a way to collaboratively conceptualise (Adams & Faulkhead, 2012; Gibson et al., 2020) and discuss research results (Fredericks et al., 2011).

2.7.5 Typology of Yarning

Bessarab and Ngandu (2010) depicted the complexity and intricacies of Yarning by describing four types of Yarning in a research process - Social Yarning, Research Topic Yarning, Collaborative Yarning and Therapeutic Yarning. Walker et al. (2014) have added two additional types of research Yarning, Family Yarning and Cross-cultural Yarning.

Table 2.3 provides a summary of six different types of Yarning for research. The table also depicts my reflections about how each type of Yarning differs from western notions of a 'research interview' and how Yarning enriched our research process. Notably, the collaborative Yarning method was applied in Chapters 4-7 to provide

scope for a group to share ideas about a topic to elicit new, shared discoveries or understandings through collective communication (Bessarab & Ng'andu, 2010). In referencing Hollingsworth (1994), Bessarab and Ngandu considered that these collaborative conversations can become "...a place for research that [goes] beyond ... pleasant and informative chats to become a transformative process" (in Bessarab & Ng'andu, 2010, p. 41). By critically framing collaborative Yarning, the research methods in this thesis have provided scope to challenge the status quo of academic research through participants as co-researchers, acknowledging that co-researchers are experts in their own life experiences. Collaborative Yarning enabled co-researchers and dialogue partners, to foster shared cycles of reflection, discussion, and meaning-making towards transformed understandings.

Table 2.3: Six types of research Yarning applied to the research presented in this thesis

Source: Bessarab and Ng'andu (2010); Walker et al. (2014)

Yarning type	Description	Reflections of Yarning with Dialogue Partners	Reflections of Yarning between Participants and Co-researchers
Social Yarning	Develops trust and relationships between participant and researcher through informal conversation before the Research Topic Yarning. It follows a wandering course guided by topics that both people choose to bring to the discussion – gossip, humour, advice, etc.	Aunty Karen and I sat, took time, and talked about our shared friendship - spending time with each other, and discussing family and other personal topics. Introducing each other in a research relationship, identifying shared family, history, or Country. For example, introducing each other and sharing connections about kin and Country.	Led by Aunty Karen, we often started the Yarning with topics about the program, as well as sharing personal and professional information. Aunty Karen and the participants used social Yarning to reconfirm connections to kin and Country.

Yarning type	Description	Reflections of Yarning with Dialogue Partners	Reflections of Yarning between Participants and Co-researchers
Research Topic Yarning	For information sharing about the research. A purposeful and interactive yet relaxed conversation through participant's stories about the research topic. It has a defined beginning and end.	Aunty Karen and I interweaved our thoughts and ideas about the research topic, process, and findings. Aunty Karen helped me to slow down, listen and think about how we introduced research to the community and how our transformed findings could be shared. I was mentored by Aunty Karen, Clint, and Simon for research Yarning in our literature interpretation (Chapter 4) and, Aunty Karen and Clint for the co-design article (Chapter 5) using metaphor, story and experiences to illustrate understandings.	We did not follow a linear question-answer western format when engaging with research participants and as co-researchers; instead, Aunty Karen and I suggested topics for Yarning related to the research questions. Participants chose to respond by telling us about their own experiences, often through stories of the past and present. Participants and co-researchers interweaved thoughts and ideas relating to health, culture, and knowledges through rich descriptions.
Collaborative Yarning	Develops opportunities for collaboration and sharing research findings between two or more people. It can involve sharing and collaboratively exploring ideas or new concepts about the research.	Dialogue partners collaboratively shared ideas and opinions to guide the literature interpretation and codesign article (Chapters 4 and 5) through a respectful and dialogical exploration towards transformed understandings. Through this process, we used careful listening and silence to self-reflect on our process and emerging understandings.	Co-researchers collaboratively shared ideas and opinions about articles informing Chapters 6 and 7 through a progressive process of mutual problem identification and solving rather than individualistic 'analysis'. We co-developed an understanding of the research topic, privileging participant, and co-researcher voices in the design, analysis, and research dissemination process.

Yarning type	Description	Reflections of Yarning with Dialogue Partners	Reflections of Yarning between Participants and Co-researchers
Therapeutic Yarning	Story which discloses deeply personal or emotional information, where the researcher listens to give support and affirms the participant's voice. Meaning making can empower participants and researchers to rethink, understand and reflect on new meanings.	Dialogue partners explored the injustices for Aboriginal Peoples through ongoing acts of colonisation. Affirmed each other's experiences through research, work in the health system, and personal or kin discrimination. Therapeutic Yarning helped us to pose new questions or think about our understandings in a new way.	Based on an established rapport with Aunty Karen and I, participants and co-researchers felt comfortable exploring deeply personal information about grief, racism, sickness, family troubles and other personal concerns. We took time to listen, allowing participants to talk and be heard. Participant stories, values and beliefs helped us to reframe our thinking and continue to reflect on the research process.
Family Yarning	An initial set of protocols for establishing connections, relationships, and shared histories. Establishes relationships to kin, Country and others through connection and social positioning for accountability to each other.	Aunty Karen and I shared about connections, introduced family members, and deepened our friendship and accountability to each other. Aunty Karen and Aboriginal dialogue partners each shared connections about kin and Country.	Aunty Karen, co-researchers and participants reconfirmed connections to kin and Country. Participants often shared connections with me, as well as shared discussions about our mutual social relationships.
Cross-cultural Yarning	Predominantly requires a shift by Indigenous Peoples rather than by non-Indigenous people in adapting to westernised rules and protocols. However, it can work to develop everyone's ability to work together through interweaving both types of knowledges.	Dialogue partners worked together to interweave rich Aboriginal knowledges, culture, and traditions to co-develop mutual understandings, requiring adaptation to western protocols for publication of our findings.	Aunty Karen acted as a pacesetter and two-way translator for Yarning, underpinned by rich cultural knowledges of Yarning customs. I spent time listening and learning through Aboriginal perspectives and practices. Aunty Karen clarified language and meanings in a shared journey for mutual understanding.

2.8 A critical and collaborative interpretive approach through Yarning and reflection

Chapters 4-7 applied critical hermeneutic methodology through a lens of communicative action alongside Yarning methods to guide the interpretation of findings in each chapter. The interpretive process is outlined in Table 2.4 and is described in further detail in each chapter. Interpretations in each chapter contributed to transformed understanding and practice as a *whole* thesis, encapsulated in Chapter 8.

Broadly, across Chapters 4-7, co-researchers and dialogue partners applied question-and-answer dialogues (Hudson & Croker, 2018; Trede et al., 2008) to work to transform understandings through interpretation in each chapter of the thesis (see example questions Table 2.4). Table 2.4 outlines data, referred to as text-sets, chosen to enable critical hermeneutic interpretation in each chapter e.g., relevant literature, reflective journal entries, individual Yarning transcripts and collaborative Yarning transcripts. The hermeneutic circle towards transformation guided co-researchers and dialogue partners to take sceptical and iterative returns to each text-set to transform interpretations beyond their initial understandings (Hudson & Croker, 2018; Trede et al., 2008). Iterations of how the hermeneutic circle of interpretation was approached are represented diagrammatically in Chapter 4 (page 103), Chapter 5 (page 137) and Appendix 7.2.

A Yarning method gave scope for dialogue partners and co-researchers to be guided by a relational approach to interpretation involving active listening, mutual respect and layering ideas that were consensus-building, meaning-making and transformative (Yunkaporta, 2019). Collaborative Yarning was considered a continuous process, inclusive of many voices. Central to this approach was the possibility that transformed understandings held the potential to disrupt the dominant western dialogue towards emancipation (Trede et al., 2008). An example of

this approach is provided in an excerpt from one of the collaborative Yarning sessions in Appendix 2.2 .

Transformed interpretations were developed throughout and are detailed in the thesis chapters (4-7). The findings of each chapter (4-7) relate to each other, and together, they work to transform understandings and practices informing the *whole* thesis (explicated in Chapter 8) in the context of an Aboriginal wellbeing program on Gumbaynggirr Country, Australia.

2.9 Overview of thesis approach

Figure 2.2 provides a visual representation of the research approach, including reflections (righthand side) that informed my decision-making regarding ontology, epistemology, methodology, and methods.

Table 2.4 provides an outline of the research approach in each chapter. Chapter 3 is a reflective methodology chapter, so it is not presented in the same structure as Chapters 4-7. However, I have included Chapter 3 in the table to highlight how it contributes to the overall thesis approach.

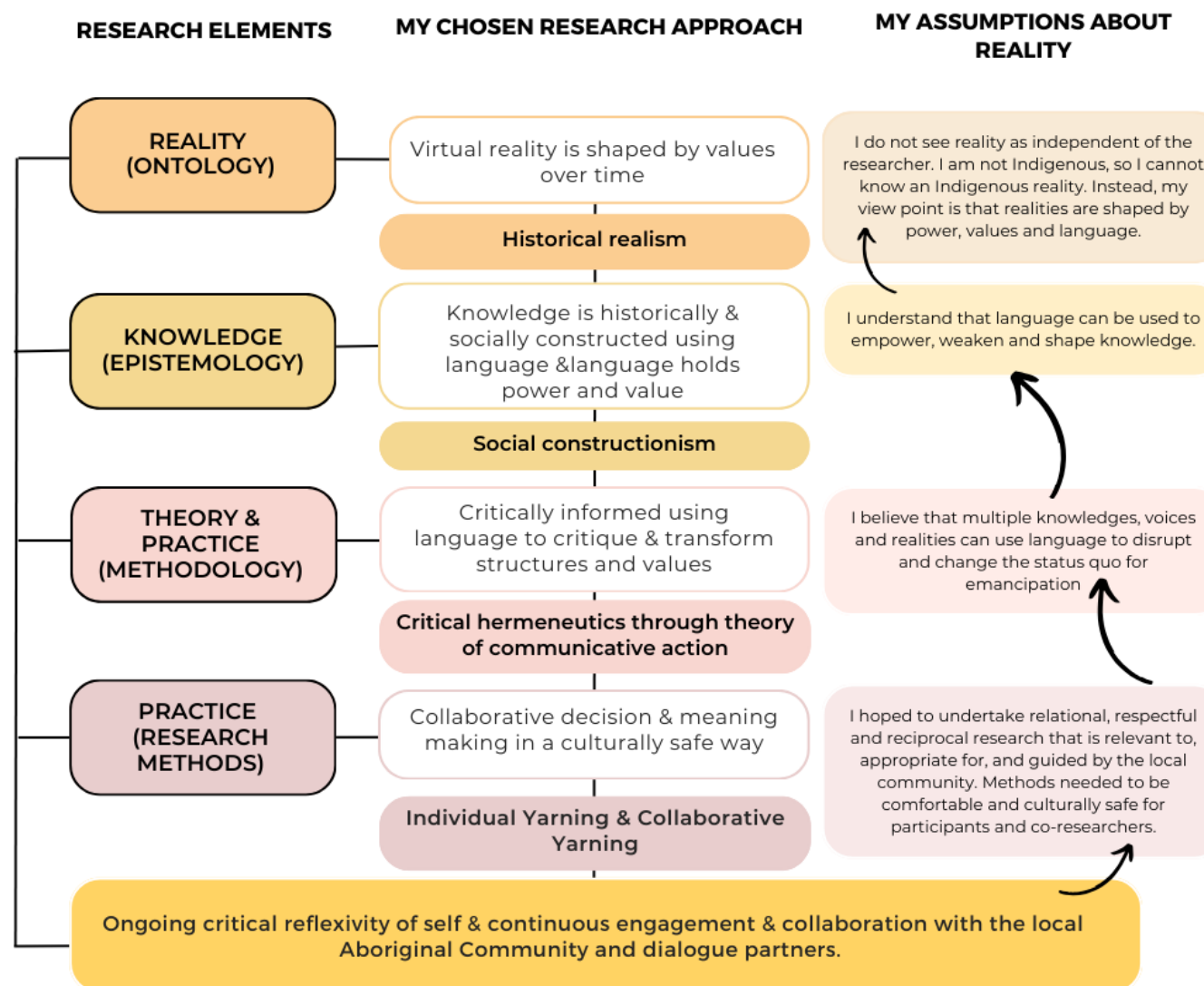


Figure 2.2: Approach used in this research

Table 2.4: Overview of thesis approach

Chapter and Title	Guiding research question(s)	Aim	Text-sets	Example questions guiding interpretation	Approach	Dialogue partner/ Co-researcher actions
Chapter 3: A dialogical approach to understand perspectives of an Aboriginal wellbeing program: An extension of Habermas' Theory of Communicative Action	<i>How can Aboriginal and non-Indigenous researchers respectfully engage with Indigenous and western knowledges to understand perspectives of an Aboriginal wellbeing program?</i>	To discuss how Aboriginal and non-Aboriginal researchers can apply a collaborative dialogical research methodology to privilege and respect Aboriginal ways.	n/a	n/a	Dialogue partners explore aspects of theory and research practice in relation to Habermas' theory of communicative action	Dialogue partners explore through theory, dialogue, and personal reflections about how they may respectfully engage with Indigenous and western knowledges to research together.

Chapter and Title	Guiding research question(s)	Aim	Text-sets	Example questions guiding interpretation	Approach	Dialogue partner/ Co-researcher actions
Chapter 4: First Nation Peoples' nutrition and exercise group programmes: Transforming success through the lifeworld.	<i>How do dialogue partners understand success in First Nations Peoples' nutrition and exercise group programs using a critical hermeneutic approach to interpret the literature? What are dialogue partners transformed understandings?</i>	To transform understandings about success through a literature interpretation.	Published literature from a systematic search	<i>How are power, people, and relationships represented? How do understandings transform wellbeing programs?</i>	Collaborative Yarning with three Aboriginal and three non-Indigenous dialogue partners and the published literature text-sets.	Reading, questioning, and Yarning with the authors through their published literature and with dialogue partners about interpretations. Critiquing our understanding towards a transformed understanding.

Chapter and Title	Guiding research question(s)	Aim	Text-sets	Example questions guiding interpretation	Approach	Dialogue partner/ Co-researcher actions
Chapter 5: Experiences of co-designing research about a rural Aboriginal well-being program: Informing practice and policy	<i>How can data, as well as experiences and reflexivity of Aboriginal and non-Indigenous co-researchers about co-design, inform practice and policy?</i>	To transform understanding and inform practice about co-design in the context of an Aboriginal wellbeing program.	Published literature, Yarning transcripts, and reflective journal entries	<i>How do power, relationships, and knowledge influence co-design? What notions transform understandings of co-design?</i>	Collaborative Yarning with two Aboriginal and three non-Indigenous dialogue partners and the text-sets.	Reading, questioning, and Yarning with dialogue partners, our reflections, Yarning transcripts, and published literature. Critiquing our understanding towards a transformed understanding.

Chapter and Title	Guiding research question(s)	Aim	Text-sets	Example questions guiding interpretation	Approach	Dialogue partner/ Co-researcher actions
Chapter 6: Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy.	<i>What sustains an Aboriginal wellbeing program on Gumbaynggirr Country, Australia? How can services be reorientated to empower the self-determination of Aboriginal health promotion practice and policy?</i>	To inform critical reflection and reorientate practice and policy in the context of an Aboriginal wellbeing program.	Individual and Collaborative Yarning transcripts	<i>What is important to get right when designing an Aboriginal wellbeing program? What continues to sustain Spring into Shape?</i>	Individual Yarning with 13 Spring into Shape participants and two past Spring into Shape coordinators followed by collaborative Yarning process with nine Spring into Shape participants as co-researchers.	Listening and Yarning with participants. Critiquing developing understandings. Collaborative Yarning with co-researchers to challenge understandings and practices.

Chapter and Title	Guiding research question(s)	Aim	Text-sets	Example questions guiding interpretation	Approach	Dialogue partner/ Co-researcher actions
Chapter 7: Sustaining an Aboriginal wellbeing program in Australia: Insights for transformative health service practices.	<i>What are the dynamics that sustain an Aboriginal wellbeing program on Gumbaynggirr Country, Australia, and how do the dynamics sustain the program? How can health services be transformed for a sustainable Aboriginal wellbeing program?</i>	To transform the practice of health services in the context of an Aboriginal wellbeing program.	Individual and Collaborative Yarning transcripts	<i>How do participants and health professionals reach a shared understanding and coordinate actions? What gets in the way? How could it be otherwise? What notions transform our understanding of what sustains an Aboriginal group wellbeing program?</i>	Individual Yarning with 13 Spring into Shape participants and two past Spring into Shape coordinators followed by collaborative Yarning process with nine Spring into Shape participants as co-researchers.	Listening and Yarning with participants. Critiquing developing understandings. Collaborative Yarning with co-researchers to challenge understandings and practices.

2.10 Research ethics

This study was conducted in partnership with Galambila Aboriginal Health Service, located on Gumbaynggirr Country on the Mid North Coast of NSW. A research agreement between Galambila Aboriginal Health Service and The University of Newcastle was co-developed and endorsed by researchers and representatives from both organisations (Appendix 1.1). Ethics approval was obtained from the Aboriginal Health and Medical Research Council Ethics Committee (1411/18) and the University of Newcastle Ethics Committee (H-2018-0238) (Appendix 2.1). Principles of ethical research practices when working with Aboriginal communities were a key foundation of this body of work. Key guidelines informing research practice throughout this thesis are outlined in Box 2.1.

Box 2.1: Ethical guidelines informing research approaches in this thesis

- Aboriginal Health and Medical Research Council Ethics Committee. (2020). AH&MRC Guidelines for Research into Aboriginal Health Key Principles. Surry Hills, NSW, Australia
- National Health and Medical Research Council. (2018). Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders. Canberra: Commonwealth of Australia
- National Health and Medical Research Council. (2018). Keeping research on track II : A companion document to Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders. Canberra: Commonwealth of Australia
- Harfield, S., Pearson, O., Morey, K., Kite, E., Canuto, K., Glover, K., . . . Braunack-Mayer, A. (2020). Assessing the quality of health research from an Indigenous perspective: the Aboriginal and Torres Strait Islander quality appraisal tool. *BMC Med Res Methodol*, 20(1), 79.

Collaborative discussions about the research topic and process with Galambila and the Aboriginal community are explored in further detail in the next chapter, as well as in Chapters 5-7. Collaborative discussion topics included methodology and

data collection methods, as well as participant recruitment and findings dissemination processes. Participant and co-researcher recruitment and contribution to the study are detailed in each chapter (Chapters 5-7).

2.11 Chapter 2 conclusion

Framed by the critical paradigm, this chapter has presented the philosophical underpinnings and research methods that inform the research outlined in this thesis. As part of my praxis, each research element has been carefully considered to align with emancipatory and transformative research practice, which aims to respect and privilege First Nations' Ways of Knowing, Being, and Doing (Martin & Mirraboopa, 2003). Through critical reflection and scholarship, the thesis methodologies and methods aim to serve the legitimate self-determination and capabilities of Aboriginal People and demonstrate how power can be exposed and transformed for change in understanding and practice (McCartan et al., 2022).

I have presented an ontology of historical realism which considers that realities are under constant internal influence, shaped by social forces and crystalised over time. Hence, realities are an unbalanced power struggle between colonising western cultures and oppressed First Nations Peoples based on ethnicity, culture, socioeconomics, and politics. My epistemology is one of social constructionism, which posits that human beings have been born into a world where meaning has already been made. That language holds the power to change meanings by generating new understandings. For First Nations Peoples, their Ways of Knowing have been devalued and subjugated by colonisation. Hence, to transform understanding, we can use language to question and challenge the dominant ideologies. The axiology informing this thesis is relationality, reciprocity, and respect underpinned by accountability to the research relationship.

Informed by critical hermeneutics through a lens of Habermas' theory of communicative action (Habermas, 1984, 1987), my chosen methodology aimed to guide a more equitable research practice through a communicative approach. It is my

assumption that Aboriginal and non-Indigenous dialogue partners and co-researchers have different background understandings which they used as context to question, challenge and transform understanding about the status quo. It is through a subject-subject dialogue, which is free of coercion and domination, that Aboriginal voices and perspectives can be privileged to transform understanding and practice. Finally, guided by Aunty Karen Roberts and the Aboriginal community on Gumbaynggirr Country, I have chosen Yarning as a method that aims to promote Aboriginal voices through rigorous and cultural research conversations. Yarning is a relational approach to communication in Aboriginal research. A relational approach closely aligns with the purpose of the following chapter – for Aboriginal and non-Indigenous researchers to develop a way to respectfully research together using methodologies and methods that privilege and respect Aboriginal Ways for a decolonising research approach.

In the following chapter, I will propose that communicative relationality is fundamental to the research practice informing this thesis, where knowledge is constructed through dialogue by those in a trusting and respectful research relationship to transform understandings by talking together. The next chapter focuses on the notion of communicative relationality involving communication, language, and relationships. This is guided by Habermas' theory of communicative action (Habermas, 1984, 1987), integrated with researcher reflexivity and actions, to establish a transformative approach to research with Aboriginal communities. In Chapter 3, I, along with dialogue partners, further explore the notion of communicative relationality to privilege Aboriginal Ways of Knowing, Being, and Doing in critically framed research practice whereby Aboriginal and non-Indigenous researchers work together for transformation.

Chapter 3 A dialogical approach to understand perspectives of an Aboriginal wellbeing program: An extension of Habermas' Theory of Communicative Action

3.1 Chapter 3 overview

This chapter is a published paper that describes a dialogical approach to cross-cultural research about an Aboriginal wellbeing program. The research question guiding this article is: *How can Aboriginal and non-Aboriginal researchers respectfully engage with Indigenous and western knowledges to understand perspectives of an Aboriginal wellbeing program?* This question supports the first layer of praxis (see Chapter 1) to understand my research process.

The development of the research approach is described in this article (See 3.5 Our collaborative dialogical approach), including the statement that there was “*no ‘recipe’ to follow*” (p. 74), suggesting that standardised empirico-analytical methods were not suitable. The article describes that initial research approaches were considered by dialogue partners. Approaches that were considered included Indigenous theoretical frameworks (Martin & Mirraboopa, 2003), Yarning (Bessarab & Ng'andu, 2010), and Dadirri (Ungunmerr, 1988), as well as non-Indigenous research paradigms (Crotty, 1998), collaborative dialogical inquiry (Bridges & McGee, 2010) and the theory of communicative action (Habermas, 1984, 1987). Initial ideas were discussed with the local community, which further shaped the research approach.

This article extends the western critical paradigm and Habermas theory of communicative action to respect Aboriginal Ways of Knowing, Being, and Doing for

a research approach underpinned by communicative relationality. It discusses how layers of reflexivity (self, interpersonal, and collective) have a role in communicative relationality (trust and shared decision-making). Dialogue partners and co-authors in this chapter include Aunty Karen Roberts, Leanne Brown, Karin Fisher, Kerith Duncanson, and myself (introduced in section 3.4 on page 72). Dialogue partners are termed ‘researchers’ and a ‘research group’ in this article. Together, dialogue partners proposed that communicative relationality is strengthened by three key researcher actions - inner listening, relational actions beyond discourse, and collective knowledges – underpinned by communicative action validity claims. Communicative relationality provides a way to respectfully research in the critical paradigm while respecting Aboriginal Ways towards building a relationship that is mutually beneficial.

Chapter 3 has been reproduced from an article published in *International Journal of Qualitative Methods*. The article was submitted 31st March 2020, received revised 6th August 2020, and accepted 12th August 2020. The article was published online on 16th September 2020 and the reference for this publication is:

Urquhart, L., Brown, L., Duncanson, K., Roberts, K., & Fisher, K. (2020). A dialogical approach to understand perspectives of an Aboriginal wellbeing program: An extension of Habermas’ Theory of Communicative Action. *International Journal of Qualitative Methods*, 19, 1-10.

This chapter was completed in collaboration with co-authors acknowledged in Appendix 3.1. Permission to reproduce the published manuscript is not required under Creative Commons Non-Commercial CC BY-NC:4.0.

3.2 Abstract

This article will aim to demonstrate how we applied a collaborative dialogical research approach to understand perspectives of an Aboriginal wellbeing program by extending Habermas' Theory of Communicative Action to respect Australian Aboriginal ways of knowing, being, and doing. This process aims to disrupt the colonising discourse by bridging the disconnect between Indigenous decolonising methods and Western knowledges, toward a dialogical, respectful, appropriate, and reciprocally beneficial research project. We discuss how layers of reflexivity (self, interpersonal, and collective) have a role in communicative relationality (trust and shared decision making). We propose cross-cultural communicative relationality is strengthened by three key researcher actions; inner listening, relational actions beyond discourse, and collective knowledge, along with Habermas criteria for discerning the motivations of action (communicative vs strategic). This article provides researchers from a variety of disciplines a way to respectfully research in the critical paradigm whilst considering Aboriginal ways toward building a relationship that is mutually beneficial.

“Don't try and talk for us or about us, but rather share with us and know what is going on.” (Turnbull-Roberts, 2019, Interview)

3.3 Introduction

Research which celebrates Indigenous ways of knowing, being, and doing through respectful, dialogical, and collaborative processes has scope to decolonise and re-shape research relationships between Indigenous and non-Indigenous peoples (Box 3.1) (Getty, 2010; Martin & Mirraboopa, 2003; West et al., 2012). The epistemology and ontology of Western ways of knowing have, and continue to, dominate and subjugate Indigenous ways of knowing, being and doing through the act of colonisation (Kirkness & Barnhardt, 1991; Kovach, 2018; Rigney, 1999; Smith, 2012). Non-Indigenous researchers who are working in the space of cross-cultural research, need to consider how their Western ontological assumptions can conflict with Indigenous research methodologies (Getty, 2010; Held, 2019; Osborne, 2017). Researchers must also understand how their actions can work towards disrupting the hegemonic structures of Western research approaches (Getty, 2010; Liebenberg et al., 2018; Nicholls, 2009). By disrupting the dominant way of knowing, researchers can increase their accountability to Indigenous communities and research participants by moving beyond what is needed to ‘tick the box’ through enhanced responsibility and respect (Kirkness & Barnhardt, 1991; Rigney, 1999).

Box 3.1: A note on terminology

Indigenous: The authors have used this term to respectfully refer to people who identify as First Peoples from nations, lands, and territories around the world, and wish to acknowledge their diverse and rich cultures.

Aboriginal: The authors have used this term to respectfully refer to First Peoples from the mainland of Australia and the local community where the research is situated, as this is the term that the community identify with.

Torres Strait Islander: The authors have used this term to respectfully refer to First Peoples who are from the Torres Strait Islands of Australia.

Source: Australian Institute of Aboriginal and Torres Strait Islander Studies (2018)

In his 2018 reflective article, Datta argues that research methods which involve Indigenous people and communities should explore “a bridge between Western and Indigenous, which is appropriate and beneficial to the local community” (Datta, 2018, p. 3). Similarly, Indigenous authors (Rigney, 1999; Wilson, 2008) have described ‘borrowing from’ and ‘drawing on’ Western paradigms which fit with the “ontology, epistemology and axiology of the Indigenous paradigm” (Wilson, 2008, p. 12). To unsettle the dominant discourse, Western and Indigenous methodologies have been interfaced by Indigenous and non-Indigenous researchers to privilege perspectives and voices of the colonised (Barton, 2004; Held, 2019; Leeson et al., 2016; West et al., 2012). In this article we offer our approach toward bridging the disconnection between Western and Indigenous knowledges which extends to cross-cultural realities, communication, and collaborative research.

Our dialogical research approach aims to disrupt the colonial voice by using and extending critical theory through language and Indigenous ways of knowing, being and doing. Critical theory and the Indigenous paradigm have a number of commonalities namely motivated by emancipation (Crotty, 1998; Held, 2019). Critical methodologies aim to promote research which exposes, interrogates, and challenges conventional social structures including Western knowledge, by working against the oppression of disempowered minority groups (Crotty, 1998; Scotland, 2012). Through critical methods, research participants are the knowledge holders and, along with researchers, they are able to examine their social, cultural and historical realities toward emancipatory change (Held, 2019; Scotland, 2012).

Critical theorists argue that language, which shapes and moulds our realities, contains power relations which are used to empower or weaken (Scotland, 2012). Although language can be used to disempower, Jürgen Habermas purports through this Theory of Communicative Action, that language can also be emancipatory, if it is free of coercion and motivated toward mutual understanding and shared decision making (Habermas, 1984, 1987; Rasmussen & Görtzen, 1990).

Through communicative practice and language, researchers can begin to think about how their actions may change the dominant research dialogue to privilege Indigenous ways of knowing, being, and doing. In Australia, Aboriginal and Torres Strait Islander (Box 3.1: A note on terminology) ways of knowing, being and doing, which emerge from Aboriginal and Torres Strait Islander realities, are becoming more commonly adopted as stand-alone research methodologies and methods in their own right (Barker, 2008; Bessarab & Ng'andu, 2010; Doyle et al., 2017; Drawson et al., 2017; Martin & Mirraboopu, 2003; Whap, 2001). For example, Dawn Bessarab and Bridget Ng'andu's (2010) '*Yarning about Yarning as a Legitimate Method in Indigenous Research*' demonstrates a style of communication and method of research, which is not only rigorous and credible, but which is also valued and familiar to Aboriginal people. Through the well-known protocols of active listening, mutual respect, and layering knowledge, yarning is a method of research which is consensus-building, meaning making, and innovative (Yunkaporta, 2019). As an example, this method can foster the beginning of a changing dialogue, in which the participant is not the silent object of study, but the subject, who becomes part of shaping the dialogical process. This article will discuss how Aboriginal and non-Aboriginal researchers can apply a dialogical research methodology to privilege and respect Aboriginal ways through research methods which include yarning.

3.4 Locating researchers with community

We are a group of Aboriginal (KR), and non-Aboriginal (LU, LB, KD and KF) researchers who are working together. We do not discount that there is a divergence of opinions among Indigenous scholars as to whether or not non-Indigenous people should be involved in research with and for Indigenous people (Kovach, 2018; Nicholls, 2009; Rigney, 1999). Instead, we hope to provide a respectful way forward via a communicative relationality, with a critical consciousness and shared purpose, which privileges Aboriginal knowledges (Krusz et al., 2019). We see a communicative relationality as an interweaving of communicative practice (Habermas, 1984),

reflexivity (Nicholls, 2009) and researcher actions (Bassendowski et al., 2006; Kendall et al., 2011), underpinned by trust and shared decision making, which are achieved through communication.

The methodology discussed in this article underpins a research project, exploring the strengths of a community wellbeing program which has been running for over 15 years with high community engagement, as a foundation of LU's study toward a PhD. The wellbeing program takes place on Gumbaynggirr Country on the Mid North Coast of New South Wales, Australia.

LU's initial engagement with the community was established through an invitation to contribute as a practising dietitian to nutrition and cooking sessions as part of the wellbeing program. A high level of community interest towards understanding the strengths of the wellbeing program was revealed through collaborative dialogues with program participants, Aboriginal Health Service Staff and KR. From this, a collaborative relationship was formed between the community and the research group to develop a research project through communicative processes which was respectful, practicable, and beneficial to the community.

KR is a proud Dunghutti woman with family ties to Birpai, Gumbaynggirr, and Bundjalung Nations. KR has been the wellbeing program coordinator for the past three years. She has over 20 years of experience working in Aboriginal community health settings. Her strong leadership and community connections as an Aboriginal Health Worker, through the Aboriginal Health Service, have enabled interlinkages between Indigenous and Western knowledge sharing methods to ensure ongoing Aboriginal leadership, ownership, and relevance to the Aboriginal community throughout the project. LB, KD and KF are LU's research supervisors who each have experience working collaboratively with Aboriginal communities and Aboriginal Health Services in a variety of health and research settings.

As a research group, we have strengthened our existing relationships through reciprocity and shared decision making to grow our research project. KR reflects on

the importance of existing cross-cultural relationships for research in the following quote:

This is how we've got to connect, to work together. I help you and you help me...Me and you already have that relationship. If everybody else had that, it would be a better world. (KR's verbal reflection)

3.5 Our collaborative dialogical approach

The communicative process we are writing about was not a pre-planned, well-defined methodical procedure. There was no 'recipe' to follow to address the research need identified by the local Aboriginal community. Instead, it is something that has evolved over the past few years through existing relationships between community and researchers. We have developed our methods collaboratively, as a cross-cultural research group and with community, through twisting and turning, listening, talking, reflecting, reading, checking, trying, and re-trying.

To begin our methodological design process, we collectively reviewed various methods and methodologies as a research group. The research group contemplated both Indigenous (Bessarab & Ng'andu, 2010; Martin & Mirraboopa, 2003; Ungunmerr, 1988) and Western (Bridges & McGee, 2010; Crotty, 1998; Habermas, 1984) approaches to consider if some might sit more comfortably with our shared research purpose (Doyle et al., 2017).

We took our initial ideas to the community for discussion at Elder's Health Days and Aboriginal Health Service staff meetings. The research was also discussed in more intimate settings, including at the wellbeing group and, with smaller gatherings of community members. After initial discussions, research methods, and alternative ideas were often talked about in community settings without prompting from the research group, which further shaped the research approach.

Ultimately, there was no one research approach which could encompass our collective research goal. Instead, our dialogical approach, aims to respectfully apply

Indigenous and Western knowledges to work against colonising discourses towards emancipatory actions (Doyle et al., 2017).

Our methodology and data collection methods were collaboratively designed with community and intertwine with each other, so it is not practical or possible to separate one or the other. Through this article, we will aim to demonstrate how our methodological process extends Habermas' notion of language, to consider actions which reflect Aboriginal ways of knowing, being, and doing. This process aims to disrupt the colonising discourse, by bridging the disconnect between Indigenous decolonising methods and Western knowledges, toward a respectful, appropriate, and reciprocally beneficial research project.

Through closely examining and reflecting on three layers of reflexivity; self, interpersonal and collective, we are interested to explore whether our approach can move us toward a communicative practice in our research. Throughout this article, we will contemplate the complexities and tensions of a communicative relationality toward consensus through the view and critiques of Habermas' and his Theory of Communicative Action (Habermas, 1984, 1987).

Whilst the methodologies around this research are health centred, there may be other disciplines which connect with this critical framework which has a foci on cross-cultural realities, communication, and collaborative research. This article will add to the critical methodologies which researchers will be able to apply in cross-cultural settings.

3.6 Toward a communicative relationality through Habermas and researcher actions

For this article, we are curious to consider how a communicative relationality may develop between those of different realities when attempting to design and undertake a cross-cultural collaborative dialogical research project. There is an

undeniability of cross-cultural difference which springs from our experience of working with an Aboriginal community. LU reflects on this in the following quote:

I think that my trusting relationships are both formed and strengthened through an acknowledgement of difference, that is, a transparent appreciation of each other's ontologies and epistemologies. By taking the time to listen, share, think, and ask about what we don't understand research participants and I have aimed to move beyond a superficial rapport, toward a relationality built on trust and shared decision making. What I am interested in exploring is the complex layers of communication which have fostered and maintained these relationships. (Excerpt from LU's reflexive journal)

Our research methodologies have been informed by Habermas' Theory of Communicative Action (Habermas, 1984, 1987), in which he sets the task for modern philosophy to understand human subjectivity through communication and language. Habermas argues that our ability to communicate has a universal core that includes basic structures and fundamental rules that all people must grasp to speak a language (Habermas, 1984). Thus, the process of interpretation and reaching understanding is through the use of language (Habermas, 1984). Communicative action can disrupt and extend understanding of Aboriginal health through the use of language and fits with the notion of decolonising research with Aboriginal people (West et al., 2012).

Through his theory, Habermas proposes certain criteria in which to understand action as either rational or irrational; communicative or strategic (Habermas, 1984). This provides a lens to reveal the manipulation and strategic distortions of communication through exposing the true, undisclosed motivations of teleological action toward system success. Thus, it can be argued that communicative action provides an opportunity for equal voice, critique, and mutual decisions toward a positive change in research (West et al., 2012).

Those involved in a communicative practice do so on a 'level playing field', with each participant considered as an equal, interacting in open dialogue, and responding

to critiques. This process requires a trusting relationship between all members as they work toward a consensus about their subjective thoughts and actions within the world. Habermas describes this idea as the lifeworld, in which actions are arrived at through an equal and communicative process (Habermas, 1984). On the other hand, Habermas' describes action which aims to maintain the dominant status quo as outcome-orientated and strategically driven. This form of action does not attempt to reach consensus through understanding, but is instead motivated by the system to maintain power (Habermas, 1984, 1987).

Habermas' theory can illuminate the motives of each participant in a conversation, debate, or argument. Each person has a particular agenda for starting and then continuing a communication, even if their purpose may or may not be clear to them at the time. Hence, each person's action has some teleological structure, including those acting communicatively, as each person brings some of their own intentions, feeling, and desires to a conversation (Bolton, 2005; Habermas, 1984). However, if people participating in a communication are truly aiming toward mutual understanding, then what becomes important is the mechanisms of *how* a communicative action is separated from a strategic action (Bolton, 2005; Habermas, 1984). According to Habermas, language through linguistic expression is the medium for reaching an understanding (Habermas, 1984).

The application of language is central to communicative practice. Habermas refers to this form of argumentation as explicative discourse, appraised by the comprehensibility of a symbolic expression to reach mutual understanding through linguistic means. The violence of colonisation widely suppressed the speaking of Aboriginal languages including Gumbaynggirr, the traditional language of the lands on which this research is taking place. We acknowledge that it has only been through the hard work and dedication of community that the Gumbaynggirr language is being restored, taught, and more widely spoken, with words and phrases now more commonly used for greetings and in everyday conversations.

For our research, shared language, and everyday communications are based around English. Whilst we are all ‘speaking’ English, there are considerable cross-cultural differences between dialect, syntax, semantics, and pragmatics, further detailed by Diana Eades’ (2013) book. The features of ‘Aboriginal English’ demonstrate that Aboriginal ways of using language remain a strong and significant part of Aboriginal culture (Eades, 2013). Hence, it is important for non-Aboriginal researchers to spend time with community, to listen and talk with them, to begin to appreciate, learn and understand the intricacies and complexities of language.

Habermas proposed that language, which he refers to as ‘speech acts’, is regulated by norms, expressive self-presentations, and evaluative expressions which are orientated toward understanding and consensus as the constituents of a communicative practice (Habermas, 1984). To determine the true motive of action, each of these expressions must be able to be critiqued through corresponding validity claims, which are each explained below, then applied and depicted (Figure 3.1). in the context of our research.

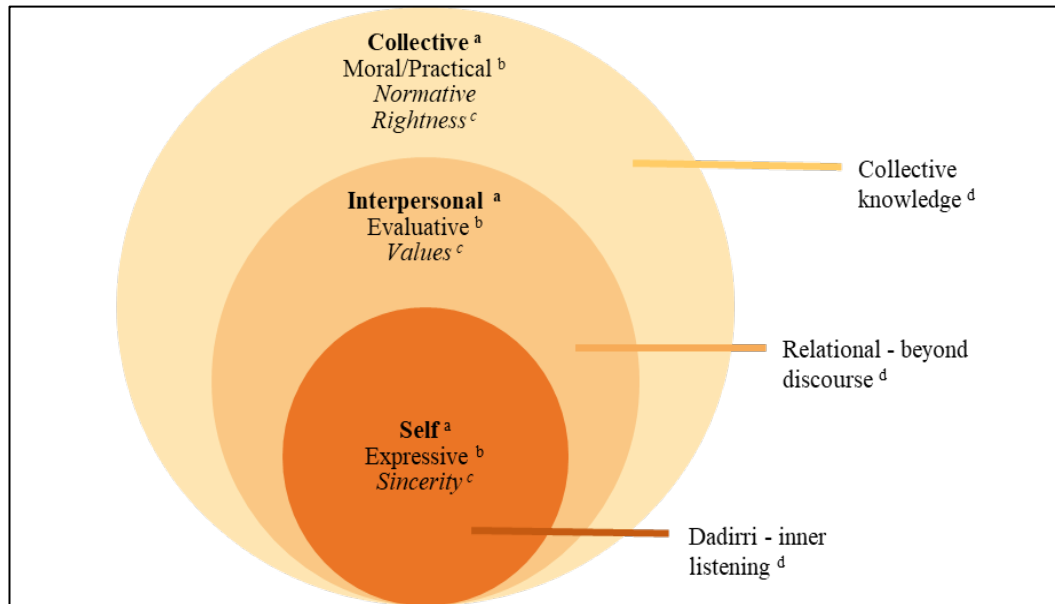


Figure 3.1: Our interpretation of how layers of reflexivity (a) interlink with Habermas' communicative practice expressions (b) and validity claims (c) with researcher actions for cross-cultural communicative relationality (d)

Cultural normativity, considered through moral-practical expressions, is critiqued by whether what is being said is reliable, insightful, and 'normally right' in the context of the expression (Habermas, 1984). This differs from considering cognitive-instrumental expressions of facts in the objective world (Habermas, 1984).

Evaluative expressions convey our own desires and feelings through values. The validity of this expression is critiqued by adequacy of our standards of value, rather than by empirical truths or normative rightness (Habermas, 1984). Expressions regarding one's own subjective state are the therapeutic critique for which participants understand their perceptions based upon sincerity, as to whether the 'speech act' is honest and self-critical. Therefore, if the speaker's motives are transparent and they believe in what they are saying then they can be deemed rationally and communicatively motivated (Habermas, 1984).

Habermas' theory provides a lens in which participants and researchers can discuss, critique, and understand each other's points of view toward their own lifeworld. However, like those before us, we have a nagging uneasiness, as whilst Habermas' theory provides an opportunity for participants to engage in a process of equitable dialogue and mutual decision making, the challenge of defying traditional epistemological assumptions remains (Braaten, 1995; Pajnik, 2006). By considering Aboriginal ways, we may afford to deepen our understanding of the complexities of cross-cultural communication and bridge the disconnect between Indigenous and Western realities.

In our collaborative interpretation of Habermas' theory, we have considered how each form of expression builds our understanding of communication through a self, interpersonal and collective reflexive process. These expressions are coupled with three researcher actions; Dadirri – inner listening, relational actions beyond discourse, and collective knowledge, to move toward supporting a cross-cultural communicative relationality. To this, we have interlinked Habermas validity claims of sincerity, adequacy, and normative rightness (Figure 3.1), to illustrate the complex nature and considerations of communication in critical research.

We have discovered through ongoing engagement and dialogue, that certain aspects of communicative practice were well known to the community, although not through the terms Habermas established. Characteristics of communicative practice which were already familiar to the community included acknowledgment of differing lifeworlds (self), yarning towards mutual consensus (interpersonal), and equal participant roles in dialogue (collective). Through three key researcher actions (Figure 3.1) and ongoing discourse the community connected to Habermas' theory through familiar and comfortable linkages. Hence, our dialogical approach has enabled us to move from considering research theory to a respectful, collaborative, and accountable research practice to understand perspectives of an Aboriginal wellbeing program.

3.7 Self

Habermas (1984) proposed that expressions regarding one's own subjective state are the therapeutic critique for which participants understand their perceptions based upon sincerity, as to whether their 'speech act' is honest and self-critical. Hence, if the speaker's motives are transparent and they believe in what they are saying then they can be deemed rational. Our interpretation of this proposition is that the self has a therapeutic element that includes expressions of sincerity and the action of 'Dadirri', or deep listening (see Figure 3.1). As researchers we have actively and thoughtfully taken time to listen and become self-aware, and we have become more cognizant by letting thoughts sink quietly into our minds (Ungunmerr, 1988). Through awareness and quietness, our approach has involved being still and observing, as well as; thinking, reflecting, and waiting, without hurrying. We have waited for the right time, the right people, and the right place in which to share our sincere thoughts. This process has allowed us to gain new understandings through dialogue in which the self, via internal thoughts, can reflect, and engage in dialogue. These actions have become central to our research practice and our reflexive process. KR reflects on her own practices in the following quote:

I've got to slow down and think sometimes about what I say...I think about how I might make it better, what I say, how I say it and how I do things. I reflect back on it... I think reflecting is an important skill, it's how we learn.
(KR's verbal reflection)

We reflect that a researcher's own internal dialogue which is self-aware, "unmasks the complex political/ideological agendas hidden in our writing" (Richardson, 1994, p. 523). Researchers cycle through processes of uncovering, questioning, and repositioning their hidden or subtle assumptions which motivate them toward their research (Finlay, 2003). For our research, this process has taken time and is ongoing. It is a process in which we have acknowledged, listened to, and acted on inner tensions between our own agenda and that of what we have set out to do. The

following reflections highlight LU's initial colonial thinking about her role as an experienced dietitian and novice researcher which has since been disrupted through our dialogical process.

From the first moment I began to think about this research project and talk with the local community I could see a 'health need'. The people who I met during the course of my discussions had complex chronic health conditions such as type two diabetes and kidney disease, and I felt as a researcher and clinician, I could help them. (Excerpt from LU's reflexive journal)

Through the development of self-awareness, the researcher can question the power and privilege in research relationships, which may highlight why the researcher included or excluded particular elements (Nicholls, 2009). However, for researchers working with Indigenous communities, it is ethically, morally, and socially inappropriate to rely solely on their own internal dialogues when designing, undertaking, and disseminating research (Rose, 1997). If non-Indigenous researchers situate knowledge based only on 'first person' deliberations, then their dialogues are strategically motivated, and they will recolonise research through empirical epistemological traditions (Habermas, 1984). Instead, in this discourse around 'self', we are suggesting that a researcher can unsettle their own epistemological and ontological assumptions through becoming self-aware, listening, and waiting; toward honesty, transparency, and sincerity as illustrated in the following quote:

...it was actually me who needed help and guidance and, I was lucky to receive it. There have been some key people along the way including – my cultural mentor, Elder and friend Aunty Karen Roberts, as well as my research supervisors, these people have helped me reflect on the complexities and intricacies of cross-cultural research. I learned that rather than rushing in to 'help' fix what I considered to be 'a problem', I needed to slow down, think, write, and listen. (Excerpt from LU's reflexive journal)

A researcher's 'self' communication must extend beyond speech and language. To the Ngangikurungkurr people of Daly River in the Northern Territory of Australia

this process is called Dadirri. Dadirri is a ‘spiritual gift’ and way of life (West et al., 2012). Dadirri is a quiet stillness and waiting, reflection and listening, it is about “observing the self as well as, and in relationship with others” (Atkinson, 2002, p. 19). Atkinson (2002) considers that Dadirri can also be a way of life for researchers, by sharing something of themselves and building a reciprocity through the sincerity of their words and actions. The significance of Dadirri for all Australians is described by Miriam Ungunmerr, a prominent Aboriginal writer:

What I want to talk about is another special quality of my people. I believe it is the most important. It is our most unique gift. It is perhaps the greatest gift we can give to our fellow Australians. In our language this quality is called dadirri. It is inner, deep listening and quiet, still awareness... This is the gift that Australia is thirsting for. It is something like what you call ‘contemplation’. (Ungunmerr, 1988, p. 1)

This is a personal journey through deep listening, stillness, waiting, and watching to extend our ‘self’ dialogue beyond what we say. Through the consideration of ‘self’, the research group have encouraged community participants to reflect through the use of Dadirri and shared dialogue. As part of their reflection, the community participant’s intentions, actions, and privileging of rich Aboriginal axiologies formed part of their own Dadirri journey. In this reflexive process represented by ‘self’, researchers, and participants become external observers to their own actions, judging their own trustworthiness and authenticity.

As researchers we must practice cultural humility just as our participants do; by being flexible in our thoughts and by situating ourselves as the ‘learners’, rather than ‘knowers’ in the research process (Foronda, 2020). LU describes how this process highlights the complexities of intertwining Indigenous axiology, health, and culture through her own ‘Dadirri’ journey in the following reflection:

This began to deepen my understanding and appreciation of my own self-communication. Now I could begin to explore my own tensions in relation to

cultural differences regarding health, communication and ‘ways of doing’, and also consider my own communication, and whether or not I came across as sincere and trustworthy in my actions. This wasn’t an easy process, nor did I get it right every time, but it is a process. A process of exploring why there was a tight knot in my belly after interactions with community or research supervisors. A process which shifted me away from being the “expert” toward being a learner, in situations which I didn’t always know the answer. And, a process in which I became accountable to the community for my each and every action, thought and word. (Excerpt from LU’s reflexive journal)

3.8 Interpersonal

Habermas considers that rationality is closely linked to knowledge (Habermas, 1984). He argues that rationality is related to how people acquire and use knowledge rather than the actual possession of knowledge (Habermas, 1984). In Western research, a cognitive-instrumental approach to rationality becomes separated from communicative rationality (Habermas, 1984). Through an objective lens, a conversation between participant and researcher before or after the ‘data’ is collected is considered as an insignificant, unimportant or bothersome variable to exclude from the research ‘facts’ (Habermas, 1984). However, a research approach which demonstrates relational skills and moves toward a communicative focus provides researchers with a more appropriate way of research with Aboriginal people (Nicholls, 2009).

Your methodology has to ask different questions: rather than asking about validity or reliability, you are asking how am I fulfilling my role in this relationship?... This becomes my methodology, an Indigenous methodology, by looking at relational accountability or being accountable to all my relations. (Wilson, 2001, p. 177)

For our research, interpersonal communications through yarning have fostered the idea of shared values which have bridged the disconnect between Aboriginal and

Western knowledges. Yarning is an Indigenous way of storytelling and is a culturally appropriate method to explore, plan, and do research (Bessarab & Ng'andu, 2010). Bessarab and Ng'andu (2010) describe four types of yarning; social, research, collaborative, and therapeutic, which have each played an important role in the development and undertaking of our research. Our yarning has extended beyond Habermas' 'speech acts' toward inclusivity and openness (Pajnik, 2006; Young, 2000); building trust through fulfilling our role in the research relationships (Bessarab & Ng'andu, 2010). KR considers how cross-cultural yarning is a sincere and inclusive approach.

A lot of our Mob weren't brought up like that. They don't understand research questions... I'll say it in a way where they can understand. (KR's verbal reflection)

Yarning fits with Nicholls (2009) description of 'relational-reflexivity', which requires the researcher to be accountable toward participants and community. LU reflects on how this relational action was established in our own project:

I have started to learn how to communicate with group members to introduce the idea of research and commence our yarning interviews. The development of trust within the members of the group has involved taking the time to meet, listen, share, and talk, but to also be clear about my position and my role. Unlike Western methods, I have needed to build a relationship with each participant prior to asking them to participate through our interactions in the group. Thus through a communicative relationality participants have opportunity to judge the adequacy and acceptability of my actions and decide whether or not they would like to be a part of the research. (Excerpt from LU's reflexive journal)

A considered approach which distinguishes the importance of relationships, communications, and the context in which the research has been undertaken is a key responsibility for researchers. For us, the 'getting to know you' conversations, the development of trust, respect, and the sharing of stories (Bessarab & Ng'andu, 2010;

Kovach, 2010; Wilson, 2008), actually form part of, and have strengthened, our research relationship. The quote below illustrates the complexity and importance of relationships beyond the demand of academic work.

The concepts or ideas are not as important as the relationships that went into forming them...an Indigenous epistemology has systems of knowledge built upon relationships between things, rather than on things themselves. (Wilson, 2008, p. 74)

Furthering this idea, we suggest here that the communicative process involves complexities beyond verbal discourse between participant and researcher. Habermas' critics believe there needs to be a willingness to move beyond the typical models of discourse, to encompass other actions such as emotive narratives (Young, 2000), creativity, imagination (Braaten, 1995), non-linguistic communication, and the acknowledgement of individuality and difference (Braaten, 1995; Pajnik, 2006).

For our research, acknowledging the conversations and actions that enrich our lifeworld which have included every-day greetings, humour, story-telling and non-verbal actions have become part of the shared experience between participants and researchers. Words and phrases from traditional languages and 'Aboriginal English' have been shared by the community to describe foods and cooking methods, grounding deep connections to Aboriginal ways of knowing and being as part of our collective dialogical process (Eades, 2013; Martin & Mirraboopa, 2003). We demonstrate commitment to 'showing up' through consistency of being present at weekly cooking classes or community events, and consider this an important contribution and further responsibility to the shared lifeworld (Turnbull-Roberts, 2019). The following reflection illustrates how LU views other actions which transcend typical discourse toward relationality.

I see these processes at work every day in our wellbeing group, every person has a relational connection to each other. Each person greets others and asks about their health and happiness. There is a ritual around preparing a meal,

saying grace, and sitting down together to eat. It is only through understanding the nuances of the group traditions and values through observing, listening, waiting, and sharing that a dialogue can begin. (Excerpt from LU's reflexive journal)

3.9 Collective

When entering into research with Aboriginal people it is important for researchers to reflect on how Aboriginal ways of knowing might inform language and communication (Kovach, 2018; Martin & Mirraboopa, 2003). Martin and Mirraboopa (2003) describe the ways of Quandamooka people as an ontology 'at one' with the land, water, sky, spirit, and traditional law, which guide ways of knowing, being, and doing. Knowledge is life stage and gender specific, and is dependent on expanding and contracting spatial, political, and social dimensions, with no one person or system being able to know everything. They describe that each individual's way of being is through their own Entity, entrusted by other Entities (human, earth, sky, water, animal) to fulfil their role as custodians. Hence, each entity is known to and, forms part of the collective knowledge and collective conversation (Martin & Mirraboopa, 2003). As the following reflection articulates, for our research, we set about building a collective communication through active engagement, negotiation, and dialogue with community members and researchers.

Building a collective communication through this research project began from the initial dialogues with community and my research supervisors. My cultural mentor, local Elders, community members and the Aboriginal Health Service staff contributed to building a network of conversations as we planned the research. One thing led to another, one person to another, and one yarn to another. There was no one authoritative voice, rather, ideas were shared, suggested, or strengthened about how the research would work for and benefit the Mob. I was re-checking, going back and making sure my interpretations of these dialogues were true representations of the community. Our dialogues

occurred over time, and there seemed to be no definitive end to our collective planning. (Excerpt from LU's reflexive journal)

Creating a network of representative voices, with different life experiences and views takes time in order for all involved to begin to understand the collective knowledge (Bridges & McGee, 2010; Martin & Mirraboopa, 2003). The extra time taken to collectively design the research may cause tensions between researcher and their academic demands regarding funding and publication deadlines (Ninomiya & Pollock, 2017). However, we see this non-linear process as imperative to deepening trust between the community and researchers so that the community feel confident that the research is beneficial to them. Furthermore, these relevant and significant collective dialogues which occur over time, enhance the worthiness and rigor of the research process (Tracey et al., 2013).

To foster a collective communication toward understanding the rich data which has been contributed by participants in our research project, we have chosen to use a process of Collaborative Dialogical Inquiry (CDI) (Bridges & McGee, 2010). CDI is a type of participatory research which stems from feminist theory, detailed in Bridges' and McGee's (2010) chapter. CDI explicitly involves research participants as co-inquirers in order to challenge power relationships which are implicit in Western research (Bridges & McGee, 2010). Through this process participants are empowered to shape the research processes and outcomes through the "notion of being an expert about one's own life and experience" (Bridges & McGee, 2010, p. 258). This means the researcher is no longer the deciding force which governs all aspects of the research process, instead, CDI involves co-inquirers to collectively design, dialogue, reflect, and make meaning toward a mutual decision (Torbet, 1983). The outcomes of the research and the collective knowledge gained are then returned to the community and co-inquirers rather than held in the ivory tower of academia (Barker, 2008; Bridges & McGee, 2011). CDI as a method also fits with Nicholls (2009) 'collective-reflexivity' which demands a shift in researcher positionality through participatory methods

“...by ceding researcher control beyond the initial phase of negotiation, and extending participation into data collection, analysis and distribution” (Nicholls, 2009, p. 124). In the quote below LU considers how CDI may begin to ‘shift’ researcher control toward strengthening the lifeworld.

It was clear to me through our conversations that a collective communication needed ongoing representation of the collective knowledge throughout the project, which we plan to do through collaborative dialogical inquiry. With representation of the collective voice throughout the methods, the group can check the ‘normative rightness’ of the research actions through perceived reliability and insightfulness. Our process will likely foster a creativity beyond discourse toward representations which are rich and meaningful to the community, such as a visual artwork. (Excerpt from LU’s reflexive journal)

Through CDI, the research pathway and products remain pertinent to those who are most influenced by its outcomes. This builds on the self and interpersonal to provide a final layer of relational and communicative accountability of the researcher(s) to the community. It is with the addition of this final layer that researcher actions can be perceived as sincere, trustworthy, and ‘normatively right’, and motivated toward understanding. It is from here on that a mutual decision can be made about what to do (or not do).

3.10 Concluding thoughts

When applying a critical theory research framework within Indigenous health research context, a researcher’s reflexivity process needs to acknowledge, grapple, unsettle, and interrogate the tensions that are implicit when undertaking research with Aboriginal people (Crotty, 1998; Krusz et al., 2019; Scotland, 2012). We acknowledge that there are inherent tensions within this article. There is also an ongoing unsettling between the expectation of community and the demands of ‘academic rigour’ and publication. If left ignored and without exposure, these tensions have the ability to recolonise the lifeworld through strategic undercurrents (Getty, 2010; Nicholls, 2009;

Smith, 2012). We continue to grapple with tensions around authentic representations of inclusivity and equal voice in our research, as well as the expectations of how we fulfil our role in the research relationship. We have ongoing trepidations regarding the unconscious and normalised oppression of Aboriginal people due to colonialism, for which any attempt to disrupt must be made through conscious awareness (Krusz et al., 2019). We persevere in our interrogation of colonising discourses toward understanding each other's reality through collective dialogues of our research methodologies. We think that through dialogue and trust, these tensions can be brought to the surface toward a communicative practice in order to re-balance the lifeworld.

Through this article, we have explored aspects of theory and research practice in relation to Habermas' Theory of Communicative Action. We have highlighted three researcher actions: Dadirri - inner listening, relational actions beyond discourse, and collective knowledge. Collectively, these can bridge the disconnect between Indigenous decolonising methods and Western knowledges toward the attribute of relationality in cross-cultural research with Indigenous people. These actions are underpinned by Habermas' forms of expression: expressive, evaluative, and moral-practical, and his validity claims; sincerity, values, and normative rightness to inform a communicative process. With the final embodiment of three layers of reflexivity; self, interpersonal, and collective, we provide an approach toward the possibility of communicative relationality in cross-cultural research.

These three researcher actions are key to the yarning and CDI approaches we are using. These collaborative research approaches aim to bridge the notions of language and decolonising research toward a communicative relationality with participants and staff of an Aboriginal wellbeing program. Through this process we have moved towards developing an understanding of (each other's) reality toward developing, maintaining, and strengthening research relationships.

This article adds to the growing literature about research with Aboriginal people and provides another way forward for researchers in health and other disciplines to connect with a critically framed approach which has a focus on cross-cultural realities, communication, and collaborative research.

3.11 Chapter 3 post-amble

In this chapter, dialogue partners lay the groundwork for the approach to research practice between Aboriginal and non-Indigenous researchers that is applied in the following chapters (4-7) of this thesis. Dialogue partners explored how theory can inform action through questioning power, participation, relationships, reflexivity and collaboration to participate in cross-cultural research towards the possibility of praxis (Dutta, 2010). This approach aims to co-construct opportunities for change in cross-cultural research by facilitating the development of a research relationship that is mutually beneficial, culturally sensitive, and critically reflective, fostering collaboration to challenge the status quo in research actions.

3.11.1 Informing research practice: collaborative inquiry through Collaborative Yarning

In the following chapters (Chapters 4 to 7), collaborative Yarning has been described as a research method used throughout this thesis. An ongoing reflective and dialogical process with dialogue partners, co-researchers, and community members, established a collaborative Yarning process that extends Bridges and McGee's (2010) conceptualisation of CDI outlined in this chapter. Collaborative Yarning method aims to privilege Aboriginal Ways of Knowing, Being, and Doing through cultural and relational dialogues (Bessarab & Ng'andu, 2010). Collaborative Yarning methods guided by Aunty Karen involved people joining this research project as co-researchers to collectively design, dialogue, reflect, and make meaning towards mutual understanding through a Yarning process. In Chapter 6, Figure 6.2 (page 174) explicitly outlines the collaborative Yarning process in a diagrammatic representation.

3.11.2 Exploring success to understand and transform practice in the context of an Aboriginal wellbeing program

The following chapter (Chapter 4) is informed by the philosophical underpinnings described in Chapter 2 and a communicative relationality (Chapter 3). Chapter 4 draws on the literature to explore success from perspectives of First Nations Peoples' lifeworld as opposed to success from a coloniser system perspective. It is my assumption that explicitly describing culturally considered lifeworld perspectives of success can work to tear down norms of colonising system domination for alternative ways to practise in the context of Aboriginal wellbeing programs.

Box 3.2: Reflecting on research relationships

Before starting this thesis and my praxis journey, I had never considered how different ways of knowing, being, and doing could work together in research. I never stopped to deeply question my privileged assumptions of western-centric universality (Dutta, 2010) or the measurement of success and effectiveness in research practice. Through reading, reflecting, and talking, it has become more apparent to me that it is the *people* who bring those different ways of knowing, being, and doing to a research space that can work together. But this has not happened equitably, and it is not value-free. I am now more aware that different ways of knowing, being, and doing have been impacted by power, and the dominant ideology that I have been socialised into continues to frame specific agendas for wellbeing and health research.

I am part of this.

My voice, my writing and my actions have the power to challenge and change structural violence, refocus the agenda, and transform practices.

I am part of this, but I am not the authority, the knower or the discoverer (Datta, 2018). I can learn, listen, and collaborate to work to understand in solidarity.

I am starting to understand my process. How change may come from the respectful relationships I have formed with Spring into Shape participants, the Aboriginal community on Gumbaynggirr Country and with Aunty Karen. I recognise it takes time to build trust in relationships, particularly as an ‘outsider’. For me, this has been about being present in the community over months and years, making time to sit and talk with many people, and slowing down. This has been a very different experience from working in a biomedical setting where time is limited under the guise of efficiency, and expert clinical knowledge is prioritised. Instead, I have worked to shift my practice away from biomedical approaches by more deeply valuing relationships. It is the relationships that I have formed, maintained, and respected, which have provided a way to share knowledges that can help to define the needs for research that come from the community.

Whilst it has been challenging for me to slow down and constantly critique my privilege and western assumptions, I can see that this research, my relationships, and my practice as a person acting in society are richer for it. I feel very responsible for my actions and language, which affect the research and my relationships. This process has challenged and changed me. I continue to embrace my challenges, and now I don’t see them as roadblocks ‘getting in the way’ of scientific discovery but enriching opportunities for learning, rich discussion, and knowledge sharing.

Moving forward through the chapters in this thesis, I recognised that I needed to maintain a critical awareness to uphold and privilege differences in knowing, doing, and being through collaborative participation in the process of transformation as part of my own praxis (Dutta, 2010).

Chapter 4 First Nation Peoples' nutrition and exercise group programs: Transforming success through the lifeworld.

4.1 Chapter 4 overview

This chapter is a published literature interpretation that applies a lens of Habermas' theory of communicative action (Habermas, 1984, 1987), critical hermeneutic methodology, and collaborative Yarning methods. The research questions guiding this chapter are: *How do dialogue partners understand success in First Nations Peoples' nutrition and exercise group programs using a critical hermeneutic approach to interpret the literature? What are dialogue partners transformed understandings?* This chapter builds on the first layer of praxis (see Chapter 1, page 10) as a grounding to further understand my research process in this thesis.

The interpretive process in this article considers how the notion of success relating to First Nations Peoples' nutrition and exercise group programs may be re-framed to consider a lifeworld-focused approach rather than a system-dominant, western perspective. The interpretive process included the collaboration of seven dialogue partners: Aunty Karen Roberts, Simon Munro, Clinton Gibbs, Karin Fisher, Kerith Duncanson, Leanne Brown, and myself, introduced in section 4.4.3 on page 101. Dialogue partners are termed 'authors', 'co-researchers', and 'Yarning partners' in this article. We interpreted that there is an interdependent relationship between explicit system structures and implicit lifeworld concepts that contribute to the success

of First Nations People's exercise and nutrition group programs, underpinned by continuous and respectful communication. The findings work to transform how success is measured and understood to embrace the lifeworld culture, knowledges, and values of First Nations Peoples.

Chapter 4 has been reproduced from an article published in *International Journal of Qualitative Studies on Health and Well-being*. The article was submitted 16th June 2021, received revised 1st October 2021, and accepted 4th October 2021. The article was published online on 9th November 2021 and the reference for this publication is:

Urquhart, L., Fisher, K., Duncanson, K., Roberts, K., Munro, S., Gibbs, C., & Brown, L. (2021). First Nation Peoples' nutrition and exercise group programs: Transforming success through the lifeworld. *International Journal of Qualitative Studies on Health and Well-being*, 16(1), 1-16.

This chapter was completed in collaboration with co-authors who are acknowledged in Appendix 4.1. Permission to reproduce the published manuscript is not required under the terms of the Creative Commons CC BY 4.0 license. Supplementary material accompanying this article is located in Appendix 4.2 and Appendix 4.3.

4.2 Abstract

Purpose: Previous literature has applied system-focused structures to understand the success of First Nations Peoples' nutrition and exercise group programmes. Existing system-focused measures have included biomedical outcomes, access, and service utilization. By broadening the focus of programme success beyond the system, we can evaluate programmes from a First Nations Peoples' lifeworld perspective. Critical hermeneutics and yarning using a lens of Habermas' Theory of Communicative Action to the literature has the potential to transform understandings of 'success' in First Nations Peoples' nutrition and exercise group programmes.

Methods: In this literature interpretation, we explored the critical success factors from a lifeworld perspective, giving scope to go beyond a system perspective to include a cultural, social, or personal perspective.

Results: Our yarning led us to understand that there is a communicative relationship between explicit system structures and implicit lifeworld concepts that are critical success factors for First Nations nutrition and exercise group programmes. We have developed a set of reflective questions to guide others in considering a lifeworld perspective.

Conclusions: Our findings represent a shift away from success measured by the dominant power structure to respect the lifeworld culture, knowledges, and values of First Nations Peoples towards shared understanding and mutual decision-making.

4.3 Introduction

The damaging impact of colonisation on health and well-being continues to negatively and unequally affect First Nations Peoples living in the developed and well-resourced countries of Australia, Canada, Aotearoa New Zealand and the United States of America (USA) (Pulver et al., 2010). First Nation's health disparities are complex, rooted in racism, and exacerbated by inequitable distribution of social determinants of health (Eckermann et al., 2010; Harris et al., 2012). Westernised systems contribute to health disparities through the suppression and devaluation of traditional protective health, physical activity, and food practices informed by First Nations ways of knowing, being, and doing (Eckermann et al., 2010).

Previous literature reviews focused on First Nations Peoples' nutrition and exercise group programs have explicitly applied system focused structures as measures of success. These reviews evaluated success through biomedical outcomes, access, service utilisation, and models of service (see examples: Gwynn et al., 2019; Pressick et al., 2016; Schembri et al., 2016). Gwynn et al (2019) extended their review by applying existing ethics frameworks and guidelines to the articles in their review (see: National Health and Medical Research Council, 2010; National Health and Medical Research Council, 2018a). Through this process they examined evidence of Australian Aboriginal and Torres Strait Islander community research initiation, governance, engagement, and capacity building within the existing literature. While their review extended the evaluation of the literature by considering cultural components, the success of the programs was still determined through a systems lens, as opposed to understanding success through a cultural, social, or personal lens.

The Ngaa-bi-nya framework developed by Williams (2018) offers an alternative evaluation of critical success factors for culturally considered research. The framework expands understandings of critical success factors beyond a system focus to consider a 'lifeworld' perspective. It prompts researchers and program designers to consider cultural, social, and personal elements as critical success factors which are guided by

social norms, knowledges, values, ethics, and ways of care giving (Williams, 2018). By broadening the focus of the success of a program beyond the system-based measures, programs and research are able to be designed, implemented and evaluated from a First Nations Peoples' lifeworld perspective (Straits et al., 2012; Williams, 2018).

Programs that are underpinned by First Nations People's lifeworld perspectives and culturally considered evaluation methods offer a way to decolonise health and wellbeing programs. Lifeworld perspectives are complex and diverse but may include intergenerational connections (McIntosh et al., 2022), traditional ways of sharing knowledge, language, and connection to country (Williams, 2018). Culturally considered program evaluations that celebrate First Nations Peoples ways of knowing, being, and doing may contribute to decolonisation by interrogating critical success factors from lifeworld perspectives (Smith, 2012).

The interpretive nature of hermeneutics offers a way to uncover implicit meanings, and critical theory can expose, interrogate, and challenge conventional social structures by working against the oppression of disempowered minority groups (Crotty, 1998; Trede et al., 2008). To understand how success represents First Nations Peoples' values and worldviews requires an unmasking of critical success factors beyond system requirements. The aim of this literature interpretation is to apply critical hermeneutics through a lens of Habermas's Theory of Communicative Action (Habermas, 1984, 1987) to transform understandings of success in First Nations Peoples' nutrition and exercise group programs through a lifeworld perspective.

4.4 Methodology

4.4.1 Interpretive process

Our literature interpretation was informed by critical hermeneutics, which allowed us to interrogate and critically address the impact of power and domination on the understanding of meaning, and its representation in a text (Kögler, 2012). We interlinked yarning with critical hermeneutics in an effort to decolonise the western

paradigm. Yarning is a method of research and communication style, which is rigorous, credible, and valued by Australian Aboriginal people (Bessarab & Ng'andu, 2010). Through active listening, mutual respect, and layering knowledge, yarning is an Aboriginal method of research which is consensus-building, meaning making, and innovative (Yunkaporta, 2019).

We suggested a set of *question and answers* for our yarning to critically reflect on the status quo and power in our chosen texts and *the hermeneutic circle towards transformation* for iterative returns to the texts to transform our interpretation beyond our horizon of understanding (see Figure 4.1) (Hudson & Croker, 2018; Trede et al., 2008).

We believed this approach would guide us towards transformative understandings by focusing our awareness on power, authority, and dominance in language and communication (Trede et al., 2008). We wanted to use this literature interpretation to move beyond 'a transaction of information' and the constraints of our own unconscious biases, by intentionally exposing and interrogating the interests and reasoning of research (Trede et al., 2008). Central to this approach is the possibility of this newly gained knowledge disrupting the dominant research dialogue towards emancipation (Trede et al., 2008).

4.4.2 Theoretical frame of reference

Our process was underpinned by Habermas' Theory of Communicative Action through which interpretation, understanding, and consensus toward emancipatory action are the primary concern (Figure 4.1) (Habermas, 1984, 1987). Habermas describes two types of social actions that are either strategic (the system) or communicative (the lifeworld). He describes that strategic action drives system success, through efficiency, money, and control (Habermas, 1984, 1987). Conversely, Habermas' describes the lifeworld to embody our culture, traditions, social relations, and inner self. Through the critical medium of language, our lifeworld is reproduced

through the intersubjective understanding and mutual decision making of participants involved in a communicative action (Habermas, 1984, 1987).

Whilst both 'worlds' need to exist, Habermas warns that when the system encroaches on the lifeworld, the lifeworld becomes controlled by the system (Kemmis, 2001). Alternatively, if communicative action guides decision-making and actions, the lifeworld becomes liberated from the system. A liberated lifeworld celebrates critical success factors of our cultural, social, and personal lifeworlds.

4.4.3 Identity and terminology – embracing our lifeworlds

We are a group of Australian Aboriginal (KR, SM, CG), and Australian non-Aboriginal (LU, KF, KD, LB) authors who are working together (Figure 4.1). We embrace the diverse identities, cultures, and connections to language, social, and Nation groups informing each individual's lifeworld (Urquhart et al., 2020).

KR identifies as a proud Dunghutti woman with family ties to Birpai, Gumbaynggirr, and Bundjalung Nations. She has over 20 years of experience working in Aboriginal community health settings. Her strong leadership and community connections as an Aboriginal Health Worker have enabled interlinkages between Aboriginal and western knowledge sharing methods to ensure ongoing Aboriginal leadership, governance, and relevance of research to the Aboriginal community.

SM is an Aboriginal Research Academic; his Anaiwan and Kamilaroi Nation heritage strongly informs his research. His cultural, educational, and community knowledge brings a strong decolonising influence on his work in research and higher education.

CG is an Aboriginal Health Promotion Officer and proud Muruwari man. He has a Master's in Public Health and over 14 years of experience in planning, implementing, and evaluating Aboriginal nutrition and exercise group programs.

LU is a PhD student and experienced dietitian. KR invited LU to work closely with herself and the community. Through her engagement over the past four years,

LU has built strong relationships and collaborative dialogues with community members, stakeholders, and KR.

KF, KD, and LB are LU's research supervisors who have developed a collaborative working relationship with KR, CG, and SM, including as part of an existing research project (Urquhart et al., 2020).

We have selected terminology (Appendix 4.2) to respectfully refer to First Nations people in this article. We recognise specific terminology applies to a given context and that there are tensions around the meaning of terms used to describe colonised groups who seek to reclaim their identities and define themselves through their social realities (Simeone, 2020). We acknowledge that the terminology used in this article does not encompass the rich and varied First Nations identities or lifeworlds.

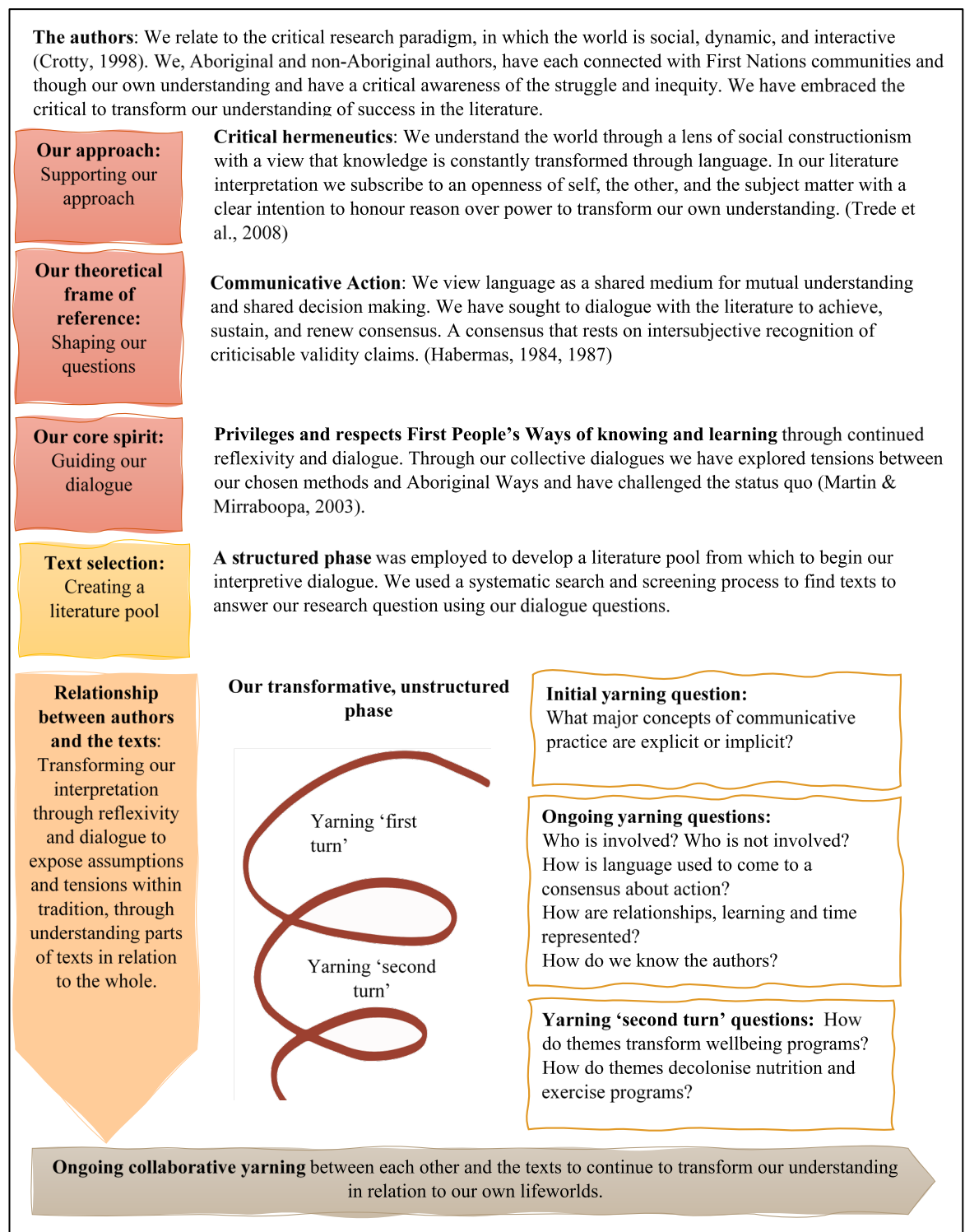


Figure 4.1: Frame of reference and methods which developed through our review process and informed the literature interpretation to transform understandings

Figure inspired by Hudson and Croker (2018).

4.5 Methods

4.5.1 Stages of interpretation

There were two stages to this literature interpretation: an initial structured phase and subsequent unstructured phase (see Figure 4.1). The structured phase incorporated the development of a structured search strategy, article selection and initial charting of article characteristics. The unstructured phase integrated two yarning turns of the literature and an ongoing cultural mentoring arrangement between KR and LU.

4.5.2 Structured phase

The literature pool that informed our yarning consisted of original research articles and grey literature, initially sourced from a structured search strategy (Appendix 4.3) developed with assistance from a consultant librarian at the University of Newcastle, Australia (Arksey & O'Malley, 2005; Greenhalgh et al., 2018). The search was completed in November 2018 and updated in November 2020 by LU.

Electronic databases Medline, CINAHL, Scopus, Embase and Informit were searched. Included articles detailed First Nations Peoples' nutrition and exercise programs in group face-to-face community settings, for people over 18 years, in Australia, Canada, Aotearoa New Zealand and USA. There was no timeframe limit, as we felt that all previous literature had relevance to the research question. Literature reviews and articles not in English were excluded.

Article selection

All articles identified by the database searches were collated into EndNote (X9, Clarivate Analytics, Philadelphia, USA) where duplicates were identified and removed. Remaining articles were uploaded into Covidence (Veritas Health Innovation, Melbourne, Australia), which was used as a tool to manage the review process. Two reviewers independently reviewed the title and abstract of each article and considered relevance to inclusion criteria. Reviewers retrieved full texts if either reviewer thought

that an article was potentially eligible for inclusion (LU, KF, KD, LB). Two reviewers independently assessed full texts to determine whether they met the inclusion criteria. Reviewers noted conflicts and discussed their differences. If reviewers could not agree, a third reviewer determined whether the article met the inclusion criteria.

LU entered initial data from the literature pool into Excel (Version 2103, Microsoft Corporation, Redmond, USA) to record: authors, publication year, study population, aims of study, description of group program, facilitators, and setting. This process enabled the authors to grasp an initial understanding of the breadth of the literature pool.

4.5.3 Unstructured phase

Yarning 'first turn'

Parallel to this initial charting, LU, KR, KF, KD, and LB began yarning (first turn) with the literature pool. Thirty-eight texts from the literature pool were included and represented positivistic, interpretive, and critical perspectives (Crotty, 1998).

We used a *question and answer* approach to critique representations of success in the literature pool (Figure 4.1). LU used NVivo (Version 12.4, QSR International Pty Ltd) to code text sections that answered the questions, as well as new information that did not 'fit' with our pre-existing questions. Alongside our yarning, LU maintained a reflexive diary, where she documented her reframed and transformed understandings.

LU, KF, KD, and LB held meetings every 2-4 weeks over 6 months to yarn about emerging themes, tensions, and perspectives. At each meeting, LU made diary notes about the group yarning and interpretations. Each reviewer dialogued with a subsample of the literature pool prior to the next collaborative yarning. Throughout this process, reviewers were acutely aware of the role of power, authority, and dominance and shared and discussed their clear intention to honour reason over power (Trede et al., 2008).

During the yarning process, LU engaged in ongoing yarning with Aboriginal Elder and mentor KR. They worked together to transform initial interpretations and themes from the literature pool. As themes development matured, LU, KR, KF, KD and LB discussed concerns that there was not adequate First Nation's voice represented in the process. What we viewed as our 'unsettled understandings', could have been disguised as our own 'extended' interpretations. To challenge our thinking, we invited further perspectives from alternative lifeworlds. We approached SM and CG, with whom we had previous research relationships, to join as co-researchers and yarning partners. SM and CG agreed to collaborate as part of a yarning 'second turn'.

A yarning 'second turn'

KR, CG, SM, and LU joined in a yarning 'second turn'. This involved five meetings over 4 months to draw out, unsettle, and transform initial interpretations. Yarning partners mutually decided the agenda, time, and frequency of meetings. Meetings were conducted and recorded via Zoom (Zoom Video Communications, San Jose, California). LU audio-visually recorded each meeting and made diary notes. Prior to each meeting, LU listened back to the recording to draw out themes. Each meeting involved a yarning between each other, the literature pool, emerging themes, and our own lifeworld understandings. Co-authors also yarned with additional reference texts (see Eades, 2013; Helin, 2013), which were not part of the initial literature pool. These texts resonated with us and probed us to critique our interpretations surrounding lifeworld concepts.

This literature interpretation did not use all texts from the literature pool in the same way, which may appear as a methodological limitation or oversight. However, our evolving interpretation fit our critical hermeneutic intention, to transform understanding through hermeneutic turns from alternative, socially constructed perspectives to interrogate power and strategic action. We view this yarning process as a continuous process, inclusive of many voices toward emancipation. The findings detailed in this article are the result of our interpretations of the literature, which we

transformed through the progression of our two yarning turns (see Figure 4.1). The findings represent mutual decisions of the overall authorship group's transformed understandings. From our yarning we cultivated a set of reflective questions (Figure 4.3). These questions were developed as a group and are informed by our own experiences and transformed understandings.

4.6 Findings

Our yarning with each other and the literature about First Nations Peoples' nutrition and exercise group programs revealed an interdependent relationship between an explicit system structure and implicit lifeworld concept, presented as vertical steps in Figure 4.2. Success in First Nations nutrition and exercise group programs was represented as three interdependent communicative relationships involving system structures and lifeworld concepts. Continuous and respectful communication underpins the three interdependent system structures and lifeworld concepts. In the findings presented below, we discuss each system and lifeworld relationship and focus on the interplay between the system structures and lifeworld concepts. Each system/lifeworld notion are presented as discrete interdependent units.

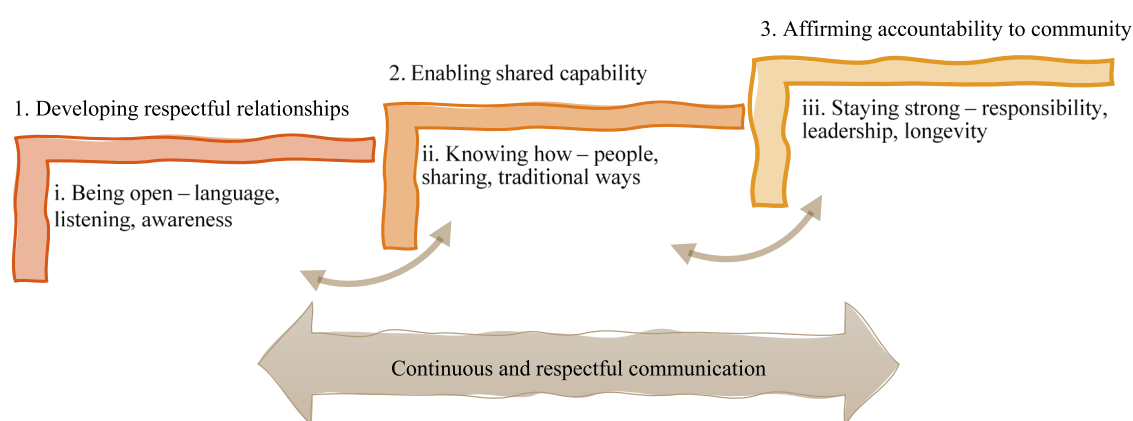


Figure 4.2: Three interdependent communicative relationships between system structures (1, 2, 3) and lifeworld concepts (i, ii, iii) supported by continuous and respectful communication

1) Developing respectful relationships to understand what is valued

Communicative action is interpreted as a relationship between the system construct of developing respectful relationships to understand what is valued and the lifeworld concept of 'being open' (Figure 4.2). The system construct comprises the establishment of relationships that are meaningful, formal, or informal, and includes shared voice. Respectful relationships must begin to develop prior to any program planning or decision-making to understand 'what is valued' by community. The formation of respectful relationships in initial program development offers an opportunity to understand each other, power-share and maintain or build community governance from different viewpoints (Oetzel et al., 2020; Prodan-Bhalla et al., 2017; Tipene-Leach et al., 2013). Respectful relationships determine a culture of open communication, and collective solutions through community leadership, capability, skills, and trust within the program governance (Oetzel et al., 2020). The quote below demonstrates this structure:

The first task of the [project] was to build a working relationship with the team that created 'oneness' that would extend to the program participants. Walking a path of equality is essential to creating a new path for actual relationships to occur. (Prodan-Bhalla et al., 2017, Seven Sisters Healthy Heart Project, Canada)

Formal or explicit respectful relationships established a shared voice for mutual understanding between community and external parties. The genuine establishment of formal program mechanisms ensured meaningful relationships were communicatively orientated toward mutual understanding (Curtis et al., 2004; Jernigan, 2010; Oetzel et al., 2020; Rosas et al., 2020; Rowley, 2000; Vallesi et al., 2018). In these circumstances, there was an opportunity for each individual's voice to inform the program, and together 'what is valued' by the community was jointly explored towards a mutual understanding and program success. A representative example of respectful relationships valid to the community is illustrated here:

the partnership between Aboriginal Elders and Aboriginal Health Workers, a partnership which gives the Team its legitimacy within the local Aboriginal community. (Curtis et al., 2004. Aunty Jean's Good Health Team, Australia)

In the same vein, respectful relationships represented an opportunity for 'what is valued' to be heard and recognised:

Priorities and concerns of each partner were presented at council meetings, and solutions were considered collectively. (Castro et al., 2009, Full Circle Diabetes Program, USA)

Respectful relationships created an inclusiveness between individuals, which provided validity to the broader community. It was apparent through our yarning that 'what is valued' varied between individuals involved in a program and there was differing representation of 'what is valued' between programs in the literature pool. Our second yarning turn provided depth and perspective to understanding the cultural context of 'what is valued' through the lifeworld concept of 'being open', discussed below.

i. Being open

Underpinning a successful program is the lifeworld concept of 'being open'. Understanding 'what is valued' through 'being open' is represented through the qualities of shared language, dialogical listening, and critical awareness for each member involved in the communicative process. Members of a communicative process included participants, program facilitators, researchers, or health care workers.

The quality of shared language, which was inclusive, intersubjective, and co-created established a dialogue which was both communicative and decolonising, as described in this quote:

The language used in the Program outline, symbolises accessibility, inclusion, being active, and having fun. (Curtis et al., 2004, Aunty Jean's Good Health Team, Australia)

Shared language that aimed to understand 'what is valued' required a common dialect, including shared gesture and speech, such as traditional languages, words, or phrases. The meaning and use of traditional words or phrases was shared by community members, who also helped others such as researchers to understand the significance to the community (Curtis et al., 2004; Janssen & Nelson, 2014; Sinclair et al., 2020; Tipene-Leach et al., 2013; Warbrick et al., 2020).

Drawings, photographs, and metaphors were important to many communities as ways to convey meaning and feelings, as well as to add cultural relationality to a dialogue about a program (Curtis et al., 2004; Janssen & Nelson, 2014; Stefanich et al., 2005). Throughout the literature pool, meaningful visuals linked traditional ways of sharing knowledge, exemplified by:

Shared story telling between staff and participants, involving imagery and analogies to convey information about medical concepts and participants' experiences. (Dimer et al., 2013, Heart Health – for our people, by our people, Australia)

Our second yarning turn raised concerns regarding the use of strategic tokenistic imagery or symbols that were perceived as superficial or reinforcing stereotypes (Willging et al., 2006). It also fostered further considerations around seeking permission and remunerating for the use of meaningful lifeworld words and images in programs and related research.

Another quality, dialogical listening strengthened understanding of 'what is valued' via shared relational and situational conversations. In the literature pool, these types of conversations enhanced learning about community values, particularly in the planning and evaluation phases of a program (Curtis et al., 2004; Parmenter et al., 2020; Tipene-Leach et al., 2013; Wicklum et al., 2019; Willging et al., 2006). The use of active listening, part of dialogical listening, was represented in the literature pool through reciprocal respect and trust:

Participation in the talking circle also forced me to be present and to LISTEN.

(Prodan-Bhalla et al., 2017, Seven Sisters Healthy Heart Project, Canada)

Rather than trying to merge individual voices into a single 'strong' voice, we yarned, in our first and second turn, about listening to all voices. We recognised 'polyphonic listening' (refer to reference text Helin, 2013) as hearing what is not said, said quietly, or only once. For designers and facilitators of a diabetes prevention program for urban American Indian women, 'polyphonic listening' meant respectfully listening to both older and younger voices when re-designing a culturally relevant program (Willging et al., 2006).

'Polyphonic listening' also encompasses listening to one's own inner voice within the interplay of other's voices. Our second turn considered how a listener moves away from the tradition of western monologues that have dominated First Nations Peoples' health programs, to incorporate others voices as well as one's own, as demonstrated below.

it was understood that the [team] had to listen to the community and learn how to use these cultural values as strengths of the program. (Bachar et al., 2006, Cherokee Choices, USA)

Our yarning approached listening as an embodied activity involving other senses in the act of listening, to become a way of 'seeing' through a multisensory way of being (see reference text Helin, 2013 for further detail). Our second yarning turn saw 'seeing' as relevant to First Nation's lifeworld entities such as spirituality (Prodan-Bhalla et al., 2017; Struthers et al., 2003; Wicklum et al., 2019). A quote that illustrates a connection between spirituality and listening is as follows:

You need your spirituality or connection. You need to get to your centre, so you know there's a place to go, up and down,' and 'if we let people know what we mean [about diabetes] ... what we're saying from the heart, they will listen. (Struthers et al., 2003, Talking Circles, USA)

Dialogical listening supports the idea of responsible decolonising engagement in the transaction of speech and listening in a moment. This can create a sense of 'we-ness' through relationality and continuous, respectful communication toward a shared learning about 'what is valued' in the lifeworld.

The third quality, critical awareness, was necessary for each person involved in the dialogue. Critical awareness stimulated individuals to understand their own lifeworld's agenda, values, and motivations to begin to understand 'what is valued' by other people. Individuals who were aware of their own motivations were able to consciously act on these, make them known to others, and have others able to agree or disagree on 'what is valued' in a program. An example of critical awareness is shown below:

...we came to understand that we approached our work from profoundly different bases of knowledge and experience, which in turn led us to different ways of practicing. (Prodan-Bhalla et al., 2017, Seven Sisters Healthy Heart Project, Canada)

Through both yarning turns, we acknowledged that self-reflection and awareness was a journey that took time for each individual. For people who were not from a particular community, time was needed to understand what was valued by community, establish relationships, and become aware of the self (Castro et al., 2009; Jernigan, 2010; Langwell et al., 2014; Mendenhall et al., 2010). This process required intentional dialogue, critical reflection, and actions that were accountable to the lifeworld. This concept of critical awareness is exemplified in the below example:

I had relocated to the area and held the status of outsider, or at best 'insider-outsider' as a Native American ... To reach out to the community I knew I would need the guidance and mentoring from an elder community member... (Jernigan, 2010, The Santa Clara Valley Diabetes Community Action Project, USA)

Self-awareness and critical reflection extended beyond what was said to include gesture and non-verbal body language (Janssen & Nelson, 2014; Jernigan, 2010; Prodan-Bhalla et al., 2017). Through critical awareness, non-verbal cues may become more recognisable to people from different cultures (discussed in the reference text by Eades (2013)). For example, Eades (2013) describes that periods of silence, which may be uncomfortable for some, as a positively valued part of many conversations for Australian Aboriginal people. The silence of listening and reflection from each member in a communicative action demonstrated 'being open' to another's lifeworld.

Critical awareness about the program location, time, and actions, such as sharing a meal or snack, were important aspects toward understanding 'what is valued' by individuals (Abbott et al., 2012; Fredericks et al., 2005; Harris & Curtis, 2005; Thompson et al., 2000). The below example illustrates how critically reflecting on the logistics of a program can help to learn about 'what is valued'.

[the program] had been offered during the evening at dinnertime, no meal had been provided to the participants...Transportation had also not been provided. I felt the problem...had been in its introduction to the community and in its delivery. (Jernigan, 2010, The Santa Clara Valley Diabetes Community Action Project, USA)

The lifeworld qualities of critical awareness, along with shared language and dialogical listening through 'being open' support facilitation of respectful relationships towards understanding 'what is valued' for program success. This interdependent relationship can then foster investment from the community and stakeholders in a program, through 'knowing how' to enable shared capability.

2) Enabling shared capability through being invested

Through both yarning turns, we identified that enabling shared capability was a critical success factor that depended on having the means and resources available to invest in knowledge, advocacy, and employment underpinned by communication practices necessary to enable a shared capability. Shared capability was recognised as

enhanced confidence, capacity, and ability in the context of wellbeing programs. The system construct of shared capability through investing one's (or community) time, hope and effort into a program related communicatively to the lifeworld concept of 'knowing how' (see Figure 4.2).

We understood that investment in a program related to its perceived value at both the individual and community levels. The term 'invested' also indicated to us that there is capital (capacity) to invest, including assets like knowledge, skills, and health. Investment occurred through recognising, honouring and, where required, co-building capability, using continuous and respectful communication. This quote from the literature pool illustrates investment from the local community:

Our guiding principles were developed principally by members of the research and intervention team who were part of the local community, and had an inherent understanding and in-depth knowledge of the local cultural values and community networks. (Tipene-Leach et al., 2013, Ngāti and Healthy Prevent Diabetes Project, Aotearoa New Zealand)

Meetings can be a place to develop shared capabilities through communication practises, the following quote extends this idea:

Meetings with tribal agencies and community groups facilitated planning and capacity building, which led to development of the community action plan. (Bachar et al., 2006, Cherokee Choices, USA)

Through our yarning with each other and the literature pool, we understood shared capability enabling to be a two-way approach which worked to enable capability of community and others, such as non-community member researchers (Mau et al., 2010), health workers or health students (Harris & Curtis, 2005). Enabling shared capability needs were defined by the community, and worked to strengthen health knowledge (Curtis et al., 2004; Firth et al., 2012; Payne, 2013), cultural knowledge (Keith et al., 2017), community resources (Firth et al., 2012) and skills (Castro et al., 2009; Heath et al., 1987). It also built cultural humility, flexibility and understanding

of community customs for non-community members (Davey et al., 2014; Langwell et al., 2014; Ziabakhsh et al., 2016).

The following quote is an example of communication practices to enable capability as a two-way process:

Providers and researchers learned about American Indian culture, belief systems, and manners—all because they were allowed into the American Indian community itself. In turn, community members gained more insights into and regarding how Western medicine is oriented, and thereby secured better understanding(s) into providers' habitudes and perspectives in care delivery. (Mendenhall et al., 2010, The Family Education Diabetes Series, USA)

Programs fostered the opportunity to include the broader community in a program by enabling capability through shared investment (Davey et al., 2014; Jernigan, 2010; Oetzel et al., 2020; Payne, 2013; Rowley, 2000; Warbrick et al., 2020). The following quote demonstrates how enabling capability became a catalyst to advocate for health within a community:

As they gained skills and had positive experiences planning and executing these activities, participants developed the confidence necessary to become advocates for self-management. (Castro et al., 2009, The Full Circle Diabetes Program, USA)

Investing in enabling shared capability created an internal momentum within the community through employing community members (Braun, 2015; Jernigan, 2010; Rowley, 2000). This action flowed on to community members supporting peers towards mutual action through understanding (Castro et al., 2009; Curtis et al., 2004; Mendenhall et al., 2010; Parmenter et al., 2020).

In summary, enabling shared capability is a two-way approach, supported by continuous and respectful communication. Investing in knowledge, advocacy, and employment enhanced confidence for program and community members. Through

our second yarning turn, we understood the relationship between the lifeworld concept of 'knowing how' to support this system structure as a critical success factor for programs.

ii. Knowing how

Inherent throughout enabling shared capability was the lifeworld concept of 'knowing how' through qualities of invested key people, non-linear knowledge sharing and revitalising First Nations Peoples' knowledges.

Invested key people were the advocates of a program, navigating between the lifeworld and system. Through our yarning, we understood these people to include First Nations Health Workers, Elders, and community members who had 'one foot' in each 'world'. Key people were familiar and trusted by the community and maintained continuous and open communication, represented below.

The Program has been built around the community's capacity to work together for better health outcomes, with the Elders leading the way. (Curtis et al., 2004, Aunty Jean's Good Health Team, Australia)

Invested key people developed and maintained strong connections and trust with community through repeatedly investing their time and 'showing up' (Firth et al., 2012; Jernigan, 2010; Parmenter et al., 2020; Sinclair et al., 2020; Warbrick et al., 2020). They had a relational connection beyond the program through family and friends, and reciprocally through these relationships, community members were invested in the program (Bachar et al., 2006; Fredericks et al., 2005; Jernigan, 2010; Thompson et al., 2000). The below quote demonstrates how a program became part of the lifeworld.

The women joined for health reasons, but soon learned that walking time is also family time; time to sort out everyday problems; time to talk and laugh. (Heart Foundation, 2009, Yuendumu Heart Foundation Walking Group, Australia)

Key people, with strong community relationships navigated the development of relationships with people who were not from communities such as health professionals or researchers (Firth et al., 2012; Fredericks et al., 2005; Parmenter et al., 2020; Wicklum et al., 2019). Those not from community needed to invest time and maintain continuous and respectful communication to develop relationships with invested key people (Jernigan, 2010; Parmenter et al., 2020).

Our second yarning turn revealed a tension for key people as they navigated between lifeworld of 'knowing how' and system of 'enabling shared capability'. The tension surrounded system rigidities when advocating for lifeworld flexibilities. Key people displayed resilience and solidarity when navigating system rigidities around policy, timing, funding, and governance (Firth et al., 2012; Jernigan, 2010; Langwell et al., 2014; Tipene-Leach et al., 2013; Ziabakhsh et al., 2016).

Non-linear knowledge sharing is the second quality related to investment in enabling shared capability. Through our second yarning turn, we established that learning and knowledge were intertwined. Invested learners involved in a nutrition and exercise program defined their own learning needs in relation to their lifeworld knowledge and experiences. Through a communicative process, learners were the knowledge holders of their own lifeworld of food and movement (Parmenter et al., 2020; Warbrick et al., 2020; Ziabakhsh et al., 2016).

Knowledge sharing, toward enabling mutual capability, was flexible and multidirectional, where praxis was valued over didactic information (Prodan-Bhalla et al., 2017; Vallesi et al., 2018). Multidirectional learning responded to lifeworld needs such as sorry business (a time of mourning in Australian Aboriginal communities) (Firth et al., 2012) and family responsibilities (Parmenter et al., 2020), as outlined in this quote:

if you miss out in one lecture or you come in half-way through, you just go back and start again. So it's just a continuous circle, you know? And that's how

things are with Aboriginal education. Everything's in circles, not in lines.

(Vallesi et al., 2018, Heart Health – for our people, by our people, Australia)

Praxis-based knowledge sharing was valued through shared activities including the use of artefacts like weaving (Doyle et al., 2016; Walters et al., 2012), imagery (Jernigan, 2010) or story (Dimer et al., 2013; Firth et al., 2012; Jernigan, 2010). Other shared activities that connected to culture, including fishing (Harris & Curtis, 2005), hunting (Firth et al., 2012; Heart Foundation, 2009; Rowley, 2000) or dance (Kaholokula et al., 2017), were also valued as relaxed, unconstrained opportunities to enable shared capability. Cooking or a communal meal also supported knowledge sharing through investing time and effort and, enabling capability in a relaxed and positive atmosphere (Curtis et al., 2004; Doyle et al., 2016; Firth et al., 2012; Mendenhall et al., 2010).

The following quote illustrates how praxis-based knowledge sharing methods enable capability:

Social interaction, chats, walks, and meal times all provided opportunities for participants to share their stories, and to increase their awareness of strategies of self-management and to provide opportunities for these to be put into practice. (Harris & Curtis, 2005, Self Management Camp, Australia)

The third quality, revitalising First Nations Peoples' knowledges, was identified as protective of health and well-being, and connected to identity and self-worth (Sinclair et al., 2020; Wicklum et al., 2019). This concept required those involved, including facilitators, researchers, and health care workers to respect, recognise, and remunerate cultural knowledge holders of languages, customs, and expertise, to enable a shared capability and understanding (Brown et al., 2020; Coppel et al., 2009; Curtis et al., 2004; Harris & Curtis, 2005; Tipene-Leach et al., 2013; Warbrick et al., 2020).

The below quote demonstrates how revitalised lifeworld knowledge informed a program:

Community members have detailed knowledge of their local environment, organisations and networks. (Coppell et al., 2009, Ngāti and Healthy Prevent Diabetes Project, Aotearoa New Zealand)

It was not clear through our yarn with the literature pool as to whether and, to what extent, programs remunerated cultural knowledges or the extent to which remuneration was valued by First Nations knowledge holders.

3) Affirming accountability to community through First Nations governance

The third system structure from our literature interpretation is affirming accountability to the community through First Nations governance. We understood that affirming accountability to the community occurred through establishing First Nations governance, supported by continuous and respectful communication. This structure is related to the lifeworld concept of 'staying strong' to build a third critical success factor (Figure 4.2).

Affirming accountability to community was represented through explicitly developing equitable partnerships (Tipene-Leach et al., 2013), mapping the transfer of ownership (Mobbs et al., 2003), and the transformation of a committee into a community governance team (Curtis et al., 2004; Mendenhall et al., 2010; Thompson et al., 2000). Through our second yarning turn, we recognised that affirming accountability to the community through First Nations governance was represented as a journey from within the community, stemming from community voices (Firth et al., 2012; Fredericks et al., 2005) to benefit community members (Brown et al., 2020).

Throughout our yarns, we acknowledged and respected the responsibilities of providing governance for a nutrition and exercise program. The meaning and value of a program for the community determined First Nations governance rather than an obligation for the community to run an already established program. From the initiation of the program, accountability to the community via continuous and respectful communication worked to maintain First Nation's governance. We

understood that First Nation's governance has a relationship with the lifeworld concept 'staying strong' toward a successful program.

iii. Staying strong

Supporting governance was the lifeworld concept of 'staying strong' through qualities of ongoing responsibility, reshaping, and reforming through community leadership, and long-lasting programs.

The quality of ongoing responsibility ensured accountability to the lifeworld. Those involved in a program were accountable through continuous communication with the community, from the initial design, through to the evaluation and dissemination of program results (Curtis et al., 2004; Mendenhall et al., 2010; Oetzel et al., 2020). The following quote demonstrates an ongoing responsibility to the lifeworld through community governance.

Data collection was carried out collaboratively, as we recognized that American Indian community members would be more trusting of these processes if other American Indians and their families were involved.
(Mendenhall et al., 2010, The Family Education Diabetes Series, USA)

Our second yarning turn highlighted a tension of responsibility between lifeworld collaboration and system funding (Mendenhall et al., 2010; Thompson et al., 2000). For example, Tipene-Leach et al. (2013) describe a tension of responsibility between securing system funding through a large grant proposal and the importance of developing collaborative lifeworld governance within the community.

Another lifeworld quality was reshaping and reforming a program through community governance. This quality was demonstrated through inviting the broader community to become involved (Firth et al., 2012; Harris & Curtis, 2005; Rowley, 2000), forming support groups (Jernigan, 2010; Mendenhall et al., 2012; Payne, 2013) or community changing the structure and content of the program and evaluation focus (Parmenter et al., 2020; Rosas et al., 2020; Wicklum et al., 2019; Ziabakhsh et al., 2016).

The following quote illustrates an example of flexibility through community governance:

Waminda continues to respond to community need, by ensuring a constant, cyclical approach, community consultation and ongoing involvement which shapes the program. (Firth et al., 2012, Waminda's Wellbeing Program, Australia)

Program longevity was the third lifeworld quality related to affirming accountability to the community through First Nations governance. This quality extended a program beyond brief research interventions towards sustainable actions, with longevity through communication, trust, and support from the community (Firth et al., 2012; Rowley, 2000; Wicklum et al., 2019). Through valued community support, a program transcended the whims of system pressures such as political elections, and short-term research contracts (Bourgette-Henry et al., 2019; Oetzel et al., 2020; Thompson et al., 2000). Below is an example that exemplifies long-lasting coordinated program actions despite system challenges.

While the Program still faces existing and emerging challenges, it has been established on a firm foundation of local leadership and community strength. (Curtis et al., 2004, Aunty Jean's Good Health Team, Australia)

4.7 Reflections

We have represented three interdependent relationships between explicit system structures and implicit lifeworld concepts. The interplay of these relationships characterises critical program success factors that require continuous and respectful communication. Our interpretations have made explicit the implicit lifeworld concepts that contribute to the success of First Nations' nutrition and exercise group programs.

Lifeworld concepts are the often-implicit critical success factors for First Nations' nutrition and exercise group programs. Lifeworld concepts extend beyond

westernised system-focused structures as measures of success. First Nations Peoples' ways of knowing, being, and doing (Martin & Mirraboopa, 2003) underpin lifeworld concepts through cultural considerations including traditional ways of sharing knowledge, language, and connection to country (Smith, 2012; Williams, 2018). By fostering and celebrating lifeworld concepts, along with system structures programs can work towards decolonising First Nations People's health and wellbeing.

Through our yarning in this review process, we have developed a set of reflective questions that explore lifeworld perspectives. These questions were developed through our yarning as a group and are underpinned by our own experiences and transformed understandings. The questions aim to prompt communities, individuals, researchers, and health professionals to pursue mutual understanding and shared decision-making when planning, designing, implementing, and evaluating a First Nation's nutrition and exercise group program (see Figure 4.3). By adopting reflective questions, those involved can continue to transform and decolonise the narrative of First Nations health communicatively toward a successful program.

Our reflective questions build on other tools such as Harfield et al. (2020)'s *Aboriginal and Torres Strait Islander Quality Appraisal Tool* and Huria et al. (2019)'s *CONSIDER statement* to provide opportunities for programs, research approaches and resultant publications to explicitly describe approaches of quality health research from a First Nations lifeworld perspective. Pragmatically, our reflective questions encourage authors to clarify how their understanding, decision-making, and actions developed when reporting on programs. As an example, through documenting the two-way learning of participants and facilitators cooking together, exchanging favourite recipes, and sharing a meal, the relationship between the program system and lifeworld becomes explicit. In this instance, the critical success factor of enabling shared capability through being invested is supported by the lifeworld concepts of praxis-based non-linear knowledge sharing and invested key people.

While this review data and findings are limited to adult First Nation People's Nutrition and Exercise group programs. It is possible that these relationships, and reflective questions, may apply to, draw out and underpin critical program success factors in other health program contexts. These relationships may also be expanded in other contexts. For example, McIntosh et al. (2022) explored intergenerational connection as a critical success factor to enable shared capability in wellbeing between grandparents and grandchildren in Aotearoa-New Zealand. Hence, intergenerational connections may be an expanded lifeworld concept in that particular context.

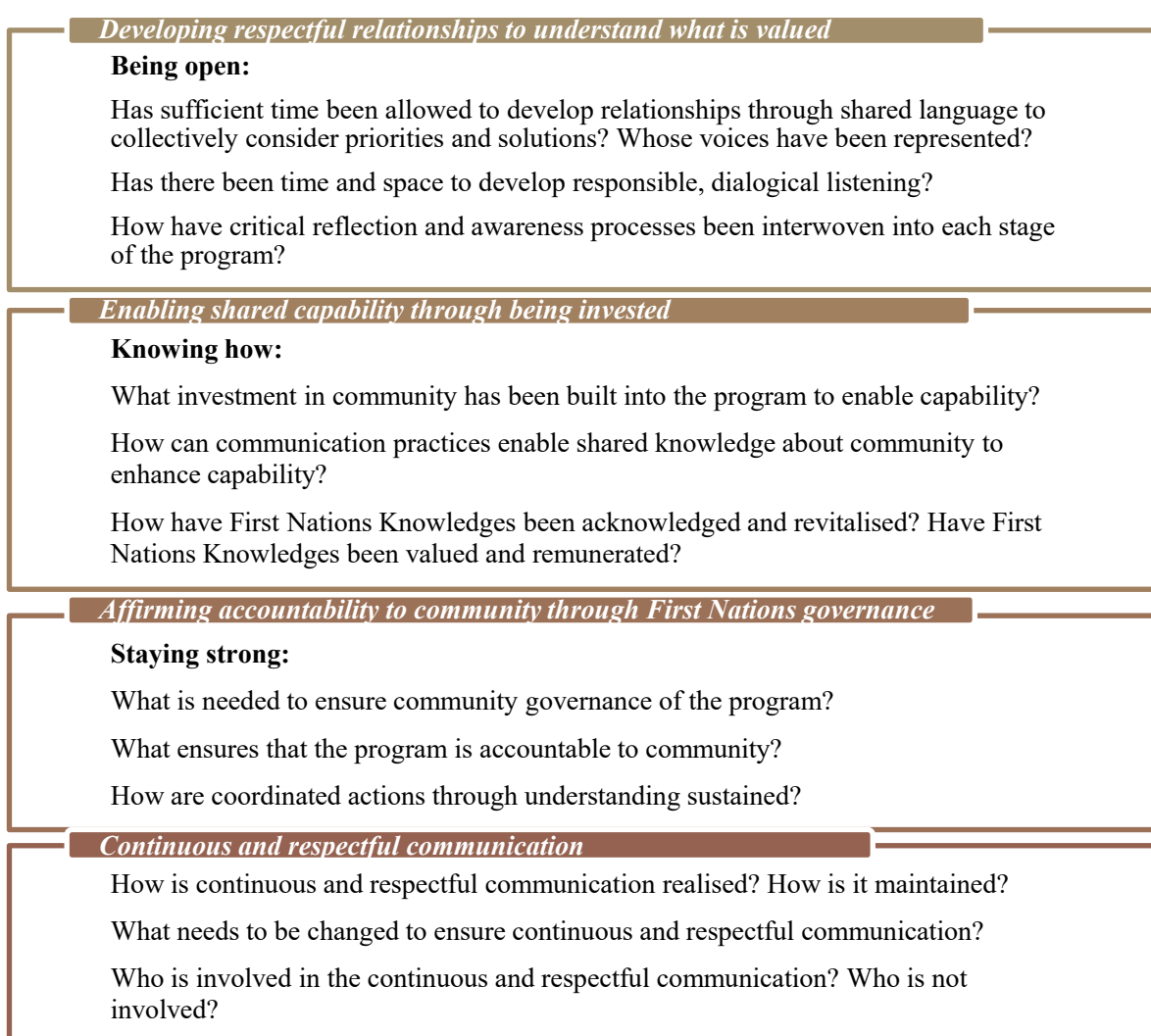


Figure 4.3: Reflective questions to guide engagement and research considering a lifeworld perspective

4.8 Conclusion

This literature interpretation was co-authored by Australian Aboriginal and Australian non-Aboriginal collaborators and used yarning and a critical hermeneutic approach through a lens of communicative action to transform our understandings. Our yarning has led us to understand that there is a communicative relationship between explicit system structures and implicit lifeworld concepts that are critical success factors for First Nations nutrition and exercise group programs. These relationships are contextually-dependant and underpinned by continuous and respectful communication. Our findings represent a shift from success measured by the dominant power structure towards shared understanding and mutual decision-making that embraces the lifeworld culture, knowledges, and values of First Nations Peoples.

4.9 Chapter 4 post amble

4.9.1 Collaborative conversations and participatory methods for co-design practice

The literature interpretation described in this chapter involved a collaborative group of Aboriginal and non-Indigenous co-authors researching together. Our individual and shared research experiences of co-exploring findings in this literature interpretation fostered further conversations between dialogue partners about research co-design (Aunty Karen, Clint, Leanne, Karin, Kerith, and I). We discussed how we had noticed that lifeworld concepts of 'success' in Aboriginal wellbeing programs intertwined with participatory approaches for research, particularly those discussed by Bridges and McGee (2010) in their conceptualisation of collaborative dialogical inquiry and Bessarab and Ng'andu (2010) in their definition of collaborative Yarning. We could see how participatory approaches paired well with our emerging collaborative discussions, using a lens of Habermas' theory of communicative action (Habermas, 1984, 1987), about communication, power, relationships, knowledge,

positionality, and reflexivity in research about Aboriginal wellbeing programs. These collective conversations and experiences prompted us to further explore elements of co-designed research in the context of the Spring into Shape wellbeing program in the next chapter.

Box 4.1: A reflection on success

In this chapter, dialogue partners have demonstrated a way to understand success in the context of First Nations Peoples' nutrition and exercise programs represented in the literature that challenges the status quo of western measurement. This article described that wellbeing success for First Nations Peoples is not just about the individual achieving a goal, such as losing weight, but considers collective and relational implications. This idea challenged the privileged understanding of success that I had been socialised into, where success in my studies and dietetic practices was focused on individual responsibility, accomplishment, and achievement. I was starting to realise that the ways of thinking about success in our research didn't fit with what I had been taught to practice at university or in the western healthcare system. Hence, I started to wonder whether success and the western connotations that sit with the notion of success, didn't really fit with what we were Yarning about, and maybe I needed to rethink how we approached research with the Spring into Shape program.

Success from a lifeworld perspective broadens understanding of wellbeing programs beyond systems-focused approaches. Through this process, I recognised the conversations I was having with the literature, community, Spring into Shape participants, and Aunty Karen extended beyond my existing frame of reference of success, to the interacting lifeworld-system journey about what strengthens and sustains Spring into Shape. Both our research Yarns and everyday conversations were focused on topics encapsulating power and spirit about struggle, resilience,

and capability in Aboriginal health and wellbeing. These conversations and my transforming understanding inspired further exploration of the literature about success and strengths and how these notions related to struggle, resilience, and capability.

A Lowitja Institute report by Bulloch et al. (2019) explored the practice of community-driven, strengths-based approaches in Aboriginal Community Controlled Health Services. The report discussed both the strengths and success of Aboriginal community health initiatives from the perspectives of staff working in three Aboriginal health contexts. Success was considered both a journey and a destination, whilst strengths and strengths-based approaches grounded communication and actions in individual, family, and community capability and resilience (see quote below) (Bulloch et al., 2019).

...stories to ‘actually tell them what we think success is’, rather than just reporting on the number of clients seen. (Bulloch et al., 2019, p. 61)

From the report, perspectives of successful Aboriginal health and wellbeing initiatives included fundamentally “bottom-up” (p. 19) approaches, “long-term connections and commitments [of staff] with the communities they work” (p. 30), “holistic approaches” (p. 33), “promoting social support and increasing health literacy” (p. 52) and a “position of trust, reliability and accessibility” (p. 42). It is my understanding that the success described in the report came from notions that sustained and that gave strength; e.g. “Culture, language, family, community and connection to Country are core strengths” (p. 46). Importantly, the report highlights a need to “recognise their [community, family and individual] strengths and identify their own goals, especially in a context in which those strengths and goals may have been historically overlooked or disparaged” (Bulloch et al., 2019, p. 46).

I reflected, as part of my praxis journey (first layer of praxis), that to transform understandings and practices in the context of an Aboriginal Wellbeing program, we needed to look beyond the notion of success, which narrows an understanding to focus on western outcomes, to also understand *what strengthens* and *what sustains*. I think that limiting understanding to an outcomes-focused approach may work to re-colonise and oppress by boxing and categorising Aboriginal wellbeing as an externalised requirement for achievement. Through this lens, perspectives of success seemed to be answering a question about ‘the what’, which was goal-focused and final. Instead, we could expand the research focus to explore power dynamics and ‘the how’. I think that exploring ‘the how’ shifts focus to better align with aspects of praxis through a commitment to an ongoing collaborative and critically reflexive journey. Exploring ‘the how’ shifts focus to *what strengthens* and *what sustains* through resilience and capability, whether or not the goal was success. Through ongoing community collaboration, we (dialogue partners) reframed how we viewed the research project to sit more comfortably with all dialogue partners for a critical and decolonising research approach. In other words, I think that to transform understandings and practices it is important to explore *what strengthens* and *what sustains*. Hence the next chapter (Chapter 5) begins to discuss ‘strengths’ of Spring into Shape in the context of co-design. Chapters 6 and 7 will explore *what sustains* the Spring into Shape Aboriginal wellbeing program.

Chapter 5 Experiences of co-designing research about a rural Aboriginal wellbeing program: Informing practice and policy

5.1 Chapter 5 overview

This chapter is a published paper exploring data and Aboriginal and non-Indigenous researchers' experiences and reflexivity in co-designing research about a rural Aboriginal wellbeing program to inform practice and policy.

The impetus for this article came from reflective discussions I shared with dialogue partners Aunty Karen, Clint, Leanne, Karin, and Kerith about our experiences and reflections on being involved in collaborative research that included elements of co-design. Along with understanding my own process as a first layer of praxis, this chapter begins to develop the second layer of praxis in this thesis (see Chapter 1, page 10) to guide self and others in their practices. The research question guiding this article is: *How can data, as well as experiences and reflexivity of Aboriginal and non-Indigenous co-researchers about co-design, inform practice and policy?*

Dialogue partners are termed 'researchers' throughout the article. This article was written amid COVID-19 lockdowns when Yarning (data collection) was paused. This article draws on some of the Yarning data (initial 12 Yarns, detailed in Appendix 5.4) completed prior to lockdowns, along with other sources of data, including published literature and reflective journal text-sets.

The term 'rural' is utilised in this article to describe the location of Spring into Shape, as an Aboriginal wellbeing program located outside a major city, on

Gumbaynggirr Country on the Mid North Coast of New South Wales, Australia. A classification of rural broadly refers to all areas outside of a metropolis, which includes many diverse locations and communities (Australian Institute of Health and Welfare, 2023). I understand that the term 'rural' as a western-colonial concept that does not encompass the rich, relational, and cultural connections that Aboriginal Peoples have with Country, nor the dispossession, control, and trauma inflicted on Aboriginal Peoples through the act of colonisation in rural places (Butler & Ben, 2021). Hence, this chapter will always use the term rural in relation to location only, and not in relation to identity or community.

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This chapter was completed in collaboration with co-authors acknowledged in Appendix 5.1. Permission to reproduce the published manuscript is not required under the terms of the Creative Commons Attribution License (CC BY 4.0). Supplementary material accompanying this article is located in Appendix 5.2. Acknowledgement of language knowledge holders included in original publication is located in Appendix 5.3 .

5.2 Abstract

Objective: To explore data and Aboriginal and non-Aboriginal researchers' experiences and reflexivity in co-designing research about a rural Aboriginal wellbeing program to inform practice and policy.

Setting: Gumbaynggirr, Birpai, Kamilaroi and Awabakal Countries, located in regional and rural New South Wales, Australia.

Participants: Rural and regionally located research team who co-designed processes to challenge the status-quo about a critically framed, rural-based Aboriginal wellbeing research project.

Design: Researchers drew on data from a research project in an interpretive cycle of collaborative Yarning. Data included 90 published articles, 12 Yarning transcripts and 26 reflective journal text sets, as well as researcher experiences and reflexivity.

Results: The Duguula Gayirray (Yarning together), Yandaarray (walking together), and Duguula Nguraljili (sharing together) co-design practice model was developed to represent key actions in the context of an Aboriginal wellbeing program in a rural context. Actions were supported by seven interpersonal ways of being and were underpinned by respectful relationships between community and researchers.

Discussion: Duguula Gayirray, Yandaarray, and Duguula Nguraljili are critical to co-design practice and are grounded in respectful relationships. Our experiences led us to critique our perceptions of power-sharing, equitable partnerships, and collaborative knowledges towards opportunity for collective research co-design.

Conclusion: Duguula Gayirray, Yandaarray, and Duguula Nguraljili transformed our understanding of achieving liberation from dominant western research in the context of a rurally located Australian Aboriginal wellbeing program. This study contributes to progression of Aboriginal health research practice and policy

recommendations, enabling real cultural change in healthcare with rurally located Aboriginal communities.

What is already known on this subject?

- Respecting Aboriginal ways of knowing, doing, and learning is essential to research that explores Aboriginal health in rural contexts.
- Co-design of research exploring strengths of a rurally located Aboriginal wellbeing program offers an opportunity to challenge western empirical evaluation measures.
- Co-design approaches are often not clearly described in the literature about First People's health research.

What does this study add?

- A collaborative research project about the strengths of an Aboriginal wellbeing program provided a platform to explore co-design in a health research context.
- The development of the Duguula Gayirray (Yarning together), Yandaarray (walking together), and Duguula Nguraljili (sharing together) co-design practice model in the context of a rurally located Australian Aboriginal wellbeing program to guide future co-design health research with Aboriginal communities.
- This study is informed by and contributes to the progression of Aboriginal health research policy and practice recommendations, enabling real cultural change in healthcare with Aboriginal communities in rural contexts.

5.3 Introduction

Aboriginal health projects need Aboriginal community governance to represent holistic, strengths-based complexities, and experiences of Aboriginal wellbeing (Dreise & Mazurski, 2018). Privileging Aboriginal ways of knowing, doing, and learning when undertaking research exploring Aboriginal health in rural contexts ensures that projects are meaningful and empower Aboriginal people and communities (Carter et al., 2008; Dreise & Mazurski, 2018). Aboriginal ways of knowing, doing, and learning through Yarning together can affirm relationships that are based on trust, respect, and mutual understanding through shared accountability (Bessarab & Ng'andu, 2010). Yarning together to co-design research to explore the strengths of a rurally located Aboriginal group nutrition and exercise program offers an opportunity to challenge disempowering western empirical evaluation measures and colonial perspectives (Dreise & Mazurski, 2018).

Experiences that enable co-design in the context of rural Australian Aboriginal and international First Nations Peoples' health research have been explored in recent literature (Lavrencic et al., 2021; Oetzel et al., 2020; Snijder et al., 2020). Reported enablers of co-design include relational attributes such as community-based partnerships (Snijder et al., 2020), community leadership (Snijder et al., 2020) and strong trusting relationships (Oetzel et al., 2020). Reflections on the experience of co-design also highlight the importance of design flexibility (Oetzel et al., 2020), learning (Oetzel et al., 2020; Snijder et al., 2020) and acceptability of implementation by community (Lavrencic et al., 2021; Oetzel et al., 2020). Dreise and Mazurski (2018) suggest that co-design is a dynamic and ongoing process that requires joint reflection and reciprocal learning for positive co-design approaches in Aboriginal contexts.

Co-design practice is enabled by collaborative and developmental methods that shift “power to process” (Blomkamp, 2018; Farr, 2018) through user-centred and participatory design to challenge power imbalances in research and health care (Blomkamp, 2018; Farr, 2018). In Aboriginal research contexts, co-design practice

relies on the close and ongoing involvement of communities in designing and evaluating meaningful research that embodies respect, liberation, and community governance (Dreise & Mazurski, 2018). Relational Aboriginal knowledge sharing through Yarning (Bessarab & Ng'andu, 2010) and reflective practices such as Dadirri (Lavrencic et al., 2021; Ungunmerr, 1988) offer strength-based ways for community and researchers to research together. Interlinking relational Aboriginal and critical western research approaches can stimulate meaningful participatory research and positive cross-cultural co-design (Sharmil et al., 2021; Urquhart et al., 2020; Wilson, 2008). In turn, meaningful co-design practice can co-create beneficial First Nations health strategies to foster implementation, dissemination, uptake, and sustainability (Lavrencic et al., 2021; Oetzel et al., 2020).

Despite increasing awareness and enablers, the uptake and exploration of experiences of co-design practices about First Nation's health research are seldom described in the literature (Kidd et al., 2021). There are limited written guidelines or policies to inform rural and remote co-design best practice within the context of rural Aboriginal nutrition and exercise programs (The Lowitja Institute, 2020b). The Lowitja Institute's 2020 report 'Culture is Key: Towards cultural determinants driven health policy' calls for clearer representation of co-design to distinguish it from other engagement or consultation processes that inform and influence policy (The Lowitja Institute, 2020b). Our team has co-designed a research project centred around a rurally located, Aboriginal nutrition and exercise program that has informed a co-design practice model. The objective of this article is to interpret data and Aboriginal and non-Aboriginal researcher's experiences and reflexivity about co-design in the context of a rural Aboriginal nutrition and exercise program to inform practice and policy.

5.4 Method

5.4.1 Background

Spring into Shape is an Aboriginal group nutrition and exercise program, described by program participants as a wellbeing program (hereon referred to as a wellbeing program), that has run for 17 years in Gumbaynggirr Country on the Mid North Coast of New South Wales, Australia. The wellbeing program was co-designed by the community, Aboriginal Health Service and Mid North Coast Local Health District. Spring into Shape is supported by KR as the program coordinator and LU as the dietitian. Over the past 5 years, KR and LU have developed a relationship with program participants and have worked together with community to design a research project (Urquhart et al., 2020) to investigate the strengths of the Spring into Shape program. The overall research project has evolved to include a co-designed literature review (Urquhart et al., 2021), and current Yarning project (to be published separately).

The literature review was informed by critical hermeneutics and collaborative Yarning (see Figure 5.1 for definitions). Three Aboriginal (including KR and CG) and four non-Aboriginal researchers (LU, KF, LB, KD) completed the review (Urquhart et al., 2021). For the review, researchers interpreted texts to transform understandings about how success is described in literature relating to First Nations People's nutrition and exercise programs. Throughout the review (Urquhart et al., 2021), researchers noticed how elements of success intertwined with participatory approaches. Researchers were inspired to revisit those same texts to inform our understanding and interpretations of co-design for this article. The Yarning project about the strengths of 'Spring into Shape' involves one Aboriginal (KR) and non-Aboriginal (LU) researcher Yarning with individual participants and stakeholders about the group wellbeing program. Again, researchers noticed that notions of co-design were emerging from Yarning about Spring into Shape and revisited these transcripts to elicit elements of co-design.

5.4.2 Participants and setting

Six rural and regionally located researchers who have previously worked together formed a research team. Two researchers are Aboriginal (KR, CG) and four researchers are non-Aboriginal (LU, KF, LB, KD). Researchers are located on Gumbaynggirr Country (KR, LU) (Coffs Harbour), Birpai Country (CG) (Port Macquarie), Kamilaroi Country (KF, LB) (Tamworth), and Awabakal Country (KD) (Newcastle), New South Wales, Australia. Researcher backgrounds are Aboriginal Health Worker and Aboriginal Elder (KR), project manager (CG), dietitian and PhD student (LU), dietitian and researcher (LB, KD) and nurse and researcher (KF). 'Spring into Shape' program participants contributed knowledges towards this co-design component of the overall research project.

5.4.3 Research approach

To interpret co-design elements, researchers collaboratively decided to use a critical hermeneutic methodology (Trede et al., 2008) and Yarning methods (Bessarab & Ng'andu, 2010) as they were familiar, corresponded to our frame of reference and best positioned to achieve the research aim (see Figure 5.1). We used data alongside researcher experiences and reflexivity to explore co-design. Data included 90 published articles, 12 Yarning transcripts and 26 reflective journal texts. Researcher experiences and reflexivity added further depth to interpretation (see Figure 5.1). A snapshot of the co-design data, experiences, and reflexivity are outlined in Table 5.1. Data, experiences, and reflexivity informed our interpretation of co-design.

Frame of reference: We are a diverse group of researchers with various experiences of co-design. We acknowledge and respect the living, dynamic and diverse cultures, knowledges, traditions of First Nations People in Australia, the Torres Strait Islands and internationally. We work to privilege and respect First People's Ways of knowing, being and doing through our continued relationality and reflexivity (Wilson, 2008).

Our approach: The critical paradigm shaped and informed of inquiry. We aimed to uncover and unravel our assumptions to transform understanding of the social world, in the context of an Aboriginal wellbeing program.

Critical paradigm: We relate to the critical research paradigm, in which the world is social, dynamic, and interactive (Trede et al., 2008). We have embraced the critical to challenge the status quo and transform our understanding of co-design through collaboration.

Critical hermeneutics: We understand the world through jointly-constructed knowledges, which are constantly transformed using language. We used *questions-and-answers* to reflect on the status quo and a *cycle of interpretation* for iterative returns to knowledges, experiences and reflexivity to transform our understandings (Crotty, 1998).

Yarning: underpinned by relational accountability, we have connected through purposeful sharing of stories, using language to create a collaborative space towards shared understanding (Bessarab & Ng'andu, 2010).

Choosing knowledges to engage with: We engaged with a variety of data, co-researcher experiences and reflexivity to capture elements of co-design (Table 5.1)

Collaborative yarning: To actively engage '*in sharing information about a research project*' (Bessarab & Ng'andu, 2010). We used language as a shared medium for mutual understanding and shared decision making. We used questions to interpret, challenge and transform our understandings about knowledges and experiences of co-design

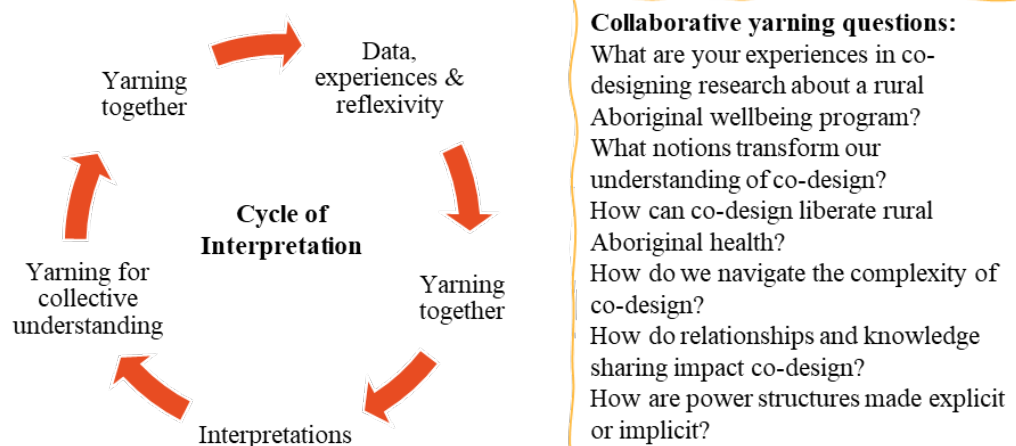


Figure 5.1: Frame of reference and approach we used to interpret data, experiences, and reflexivity about co-design

Researchers engaged in nine meetings which were 60 – 90 min in duration. Researchers used a *question-and-answer* approach to Yarn about co-design using data, experiences, and reflexivity (Table 5.1). Yarning partners agreed on the agenda, time, and frequency of meetings. Meetings were conducted and recorded via Zoom (Zoom Video Communications, San Jose, California). Prior to each meeting, LU listened back to the recordings to draw out and iteratively progress themes and interpretations. Each meeting involved Yarning about our relationships with the data, experiences, reflexivity, as well as themes and questions that evolved from our Yarning. We also explored individual-level differences and similarities in our interpretations.

Data were managed in NVivo (Version 12.4, QSR International Pty Ltd). LU used NVivo to code text segments which answered the Yarning questions, or which sparked new questions for further Yarning by researchers.

Researchers checked and refined initial interpretations through further collaborative Yarning. KR and LU yarned with program participants and Aboriginal Health Service Staff to check interpretations. A model was developed by researchers that articulates important elements for co-design practice in the setting of a rurally located Aboriginal wellbeing program (see Figure 5.2 in Section 5.5).

Table 5.1: Knowledges, experiences, and reflexivity components used to inform researcher interpretation of co-design elements

Contributors to knowing, doing, and being:		Examples of activities
Data		Yarning interview transcripts Collaborative and individual written reflections Literature review texts (published articles)
Experiences	Community based	Community events e.g., Elder's Olympics and National Aborigines and Islanders Day Observance Committee week community day Weekly involvement in wellbeing group activities Meetings and Yarning with the Aboriginal Health Service staff and clients Meetings and Yarning with Elder's group
	Research process	Process of co-developing ethics application and designing graphics for recruitment of participants to the research Doctoral research confirmation presentation and process – diagrams and artworks Critical hermeneutic collaborative inquiry informed literature review Planning the collaborative Yarning and visual interpretation of wellbeing program Meetings and Yarning with Spring into Shape participants, staff, and stakeholders 'Asking back' diagrams and representations of Yarning (methods paper, literature review, three conference presentations and confirmation) Research Yarning with research participants Cultural mentoring with local Elder Research and health capacity building activities with staff

Contributors to knowing, doing, and being:		Examples of activities
Reflexivity	Collaborative	Yarning together- social, research topic, collaborative, and therapeutic Yarning. Ethics Application and amendment processes (accountability and reporting back to Aboriginal Health and Medical Research Council ethics) Conference presentations (including responses to audience questions) Publication submission (manuscript preparation and reviewer responses) Research timeline pauses, adjustments, and disruptions
	Individual	Individual thoughts and changes in practice Responsibility and accountability to the research, community, and researchers Doctoral research confirmation document (including defense and feedback)

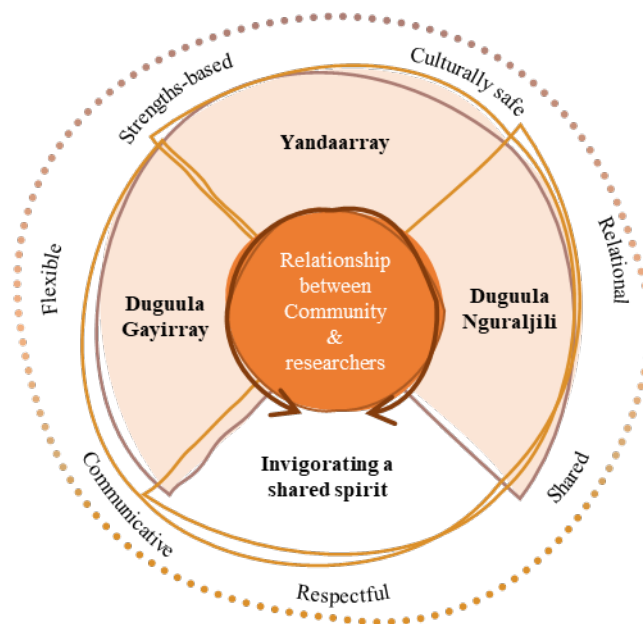
5.4.4 Ethics

This research project has ethical approval from the Aboriginal Health and Medical Research Council Ethics Committee, NSW (1411/18) and University of Newcastle Ethics Committee, NSW Australia (H-2018-0238). Researchers applied COREQ (COnsolidated criteria for REporting Qualitative research) checklist to the article (Tong et al., 2007).

5.5 Results

A collaborative research project about the strengths of the Spring into Shape Aboriginal wellbeing program provided a platform from which to explore co-design in the health research context. Collective interpretations of data, experiences, and reflexivity about co-design practices transformed researchers' understanding of power, authority, and dominance. Key concepts from interpretations were collaboratively explored with knowledge holders of Gumbaynggirr language and local Elders to articulate the complex meanings of co-design. From this exploration, we conceptualised the Duguula Gayirray, Yandaarray, and Duguula Nguraljili co-design practice model, which roughly translates in English as Yarning together, walking together, and sharing together (see Figure 5.2). The model is underpinned by the Indigenous concept of relationality, where relationships between researchers, Aboriginal community members and leaders hold accountability, and connection to each other and to the research (Figure 5.2) (Wilson, 2008). Key co-design actions in this research about a rurally located Aboriginal wellbeing program were Yarning together to make power dynamics transparent, walking together to navigate complexity and sharing together to employ diverse knowledges. Co-design which encompasses Yarning, walking, and sharing together gives opportunity for invigorating a shared spirit. The interpersonal ways of being that supported co-design elements are depicted in the outer section of Figure 5.2. The characteristics that researchers described as encapsulating co-design health research practice were

strengths-based, culturally safe, relational, flexible, communicative, respectful, and shared.



The above diagram represents the *Duguula Gayirray*, *Yandaarray* and *Duguula Nguraljili* co-design practice model, which roughly translates to *yarning together*, *walking together* and *sharing together*. The model is centred on the Indigenous concept of relationality, with *relationships between community and researchers* being accountable, shared and connected to each other. The model has three key actions towards *invigorating a shared spirit*. The outline of the model is open and asymmetrical to symbolise that co-design practice is dynamic and may vary across communities.

The model includes seven interpersonal ways of being interpreted in our Yarning as:

Culturally safe – celebrating Aboriginal Ways of Knowing, Doing and Being to guide co-design, using reflexivity to guide practice

Relational – connection, shared responsibility and accountability to each other

Shared – collective and collaborative way of research based on mutual purpose

Respectful – show consideration and regard for each other through language and actions

Communicative – listening and then speaking, using accessible, meaningful and mutual understood language towards shared decision making

Flexible – adaptable and changeable per community needs, preference and expectations

Strengths-based – emphasis on Aboriginal community’s self-determination, resourcefulness and resilience

Figure 5.2: Representation of results from collaborative Yarning and critical hermeneutic process

5.5.1 Duguula Gayirray (Yarning together) to make power dynamics transparent

Collective interpretations made explicit that Yarning together to make power dynamics transparent was an essential element of the co-design practice model (Figure 5.2). We understood that power dynamics are the often-implicit ways power affects relationships between people. In Australia, power dynamics are distorted due to the

domination of Aboriginal people through the violence of colonisation, subjugating Aboriginal knowledges, voices, lands, languages, and cultural structures. We noticed that power dynamics were always present in co-design relationships, and it resonated with us to work to make power dynamics transparent by Yarning together. The action of making power dynamics transparent was enabled by relational respect and trust, in each other and to the research process.

The notion of representative voices helped to make power dynamics transparent. There are subtleties in how voices were represented (or were considered to have been represented) in the co-design process. For example, we examined the implicit power dynamics in community engagement actions of 'consultation' and 'collaboration' which implied the representation of community voices in research. We noticed that 'consultation' usually involved a one-way communication from researcher to community, without ongoing representation of multiple voices. However, 'collaboration' meant 'working with' and Yarning together, in a back-and-forward motion to develop a shared understanding using language. With representative voices Yarning together, collaboration enhanced opportunity to reflect on language use (or misuse) for research actions to reveal power dynamics.

Yarning together using language that was clear, understandable, and meaningful improved the transparency of power dynamics. Using Aboriginal languages (Green & Dangerfield, 2000), Aboriginal English (Eades, 2013), and English (Curtis et al., 2004), appropriately and in a culturally safe way fostered transparency and inclusion in the co-design process. We reflected that the dominance of English through the act of colonisation risks diminishing the rich, relational, and complex meanings of Aboriginal languages. Instead, inclusive choices of appropriate language, that may or may not include English, required listening and collaboration to clarify, reflect, and ask questions. By promoting understanding through accessible language, each person involved could interpret and critique power dynamics to enable transparency (see

quote below). Underlying inclusive and appropriate language, was a sharing and trustworthy relationship between community members and researchers.

...open and transparent communication could occur ensuring that the same message was being delivered to all stakeholders throughout the whole process.
(Literature data, A diabetes support group for Nywaigi women, Australia.
Payne, 2013)

Yarning together revealed opportunities to enhance co-design transparency through formal and informal processes (see Appendix 5.2). Formal processes included collaborative memorandums of understanding (Tipene-Leach et al., 2013), shared ethics applications and written agreements between Aboriginal community-controlled health organisations and other parties. Informal processes enhancing transparency of power dynamics included researchers attending community events (Jernigan, 2010), Yarning with community Elders, and developing respectful partnerships between community health providers and university academics (Oetzel et al., 2020). Transparent formal and informal research processes which supported co-design were based on community needs and established community practices.

By Yarning together, co-designers can work to reveal power dynamics between rurally located communities and institutions. For co-design, institutional researchers need to be present, available, and open to co-construct research with rurally located Aboriginal communities. For example, rural Aboriginal communities may prefer face-to-face and co-located Yarning about co-design compared to video or telephone conferencing. Thus, researchers must not presume using technology is the most effective and efficient way of working. The quote below, from a literature review text, shows how researchers worked to establish more transparent power dynamics through communication, co-location, and a memorandum of understanding for co-design, and was applied to our project:

...this involved many months of both face to face and by telephone meetings with consensus decision-making processes and, at an organisational level, the

signing of a Memorandum of Understanding. (Literature data, Ngāti and Healthy, Aotearoa New Zealand. Tipene-Leach et al., 2013)

Yarning together to collaboratively establish appropriate language, processes, and privilege community voices may work to expose and critique power dynamics towards the possibility of equitable power sharing in co-design.

5.5.2 Yandaarray (walking together) to navigate complexity

Another element of the co-design practice model in the context of a rurally located Aboriginal wellbeing program was walking together to navigate complexity (Figure 5.2). Western knowledge processes aim to simplify questions and answers by reducing variables. Instead, we yarned that co-design was complex and to find solutions, we needed to walk together to navigate complexities, as community and researchers. We interpreted walking together as a symbolic expression of community and researchers journeying, side-by-side, in a trusting relationship to co-design research. We explored the enablers of time, space, relationships, and self in the co-design journey.

Navigating complexities by walking together required time to develop relationships and trust. Processes in co-design were not always concordant to institutional and funding time-linear deadlines. We learned from our experiences and the data that walking together reduced the risk of overlooking complex time-dependent values and priorities, as described in the quote below:

Such relationships and trust take time and there needs to be sufficient co-design/participatory process to establish the relationship. (Literature data, Aotearoa New Zealand. Oetzel et al., 2020)

In many Aboriginal communities, time is a non-linear concept with no beginning and end and no direct path to follow. Hence, the co-design journey is dynamic and in constant flux with ongoing changes and improvements based on community need (see quote below). The complexity of the fluidity, flexibility, and cyclical nature of co-design required walking together towards a shared process.

...flexibility is imperative, so there are no set rules or formal structure in terms of timing. (Literature data, Waminda's Wellbeing Program, Australia. Firth et al., 2012)

Navigating the complexity of spaces together was explored as another co-design enabler. Co-design was supported by walking together 'in community', 'on Country' and with others. These spaces were considered to be culturally safe and familiar to community members. Our Yarning reflected on the difficulties of connecting and building relationships in virtual spaces (e.g., videoconferencing) especially through the COVID-19 pandemic. It was important for researchers to explore spaces specific to each community as outlined in the below reflection:

...at our [rural] site, relationships were much stronger in-person [rather than virtual], people wanted to connect face-to-face. This was different to metro, who met virtually... (Research experience, Aboriginal researcher, co-design Yarning meeting 1)

Collaboration and trust between community and researchers is essential to co-design relationships (Figure 5.2). Co-design relationships needed to navigate relational complexities such as community connections, staffing changes, and interpersonal tensions. Relational complexities often relied on Aboriginal community researchers walking with external researchers to instigate, navigate, and build community relationships together. For Aboriginal community researchers, building relationships required using their lived knowledge about their community, and, their time, effort, and accountability to both their community and researchers.

Navigating complexity of 'the self' enabled community and researchers to walk together. Understanding 'the self' required introspection and reflexivity as the individual, to draw out motivations and expectations. In our Yarns, we connected with Dadirri, reflective principles which tap into the deep spring within us, from the Ngan'gikurunggurr and Ngen'giwumirri languages of the Daly River region (Ungunmerr, 1988). Dadirri is a quality of 'inner, deep listening and quiet, still

awareness” (Ungunmerr, 1988, p. 1). Dadirri offers community and researchers a tool to become external observers of their own actions, which facilitates a shift towards shared understanding.

We noticed that the complexities of co-design practice interlinked and often needed simultaneous navigation. For example, the temporal notion of deadlines, spatial notions of rural distances and relational aspects of staff turnover can disrupt processes, if not carefully navigated (Mobbs et al., 2003; Tipene-Leach et al., 2013). The interlinking of complexities is embodied in the below quote:

The establishment of a good collaborative research team with a shared focus, and the community consultation took time, with the cost being the loss of the opportunity to secure funding from a national source. (Literature data, Ngāti and healthy, Aotearoa New Zealand Tipene-Leach et al., 2013)

Walking together to navigate complexity is a key opportunity for equitable partnerships in co-design. It requires flexibility, attention to, and investment in time, space, relationships, and the self (see Appendix 5.2).

5.5.3 Duguula Nguraljili (sharing together) to employ diverse knowledges

Sharing together to employ diverse knowledges was another element of the co-design practice model (Figure 5.2). Dominant western knowledge diminishes opportunity for many ways of knowing and learning. Instead, by recognising, valuing, and employing the rich and varied ways of knowledge sharing, community and researchers can build positive co-design practice. Diverse ways of knowledge sharing were employed by taking time to share and working to build relationships. For transformative co-design, diverse knowledge sharing needs to be a reciprocal practice, with community and through oral ways (Yarning).

Our program combines new learning with traditional knowledges. I learn from you, and you learn from me, that’s how it’s got to be. (Collaborative reflexivity, Aboriginal researcher, literature review meeting 3)

Privileging knowledge that comes from a local, community perspective enables research co-design (Curtis et al., 2004; Parmenter et al., 2020). Community knowledge is rich in the culture, history, and complexity of local people. Local voices provide strengths-based knowledge, which guides the co-construction of research that is tailored for local community. Researchers must recognise that the knowledge shared by community is shared in good faith and with intention, and some knowledges are not shared with deliberateness. By honouring and co-exploring shared knowledges, co-designers can build trusting relationships (see below quote). By privileging local wisdoms, researchers respect and engage the diversity of Aboriginal community expertise.

We need to acknowledge that Aboriginal knowledge is not lost, it's about revitalising, acknowledging, and incorporating into programs. (Collaborative reflexivity, Aboriginal researcher, literature review meeting 2)

Sharing together employed different knowledge types for co-design practice (Dimer et al., 2013). We understood that no one type of knowledge can dominate the co-design process. Knowledge types that support co-design practice include cultural, community, technical, creative, spiritual, scientific, and organisational wisdoms. By sharing together, community and researchers bring different knowledge types to support co-design practice.

The ways of sharing knowledge for co-design practice are as diverse as the types of knowledge. We recognised that knowledge sharing extends far beyond written methods to include oral stories, artefacts, painting, poetry, song, and other unwritten knowledges and experiences (Harris & Curtis, 2005; Keith et al., 2017). For us, it was the unwritten ways of knowledge sharing that accessed diverse and constructive ways for co-design practice. For example, the research team needed to transform a predominantly reading and writing-based literature review processes to a verbal format so that the process was accessible and comfortable for all contributors (see Appendix 5.2). Sharing together for diverse knowledges is epitomised by sitting and

Yarning in community, listening, reflecting, and co-constructing a research project, demonstrated in the below quote.

That's the way we start to understand the research, explaining it in that way...we sit and talk...we share that moment together. (Research experience, Aboriginal researcher, co-design Yarning meeting 7)

We noticed that non-linear knowledge sharing is a meandering journey, guided by community, which supports co-design practice. This type of sharing includes ways of being and doing that are flexible, build on strengths, and are respectful through cautious culturally safe practice (see quote below). The nonlinear knowledge sharing journey co-explores learning needs of those involved. It does not assume the learning needs, pace or direction of community or researchers. Instead, it shows vulnerability and genuine interest by respectfully asking to learn and share knowledge. Nonlinear knowledge sharing employs diverse ways of knowing:

Well that's the thing about Aboriginal culture. We really see learning as being cyclic. It goes around. You never stop learning and you're learning from younger ones and older ones and we're passing information along and Spring into Shape is just one of those programs that really lends itself to that sharing and caring. (Yarning Data, Y11)

By sharing together in co-design, we reflected that researchers and community can celebrate and engage collaborative ways of knowing to challenge the status quo of dominant knowledges. Sharing together to employ diverse knowledges involves the characteristics of flexibility and respect and the conditions of co-constructed, reciprocal, nonlinear, and privileged local knowledges.

5.5.4 Invigorating a shared spirit

The notion of invigorating a shared spirit was the culmination of Yarning, walking, and sharing together in the co-design model (Figure 5.2). Invigorating a shared spirit intentionally celebrates Aboriginal culture to strengthen co-design practice. It is a spirit that fosters excitement and passion for the future of co-design for

rurally located Aboriginal wellbeing program research. Invigoration of a shared spirit provides opportunity to unsettle the status quo of research and health, while enhancing research rigour through Aboriginal ways of knowing, being and doing. Invigorating a shared spirit is enabled through conscious communication (Yarning together) towards power-sharing (see quote below), reflexivity, and flexibility (walking together) towards equitable partnerships, and appropriate research methods (sharing together) towards collaborative knowledges, cultivating collective co-design about Aboriginal health and research.

Australia might be at the cusp of changing language about research with an Aboriginal community rather than doing research on the community.

(Written reflection data, Aboriginal researcher, literature review meeting 2)

Invigorating a shared spirit towards the possibility of power-sharing relationships requires all stakeholders to use conscious communication. Conscious communication enables an invigorated spirit through deep listening and Yarning to empower one another. Stakeholders can hear the needs of others when communication is free of coercion and motivated toward mutual understanding and shared decision-making. Through conscious communication, Aboriginal community members and researchers can begin to explore how their histories, knowledges, and actions can expose and unsettle the dominant research dialogue towards power-sharing relationships:

With this basis for accountability established, open and transparent communication could occur ensuring that the same message was being delivered to all stakeholders throughout the whole process. A mutual understanding of these factors between all participants from the outset enabled all invited health professionals the opportunity to work closely and respectfully with and within this Indigenous community. (Literature data, A diabetes support group for Nywaigi women, Australia Payne, 2013)

Invigorating a shared spirit offers freedom to be changeable through reflexivity. Through self and collaborative reflexivity, researchers and community can carefully

think about their motivations, histories, and culture to shape and transform the co-design of research (see quote below). This involves walking together to co-design research that is flexible, changeable, and based on equitable partnerships. Flexibility offers a freedom from structured, selective scientific study towards inclusive, perceptive, and pragmatic research which changes as people change.

Understand and know where community are coming from – we are careful not to re-traumatise. This comes from being in community and understanding community - trying to connect with people, think about actions and build trust. (Written reflection data, non-Aboriginal researcher, literature review meeting 3)

Invigorating a shared spirit challenges the status quo of the dominant research paradigm to enable co-design practice using collaborative knowledges. By applying Aboriginal research methods, such as Yarning and artworks, underpinned by relationality, an invigorated spirit celebrates knowledge beyond western science. By sharing together, experienced Aboriginal and non-Aboriginal researchers can align Aboriginal and western methods for cultural validity and enhanced rigour in the co-design process. Rigorous co-design and collaborative knowledges strengthen the research process and ensures the application of appropriate methods to answer the co-created research question.

Finally, invigorating a shared spirit through Yarning, walking, and sharing together cultivates collective co-design. Collective co-design is possible when community and researchers make deliberate choices towards the emancipation of Aboriginal people, together. Their intentions, language and actions must celebrate Aboriginal culture, sovereignty of Aboriginal knowledges and be supported by interpersonal co-design ways of being (see Figure 5.2). A collective co-designed future authenticates power-sharing, collaborative ways of knowing, and equitable partnerships through Yarning, walking, and sharing together.

5.6 Discussion

The process of critical hermeneutic collaborative Yarning about our co-design data, experiences, and reflexivity led us to critique and challenge our perspectives, creating depth to our individual and collective horizons of understanding. To our knowledge, this is the first research project to develop a co-design practice model in the context of a rurally located Aboriginal wellbeing program. The co-design practice model is centred on relationships between community and researchers, with three key actions towards invigorating a shared spirit, and seven interpersonal ways of being. The outline of the model is open and asymmetrical to symbolise that co-design practice is dynamic and diverse across heterogeneous, rurally located communities (Carter et al., 2008). The Duguula Gayirray, Yandaarray, and Duguula Nguraljili co-design practice model aligns with the Indigenous concept of relationality, through a shared responsibility and accountability to each other, community, and the research (Wilson, 2008).

The results of our interpretive process align with policy literature for co-design research towards tangible benefits for Aboriginal communities (Aboriginal Health & Medical Research Council Ethics Committee, 2020; Dillon, 2021b; National Health and Medical Research Council, 2018b; The Lowitja Institute, 2020a, 2020b). Within a rurally located, Aboriginal wellbeing research context, co-design counters distrust in policy and health care research through open and collaborative processes, ensuring that projects are meaningful and empower community (Dillon, 2021b; Dreise & Mazurski, 2018). Consistent with policy innovations such as the Uluru Statement from the Heart, foundations of co-design in research can help redeem trust deficits (First Nations National Constitutional Convention & Central Land Council (Australia) issuing body, 2017).

Power-sharing relationships can transform health and research in rural Aboriginal communities (Hunt, 2013). The results of our co-design interpretation show a need to make power dynamics transparent by Yarning together for the

possibility of power sharing. This notion is supported by Dillon (2021b) who stipulates that power-imbalances must be recognised and denounced by individuals, community and institutions as they undermine effective co-design and collaboration. For Aboriginal communities who are rurally located, collaboration may include co-navigating expansive distances to Yarn together, co-exploring representative voices through accessible language(s) and co-building processes to safeguard community representation.

This work contributes to further understanding about how walking together to navigate complexities can foster equitable partnerships which are based on trust, mutual responsibility and ethics (National Health and Medical Research Council, 2018b). Aboriginal people and cultures in rural locations are distinct and varied, so equitable partnerships need to be place-based, trusting relationships which have developed over time (Dillon, 2021b). In co-designed research, equitable partnerships can work towards strengths-based, positive outcomes which meet Aboriginal People's and communities' needs and expectations, and celebrate Aboriginal culture, expertise, capabilities and values (National Health and Medical Research Council, 2018b; Snijder et al., 2020).

Our results show that collaborative knowledges can be privileged through sharing together to employ diverse knowledges. Supporting collaborative knowledges is a conscious action by communities and researchers to shift the process of knowledge creation and translation that occurs with communities (The Lowitja Institute, 2020a). This shift facilitates community governance through local wisdoms, for the co-design process (Harding et al., 2021; The Lowitja Institute, 2020a). Collaborative knowledges in co-design need to advocate for Aboriginal data sovereignty. Data sovereignty "is a global movement concerned with the right of Indigenous peoples to govern the creation, collection, ownership, and application of their data" (The Lowitja Institute, 2020a, p. 29). Ultimately, collaborative knowledges that work to privilege Aboriginal data sovereignty, local community wisdoms and beliefs can govern and produce data

which is meaningful and relevant to local community needs (National Health and Medical Research Council, 2018b; The Lowitja Institute, 2020a).

It is important to acknowledge that research and policy co-design and participatory rhetoric remain polysemic, meaning many interpretations are possible (Dillon, 2021b). Aboriginal communities in rural locations are tasked with an ongoing need to critically interpret and question co-design research proposals and practice, with limited available guidance on ethically based research design (Aboriginal Health & Medical Research Council Ethics Committee, 2020; National Health and Medical Research Council, 2018b). Communities are still required to ask and monitor research design questions about who is included and excluded, who benefits, and how power is distributed (Dillon, 2021b). There are ongoing risks of co-design for communities which include responsibility shifts, failing accountability, loss of democracy, re-enforced inequalities, and implicit demands (Dillon, 2021b; Harding & Oetzel, 2019). Further collaborative research which strengthens transformative co-design policy, practice and monitoring will need to move past the buzzwords and rhetoric and strive to create meaningful change in research practice (see Appendix 5.2) (Dillon, 2021a; Harding et al., 2021; Oetzel et al., 2020). Future co-design practice, in our research and that planned by others, could be extended to include community members in a critical hermeneutic process to further transform understandings of co-design practice.

The Duguula Gayirray, Yandaarray, and Duguula Nguraljili co-design practice model will be used by community and researchers to guide co-design practice for further collaborative Yarning as part of an ongoing research project on Gumbaynggirr Country. The next steps will involve a group of Spring into Shape participants and researchers joining as researchers to represent their shared interpretations of Spring into Shape by Yarning, walking, and sharing together while co-creating an artwork. As a group of Aboriginal and non-Aboriginal researchers, we anticipate that sharing our model will support other rurally located Aboriginal communities and researchers co-design practices for health and wellbeing research.

We anticipate this co-design practice model will assist to inform Aboriginal wellbeing co-design policy. For example, by Yarning together and sharing together, community and researchers can celebrate diverse knowledges through collective understanding using language. Diverse knowledges may link cosmos, spiritual, and land systems with oral, artistic or music artifacts and science knowledges in a complex relational connection (Wilson, 2008). Through collectively understanding how diverse knowledges are interwoven in research, co-designers can challenge dominant western and policy thinking to transform how research is recognised, valued, and shared (see Appendix 5.2 for examples of how the model may be applied to and extend existing policy).

5.7 Conclusion

Researchers used collaborative Yarning with critical hermeneutics to develop The Duguula Gayirray, Yandaarray, and Duguula Nguraljili co-design practice model based on data, experiences, and reflexivities. The co-design practice model comprises of three key actions towards invigorating a shared spirit and seven interpersonal characteristics that are the foundations of co-design practice. Respectful relationships between community and researchers are critical to transparent, diverse, complex, communicative, and shared co-design practice. Duguula Gayirray, Yandaarray, and Duguula Nguraljili transformed our understanding of co-design achieving liberation from dominant western research in the context of a rurally located Australian Aboriginal wellbeing program. This study is informed by and contributes to progression of Aboriginal health research practice and policy recommendations, enabling real cultural change in healthcare with rural Aboriginal communities.

5.8 Chapter 5 postamble

5.8.1 A co-design model guiding our collaborative research approach

The Duguula Gayirray, Yandaarray, and Duguula Nguraljili co-design practice model was informed by, and further guided the collaborative research approach in this

thesis. Following the completion of this article, further Yarning (individual and collaborative) guided by Aunty Karen Roberts was undertaken with detailed methods and results described in the following two chapters (6 and 7).

The research approach applied in the following two chapters draws on transformed understandings collaboratively developed through Chapters 3-5. Ongoing collaborative relationships, respectful communication, and critical reflection of power dynamics established in Chapters 2-5 are central to a praxis approach to challenge the status quo informing theory and practices in research and wellbeing with First Nations Peoples. Each of these aspects underpinned my approach as I engaged as a co-researcher in collaborative Yarning with participants and staff from the Spring into Shape wellbeing program (further detail Chapter 6, page 173).

5.8.2 Questioning the status quo through the lifeworld

Habermas notions of lifeworld and system provide a lens to critically question and transform the status quo of Aboriginal wellbeing in the context of research and healthcare practice in Australia. Chapter 3 draws on Habermas' lifeworld and theory of communicative action (Habermas, 1984, 1987) for the possibility of communicative relationality underpinned by a critical consciousness and shared purpose to unsettle dominant system research practices. Chapter 4 highlighted that the lifeworld aligns with Aboriginal Ways of Knowing, Being, and Doing through traditional ways of sharing knowledge, language, and connection to Country (Martin & Mirraboopa, 2003; Smith, 2012; Williams, 2018). Chapter 4 suggested that lifeworld perspectives may offer a way to transform the narrative of First Nations' health and wellbeing practices.

The following two chapters (6 and 7) further explore and critique the notions of lifeworld and system as a lens to transform practices in the context of an Aboriginal wellbeing program on Gumbaynggirr Country. Chapter 6 explores lifeworld qualities that sustain the Spring into Shape Program to inform and reorientate health promotion practice and policy that is responsive to the needs of local Aboriginal

communities. Chapter 7 examines the dynamics between the lifeworld and system that sustain the Spring into Shape program to transform health service system practices towards self-determination of wellbeing programs for Aboriginal Peoples.

Along with this chapter, Chapters 6 and 7 develop a second layer of praxis through this thesis via the collaborative interpretation of perspectives of Aboriginal research participants, co-researchers (Chapter 6 and 7 only) and dialogue partners to inform and guide others (and my own) praxis (See Chapter 1, page 10). Inspired by lifeworld perspectives, this second layer of praxis underpinned by collaboration and critical reflection can help guide people, including health professionals, policymakers, health educators and researchers, to 'be better' at their practices towards self-determination of First Nations wellbeing (Crotty, 1998; Kemmis, 2010).

Box 5.1: Reflection - reciprocity

Reciprocal knowledge sharing was highlighted in this article as important for *sharing together* in co-design. This draws on the concept of reciprocity more broadly. I have been thinking, talking, and reading about the concept of reciprocity in relation to this body of work, and how it relates to my commitment to praxis.

I think reciprocity is often grouped together in a list of jargon words as a 'tick box' component of First Nations research ethics and publications without deep thinking. Often, reciprocity is an assumed action of 'giving back' (often inadequately and decided by the researcher(s)) to make up for the knowledge, time, or resources the research 'took' (Kennedy et al., 2022). While this may satisfy requirements for western institutions or publications, it doesn't factor in how power and structural inequalities are reproduced in the research process (Bourdieu, 1986; Maiter et al., 2008).

For First Nations Peoples, reciprocity is embedded in First Nations Ways of Knowing, Being, and Doing as part of relationality between human and non-

human entities across time and space (Smith, 2021). Reciprocity is the responsibility and obligation to kin and Country (National Health and Medical Research Council, 2018a).

While I cannot know a First Nations' way of relationality, I understand that reciprocity is not one exchange or ceremonious bestowing of knowledge or resources by the researchers, but an ongoing commitment over time to trust and relationships. For me, reciprocity is a commitment to a two-way relationship that is not self-serving, but that is mutually respectful, beneficial, and underpinned by trust. Reciprocity is those individual everyday conversations and actions that support knowledge sharing – the cup of tea with co-researchers after a research Yarn about work-related skills or staying back after cooking sessions to Yarn about participant health concerns. Like Aunty Karen says: “You help me, I help you”.

But I also see reciprocity as a social process towards social justice and healing in the context of colonial oppression of research processes (Maiter et al., 2008). In this way, reciprocity means explicitly addressing power, including bias that continues to favour dominant knowledge systems in research by asking, “What knowledges are drawn on to create meaning?” and “Whose interests are being served?” (Lupton, 1994, p. 55). Reciprocity requires reflexivity (Maiter et al., 2008) when working together to respect multiple perspectives and support ongoing discussions about power, social location, and knowledge perspectives.

I think exchanges of reciprocity aren't always tangible, planned, or time-lined as preferred by western structures. Instead, I think reciprocity is a long-term commitment to build and maintain relationships for knowledge sharing. The benefits of research vary for different people but should work to build capacity for both individuals and communities. For me, underlying reciprocity is a commitment to challenging and changing explicit and implicit power inequities that can influence how research knowledge is interpreted, shared, and

disseminated. It is constantly questioning my motives and actions in the research process to try and make sure I do not take more than I give. And, it is maintaining and strengthening those research relationships that support deepening trust through *sharing together* using language over time throughout and extending beyond the scope of this body of work.

Chapter 6 Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy

6.1 Chapter 6 overview

The following two chapters (6 and 7) focus on interpretations from the Yarning and collaborative Yarning processes undertaken about the Spring into Shape Aboriginal wellbeing program. Methods include communicative, relational, and collaborative aspects discussed in Chapters 2, 3 and 5. The term ‘research participants’ is used in the following two chapters (6 and 7) to describe Spring into Shape participants and Galambila staff who voluntarily participated in individual Yarning. The term ‘co-researcher’ is also used in Chapters 6 and 7. It is an inclusive term used to describe research participants as well as Aunty Karen Roberts and myself, who joined together as a co-researcher group to participate in collaborative Yarning. Dialogue partners and co-authors in Chapters 6 and 7 included Aunty Karen Roberts, Leanne Brown, Karin Fisher, and Kerith Duncanson. Dialogue partners supported further conceptualisation and interpretation of findings.

The research approach described in Chapters 6 and 7 further develops the first layer of praxis (understanding my process, see Chapter 1, page 10) through theory, collaboration, and reflection for action. Findings from this chapter also contribute to the development of the second layer of praxis (informing self and others) through the notion of a lifeworld approach to an Aboriginal wellbeing program. A lifeworld perspective was initially explored in the literature interpretation (Chapter 4) as key to successful First Nations wellbeing programs. This chapter draws on the notion of the

lifeworld as holding underlying capabilities to reaffirm cultural practices and knowledges for self-determination that are consistent with concepts, positive outcomes, and aspirations of wellbeing for Aboriginal and Torres Strait Islander Peoples. This chapter argues that a lifeworld approach can guide health professionals, policymakers, health educators, and researchers, about how 'to be better' in their practices (Kemmis, 2010) in the context of First Nations' health and wellbeing.

This chapter is a published article that focuses on health promotion concepts for policy and practice. Concepts of health promotion fit with the concept of praxis (Springett, 2001). Health promotion can be understood as a social process based on the principles and values within the Ottawa Charter, including social justice, equity, empowerment, and participation (Springett, 2001; Tretheway et al., 2015; World Health Organization, 1986). Critical reflection and collaboration have been explored in the literature as key enablers for critical health promotion practice and policy to challenge social structures and systems that maintain health inequities (Gregg & O'Hara, 2007; Springett, 2001; Tretheway et al., 2015). Hence, learning and reorientation of actions by those who practise (e.g. health professionals and policymakers) become a focus for improving health promotion practice and policy based on values of self-determination and empowerment that drive actions for change (Springett, 2001).

The research questions guiding this article are: *What sustains an Aboriginal wellbeing program on Gumbaynggirr Country, Australia? How can services be reorientated to empower the self-determination of Aboriginal health promotion practice and policy?*

The aim of this article was to explore what sustains the Spring into Shape Aboriginal wellbeing program in Australia, with a view to inform critical reflection and reorientation of Aboriginal wellbeing program practice and policy.

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Sustaining an Aboriginal wellbeing program: Informing health promotion
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This chapter was completed in collaboration with co-authors who are acknowledged in Appendix 6.1. Permission to reproduce the published manuscript is not required under the terms of the Creative Commons Non-Commercial Attribution License (CC BY-NC 4.0).

6.2 Abstract

Issue addressed: Aboriginal and Torres Strait Islander Peoples' holistic concepts of wellbeing are inadequately represented in the health promotion discourse. The aim of this article was to explore what sustains an Aboriginal wellbeing program, to inform critical reflection and reorientation to empower Aboriginal wellbeing approaches in health promotion practice and policy.

Methods: Aboriginal and non-Indigenous researchers collaboratively designed a critically framed, strengths-based research approach with Aboriginal Community Controlled Health Service staff and wellbeing program participants. Data from Individual Yarning (n=15) with program participants and staff inspired co-researchers to co-develop interpretations over two half-day Collaborative Yarning sessions (n=9).

Results: Co-researchers depicted five lifeworld qualities that sustain an Aboriginal Wellbeing program: love, connection, respect, culture, and belonging. The lifeworld qualities are relational, communicative, and involve the dynamics of identity, power, and self-determination.

Conclusions: The five qualities support a lifeworld approach to an Aboriginal wellbeing program, opening communicative and relational opportunities to mediate culturally responsive interactions. The qualities mediated interactions between people in the lifeworld including program participants and coordinator, and systems representatives including health service providers. A lifeworld approach provides a way to empower Aboriginal self-determination and leadership through embedment of cultural determinants of health in wellbeing programs.

So what? Health service providers and policy makers can use lifeworld approaches to guide critical reflection and reorient practice and policy related to Aboriginal health. The lifeworld qualities that encompass this approach in wellbeing

programs are communicative and relational, centred on local community voices and co-produced with community for Aboriginal identity, empowerment, and self-determination.

6.3 Introduction

Despite the inextricable interface of culture and wellbeing for Aboriginal and Torres Strait Islander Peoples in Australia, the qualities that sustain Aboriginal and Torres Strait Islander wellbeing programs are limited in the health promotion discourse (Mackean et al., 2022; Salmon et al., 2019; The Lowitja Institute, 2020a). Conceptualised through social-relational, collectivist, and ecological views, Aboriginal and Torres Strait Islander perspectives of wellbeing encompass Aboriginal and Torres Strait Islander cultural determinants of health through connection to Country; family, kinship, and community; beliefs and knowledge; cultural expression and continuity; languages; self-determination; and leadership (Mackean et al., 2022; Salmon et al., 2019; The Lowitja Institute, 2020b). A holistic and ecological view of wellbeing creates a tension for policy makers when funding Aboriginal and Torres Strait Islander wellbeing programs and embedding systemised performance indicators into the delivery and outcomes of the program (Mackean et al., 2022).

Aboriginal and Torres Strait Islander wellbeing programs work to empower individuals and communities to achieve better holistic health. They may include nutrition, exercise, and stress-reduction activities and are often facilitated by Aboriginal Community Controlled Health Services (ACCHS) in Australia (Aboriginal Health & Medical Research Council of New South Wales, 2009; Barnett & Kendall, 2011; Firth et al., 2012; Fredericks et al., 2005; Sinka et al., 2021). ACCHSs play an important role in facilitating wellbeing programs as “...leaders in comprehensive health promotion practice over many decades” (The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), 2020a, p. 88). Aboriginal and Torres Strait Islander Peoples and communities are central to ACCHS practice, encouraging thriving communities through culturally safe care and community control (Sinka et al., 2021; The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), 2020a; World Health Organization, 1986). Through sensitivity and understanding of cultural

considerations including local contexts, knowledges, and languages, ACCHSs work to enable local community governance of wellbeing programs (Australian Indigenous HealthInfoNet, 2005; Barnett & Kendall, 2011).

Aboriginal and Torres Strait Islander cultural considerations and practices for success in wellbeing programs have been linked to the notion of the lifeworld (Urquhart et al., 2021). For critical sociological theorist Jurgen Habermas, the lifeworld is the communicative and socially acquired shared cultural meanings, social interactions, and pre-understandings that shape people's experiences (Habermas, 1987). The lifeworld sits in contrast to the system which is focused on efficiency, outcomes and success (Habermas, 1987). The lifeworld of Aboriginal and Torres Strait Islander Peoples embodies a relational centring through their social, political, historical, and cultural realities (Nakata, 2002; Walter & Suina, 2019). Hence, their lifeworld has been shaped by a duality between a strong identity, culture, and connection to Country; and the dispossession, stigmatisation and a struggle for social justice as minority People in a colonised society, reinforced by dominant systems (Nakata, 2002; Walter & Suina, 2019). The Aboriginal and Torres Strait Islander lifeworld holds underlying capabilities to reaffirm cultural practices and knowledges for self-determination of wellbeing approaches that are consistent with concepts, positive outcomes, and aspirations of wellbeing for Aboriginal and Torres Strait Islander People (Habermas, 1987; Rigney et al., 2022; Urquhart et al., 2021; Walter & Suina, 2019; West et al., 2012).

There is a gap in the literature exploring how health-promoting Aboriginal wellbeing programs are sustained with varying resources and over time (Urquhart et al., 2021). Information from Aboriginal participants and ACCHS staff about lifeworld qualities that are important for an Aboriginal wellbeing program can inform health promotion practice and policy that is responsive to the needs of local Aboriginal communities. The aim of this article was to *explore what sustains the Spring into Shape Aboriginal wellbeing program located on Gumbaynggirr Country in Australia*, to

inform critical reflection and reorientation of Aboriginal wellbeing programs to empower Aboriginal approaches in health promotion practice and policy.

6.4 Methods

6.4.1 Context

The Spring into Shape Aboriginal wellbeing program has been described elsewhere (Aboriginal Health & Medical Research Council of New South Wales, 2009; Macniven et al., 2017; Urquhart et al., 2022). Briefly, Spring into Shape is an Aboriginal community-driven exercise and nutrition program. The program has been running since 2003 and is described by participants and Galambila ACCHS staff as a wellbeing program. Spring into Shape is facilitated by Galambila. Participants are adult men and women (>18 years), who have, or are at risk of a chronic condition, such as type 2 diabetes or cardiovascular disease, or mental illness such as depression or anxiety disorders.

Spring into Shape is a 20-week program which runs twice per year with up to 20 participants per program. An Aboriginal Health Worker (KR), employed by Galambila, coordinates the program. The weekly program structure includes three group physical activity sessions facilitated by a non-Indigenous Accredited Exercise Physiologist at a local gym on Monday, Wednesday, and Friday 10am-11am, and one group cooking and nutrition session facilitated by the coordinator and a non-Indigenous Accredited Practising Dietitian (LU) at a local church kitchen on Thursday 10am-1pm. There is no cost to attend the program, and transport is offered to participants. Participants who attend most sessions over a 2-week period receive a \$25 fruit and vegetable voucher to contribute towards achieving personal health goals and preparing nourishing recipes with their families.

6.4.2 Research approach

This study forms part of a larger research project which stemmed from an expressed interest by local Aboriginal community members and Galambila ACCHS

staff to better understand strengths of Spring into Shape (Urquhart et al., 2020; Urquhart et al., 2021; Urquhart et al., 2022). Discussions with Galambila staff, and Aboriginal and non-Indigenous authors over 2 years led to a critically framed, strengths-based research approach designed collaboratively with community (see Figure 6.1) (Urquhart et al., 2020; Urquhart et al., 2022). A critically framed research approach takes a social justice stance and aims to reveal, critique, and challenge power structures which have oppressed Aboriginal Ways of Knowing, Being, and Doing for research and wellbeing practice (Bryant et al., 2021; Bulloch et al., 2019). Aboriginal and non-Indigenous authors applied a sociocultural strengths-based approach to respect Aboriginal Ways of Knowing and Being (Bryant et al., 2021; Martin & Mirraboopa, 2003). This approach views strengths as coming from social relationships, collective practices and identities that are present in Aboriginal communities (Bryant et al., 2021). A critically framed, strengths-based research approach aligns with the Ottawa Charter for Health Promotion which focuses on achieving equity and recognises the capability of community knowledges and involvement to contribute to the development of evidence that can promote change (The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), 2020a; World Health Organization, 1986).

The Aboriginal and Torres Strait Islander Quality Appraisal Tool (Harfield et al., 2020) and The Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist (Tong et al., 2007) were applied to ensure the quality and transparency of research reported in this study.

6.4.3 Participants

Past and present Spring into Shape participants and staff (approximately 60-80 people) were invited to be involved in the research, provided they could give informed, written consent and had attended at least 10 program sessions ensuring participant familiarity with the program. Two authors (KR and LU) who had established relationships with Spring into Shape participants and Galambila staff used a

combination of purposive and snowball sampling via face-to-face or telephone conversations to facilitate recruitment, along with advertisement on the Galambila social media page.

Fifteen current and five past participants and staff of the program communicated an interest in participating and were given a plain language participant information sheet to take home and consider with their families. Seventeen of the 20 invitees consented to the initial Individual Yarning. Thirteen Spring into Shape participants and two staff members (past coordinators) took part in the research (Figure 6.1). Two people who consented were unable to complete the initial Individual Yarning due to personal reasons. Nine people provided consent to participate in Collaborative Yarning all had participated in Individual Yarning (Figure 6.1). All participants identified as Aboriginal Peoples.

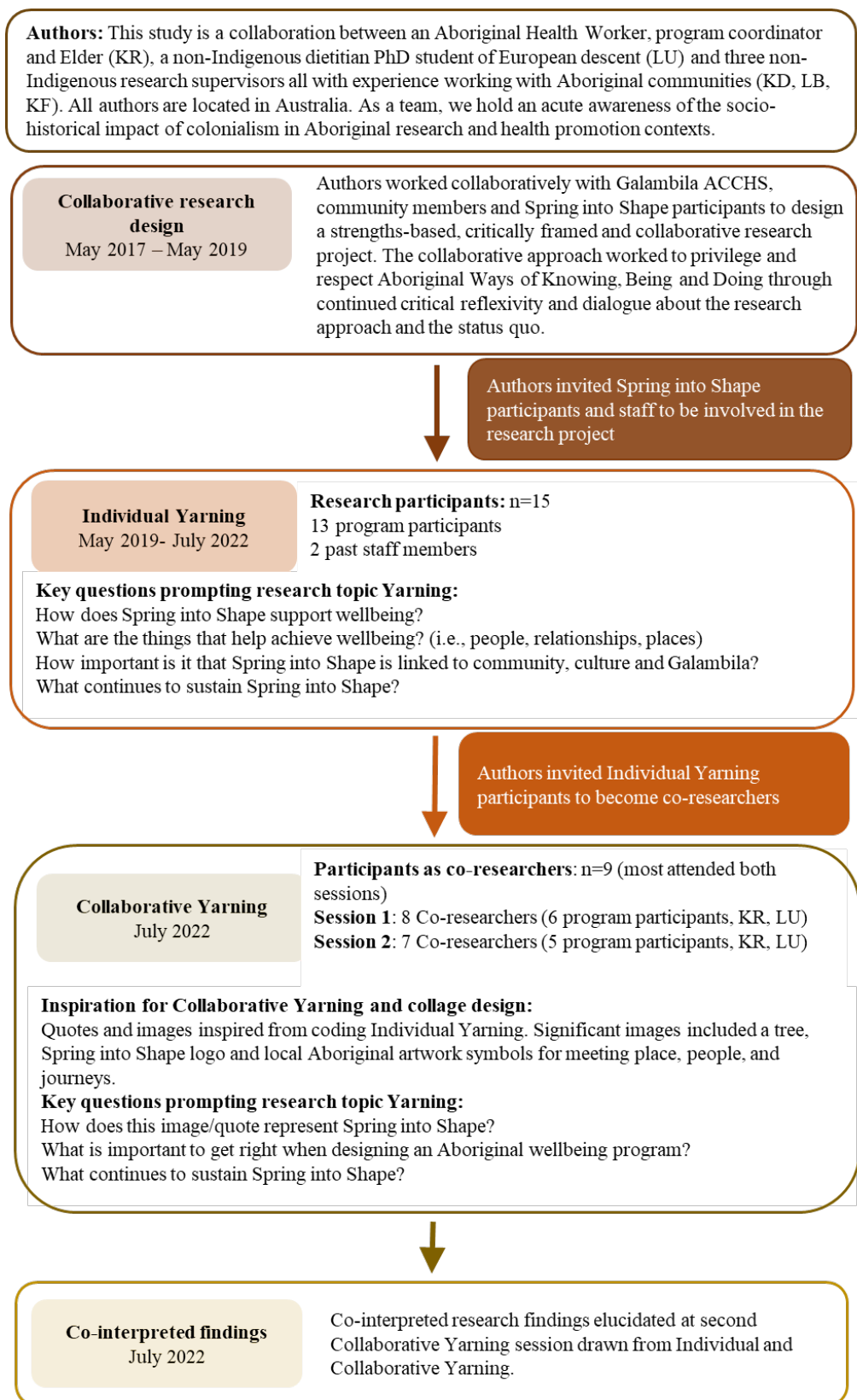


Figure 6.1: Research design, participants and methods informing interpretation of findings

6.4.4 Data creation and interpretative dialogues through Yarning

Yarning method

Yarning, a rich and complex Aboriginal cultural form of conversation, informed data collection and interpretative dialogues for this study (Bessarab & Ng'andu, 2010). Initially, Individual Yarning was undertaken between participants, KR and LU, followed by two Collaborative Yarning sessions (Figure 6.1). As the Yarning facilitator for both Individual and Collaborative Yarning, KR used her relational and cultural knowledges as a proud Dunghutti woman and Aboriginal Elder to guide rich dialogues. The Yarning facilitator (KR) acted as a two-way translator, mentor, and pacesetter between Aboriginal participants, herself, and LU by clarifying language and cultural meanings (Bessarab & Ng'andu, 2010; Walker et al., 2014).

Individual Yarning

Individual Yarning sessions occurred at a public place chosen by the participant, venues included Galambila ACCHS, cafés or recreation areas. Yarning sessions (n=15) commenced with Family and Social Yarning (Bessarab & Ng'andu, 2010; Walker et al., 2014) between participant and authors (KR and LU) to establish connections, relationships, and develop trust. After establishing connections, Research Topic Yarning (Bessarab & Ng'andu, 2010) was introduced by KR and LU with an aim for information sharing about the research through participant stories. Research Topic Yarning was prompted by open-ended questions which aimed to explore participant experiences of Spring into Shape (see Figure 6.1), with results to be published elsewhere.

Individual Yarning was audio-recorded and transcribed verbatim by a confidential transcription service; recordings ranged from 26 min to 73 min in length. Transcripts were coded line-by-line via hand-coding (KD and KF) or using NVivo (LU) (Version 12.4, QSR International Pty Ltd). Habermas concepts of lifeworld and system were used as a lens to inform coding (Habermas, 1984, 1987). The first author coded all transcripts, KD and KF each coded five transcripts. Coding was reviewed by

KR for cultural interpretation. Authors collaboratively discussed coding to reach consensus and begin to develop initial themes. For example, the codes supporting others and motivating others were discussed and grouped under the sub-theme inclusiveness. Individual transcripts were offered to participants to check for accuracy. Participants chose not to review transcripts, instead preferring the Collaborative Yarning (see Figure 6.2) as a way for member checking. The first author maintained field notes and a reflexive diary throughout the research process.

Collaborative Yarning

Collaborative Yarning involved a group of Individual Yarning participants (n=9) and two authors (KR and LU) as a co-researcher group (Figure 6.1) over two half days (Bessarab & Ng'andu, 2010). Inspired by Bessarab and Ng'andu's (2010) Collaborative Yarning approach and Bridges and McGee's (2010) Collaborative Dialogical Inquiry model, co-researchers established a Collaborative Yarning process (Figure 6.2). The Collaborative Yarning process moved between four action stages: beginning, connecting, building, and confirming to enable co-interpretation for transformed understanding. The Collaborative Yarning process was underpinned by the characteristics of trust, relationships, communication, safe spaces, respect, and reflection (Figure 6.2) (Bessarab & Ng'andu, 2010; Bridges & McGee, 2010; Walker et al., 2014).

Collaborative Yarning occurred at a local meeting facility chosen together with co-researchers for appropriate size, accessibility, and privacy. Collaborative Yarning topics were posed by KR and LU using open-ended questions, images, and de-identified quotes from Individual Yarning (Figure 6.1). As part of the Collaborative Yarning, co-researchers developed a collective collage, guided by a professional local artist, as inspiration to foster further conversation towards interpretation. A component of the collage was a co-constructed diagram which represented the findings (Figure 6.3).

The two half-day Collaborative Yarning sessions were audio-recorded, transcribed, and key concepts were noted on a whiteboard. Co-researchers checked, questioned, refined, and reconceptualised interpretations to transform understandings (Figure 6.2). Authors then linked key concepts identified during Collaborative Yarning to codes developed from Individual Yarning and Collaborative Yarning transcripts and checked meanings and resolved discrepancies with co-researchers.

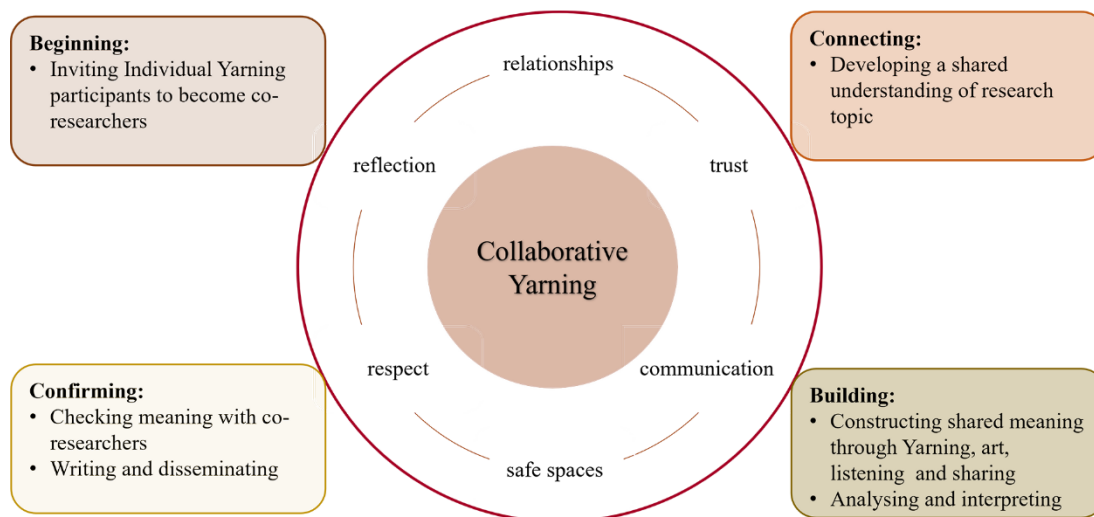


Figure 6.2: Diagram of our Collaborative Yarning process which moves clockwise through four phases: beginning, connecting, building, and confirming

Source: Bessarab and Ng'andu (2010); Bridges and McGee (2010); Walker et al. (2014).

6.5 Ethics

This study obtained ethics approval from the Aboriginal Health and Medical Research Council Ethics Committee, NSW Australia (1411/18) and The University of Newcastle Ethics Committee, NSW Australia (H-2018-0238). A research agreement between Galambila Aboriginal Health Service and The University of Newcastle was co-developed and endorsed by researchers and representatives from both organisations. The agreement detailed the obligations of the organisations around

resource sharing, consultation, research outcomes, community benefits, training, timelines, and intellectual and cultural property rights.

6.6 Results

Interpretation of Yarning about *what sustains an Aboriginal wellbeing program* conceptualised five lifeworld qualities supported by 15 attributes (see Table 6.1). The lifeworld qualities of love, connection, respect, culture, and belonging were all underpinned by communication. The lifeworld qualities were interpreted as inherent and sustaining characteristics of the Spring into Shape Aboriginal wellbeing program as whole-of-program qualities rather than traits of individual people. The lifeworld qualities are relational, mediating interactive communicative relationships between individual participants and program coordinator in the lifeworld, and Aboriginal health service providers representing the system to sustain the wellbeing program (Figure 6.3).

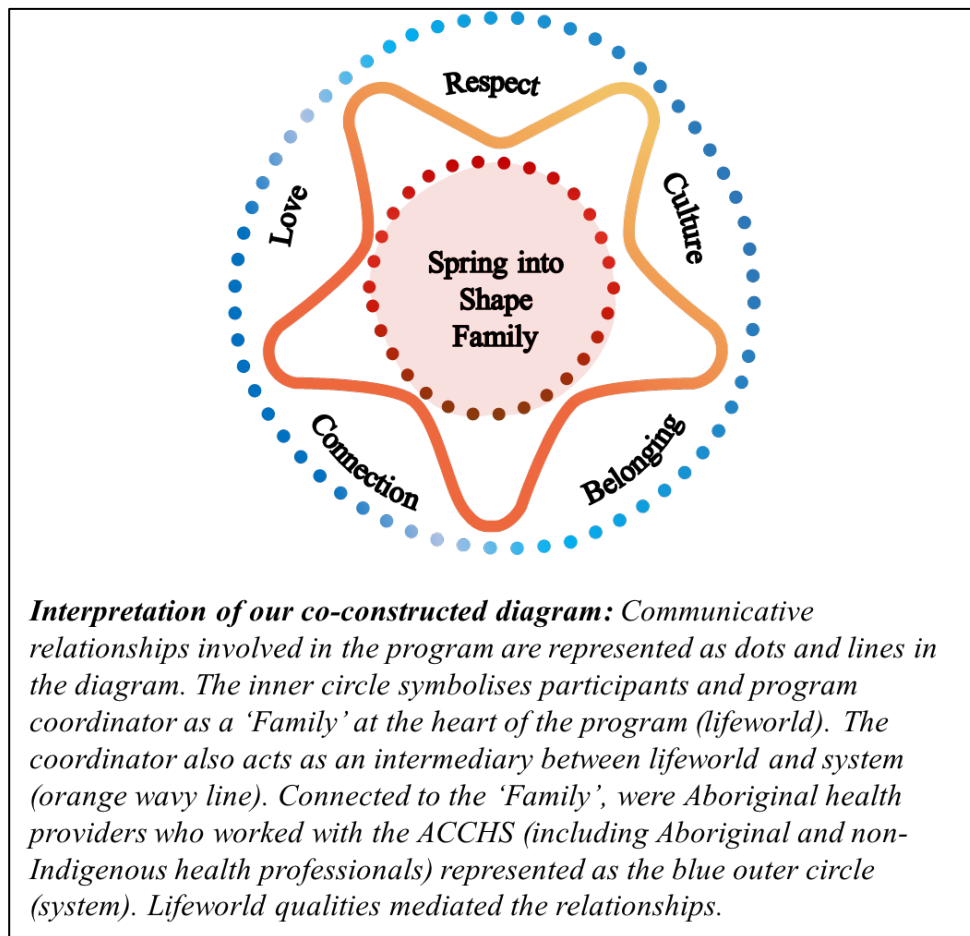


Figure 6.3: Depiction of co-interpreted lifeworld qualities that sustain an Aboriginal wellbeing program

Table 6.1: Summary of lifeworld qualities and attributes that sustain an Aboriginal wellbeing program

Lifeworld qualities	<i>Attributes of the lifeworld qualities</i>
Love	<i>Personal joy</i> <i>Shared fondness</i> <i>Wholehearted, continuing support for Mob[†]</i>
Connection	<i>Connection to Country[‡] and Mob[†]</i> <i>Communication connections</i> <i>Connections to health service</i>
Respect	<i>Reciprocity (shown and earned)</i> <i>Cross-cultural</i> <i>Expected of health service providers</i>
Culture	<i>Knowledges</i> <i>Cultural responsiveness</i> <i>The right to practice and celebrate culture</i>
Belonging	<i>Being involved</i> <i>Inclusiveness</i> <i>Feeling heard by others</i>

[†]Mob is a term often used by Aboriginal People to identify a group of Aboriginal People associated with a place or Country. Mob can represent a kinship group, language group or wider community of Aboriginal Peoples (Victorian Aboriginal Child Care Agency, 2022).

[‡] Country is a term often used by Aboriginal People in Australia to describe the lands and waters which they are connected to. The term encompasses complex notions of law, language, spirituality, cultural practices, ancestors, family and identity (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2022).

6.6.1 Love

The lifeworld quality of love related to three attributes shown in Table 6.1. *Personal joy* was perceived as a positive concept for wellbeing when participating in the group program.

I just love doing what I'm doing and it's fun, it can be fun. We have laughs. You get out there and everybody's your mate sort of thing and you make silly jokes and whatever. It's really good; I love it. (IY1- participant)

Linked to *personal joy* was a *shared fondness* between participants, who described themselves as a family. The notion of family was important for participants sense of collective identity and solidarity.

Meeting more people, enjoying their company and enjoy doing the exercises
... it's like a family, little things amongst us, in there. I love doing that, I do.
(IY9- participant)

Shared fondness was fostered through communication, with the program providing opportunity for participants to strengthen shared relationships and social supports through talking together.

Oh yeah, I think everyone benefits from it Spring into Shape, yeah. And everyone enjoys going there and talking to everyone else... Over the last year we've got to know each other a lot better and, yeah, we all get on well out there.
(IY12-participant)

Shared fondness was inherent in the supportive relationships between participants and coordinator, with the coordinator's role in relationships reflected through strong advocacy and support for program participants.

Yeah, and of course [the coordinator], she's really great. We all love her. She's there for us all the time and she does a marvellous job, yeah. (IY15-participant)

Participants imbued a *wholehearted, continuing support for Mob* through their actions, asserting advocacy, self-determination, and leadership over the continuity of the program for community members.

Yeah, when I thought, this wasn't going to start back, I thought oh god, we can't let this program go, we have to try and do everything we can. I wrote a long letter... I put my heart into this letter, you know, and it was good, I was just so happy when I realised, wow, here we go, we're getting back into it again.
It was really great, absolutely wonderful. (IY1- participant)

Wholehearted, continuing support for Mob encompassed the coordinator's heartfelt dedication to participants and the Aboriginal community. The quote below describes the compassion for community as a main motivator in her job:

I'll say it this way, what keeps me going as a coordinator is compassion for my Mob, for my people, my culture. Having that compassion to turn up all the time at Galambila...I know I'm being paid and etcetera but, it's to show up and to be compassionate, and to have that love. (CY1- coordinator)

Participants considered that the ACCHS demonstrated love through *continuing support* for the local Aboriginal community and the wellbeing program. The ACCHS offered tangible support to empower participant's self-determination over their own healthcare.

It's a really big help and support. It's good that you get support from Galambila you know because that's what they're here for to help and support the community people and that, especially Spring into Shape and that. (IY9 - participant)

The lifeworld quality of love was crucial to sustaining the wellbeing program. Love was fostered from a sense of personal joy felt by participants involved in the program, and a shared fondness between participants and coordinator interacting together in the lifeworld. Extending from the lifeworld, love encompassed wholeheartedness and support for Mob expressed by participants and coordinator who interacted with the health service.

6.6.2 Connection

The lifeworld quality of connection was associated with three attributes: *connection to Country and Mob*, *communication connections*, and *connections to health service* (see Table 6.1).

Connection to Country was a proud spiritual essence connecting program participants with Country as a source of individual and collective identity. The

following quote describes one participant's connection to Country through her ancestors and family which affirmed her identity in the program.

...just wanted to move back up here where my people used to roam the country... And [coordinator name] is very easy to get on with and we're cousins... Yeah, so then I was more eager to participate in it [the program].
(IY6-participant)

Connection to Mob included participants and coordinator connecting together from different Country as members of the group, strengthening shared cultural identity, solidarity, and pride.

like I'm a Dunghutti girl, but I'm in this group, I'm part of this group Spring into Shape too. So, I got the love heart to represent my people, and the love that I've got for my Mob... (CY2- coordinator)

Temporal and intergenerational notions were inherent to *connection to Mob*. The following quote is from an Elder Yarning about the crucial role she plays in sharing knowledge for the self-determined future wellbeing of the Aboriginal community:

...we're putting it out there for the next generation. Like for our children, our grandchildren our great grandchildren. So that means going back to the wellbeing and the healthy mind and the healthy body and healthy eating.
(CY2- participant)

The lifeworld quality of connection typified *communication connections* between participants, coordinator, and Aboriginal health service providers. The below quote exemplifies equitable communication for connection when participants and coordinator worked together with a non-Indigenous health professional in the community setting:

So, with what's happening, like with you [non-Indigenous dietitian] working beside us [participants and coordinator] and coming out there with us, that's helped me a lot. (IY1- coordinator)

Established connections between lifeworld and health services enabled communication for shared understanding between a non-Indigenous health professional and an Aboriginal coordinator. The following quote demonstrates the importance of communication and the willingness and openness to work together for change.

... me and [non-Indigenous exercise physiologist] have got that connection, if any problems happen out there, I communicate with him, and he understands. So that's where I bring the culture in to it. (CY2 - coordinator)

Connections to health service empowered participants to engage with other health service providers for further support as part of the program.

But knowing that you've always got the doctor at Galambila as backup to go and see, which is connected with the Spring into Shape program, it's just great, you know. Yeah, that's what I love about it. (IY6 - participant)

In summary, connection stemmed from the relational lifeworld, from proud spiritual and traditional knowledges fostered and maintained by participants and coordinator. More broadly, connections existed between participants, coordinator, non-Indigenous health professionals and the health service to sustain a wellbeing program through communication for shared understanding.

6.6.3 Respect

The lifeworld quality of respect consisted of three attributes (see Table 6.1) demonstrated through interactions.

Respect was genuinely *reciprocated* between participants through their actions.

And there's no favouritism, you get on with everyone. You just treat them with respect, you'll get that in return, you know, yeah. (IY6- participant)

Interaction between participants and program coordinator as equals was fundamental for reciprocal respect and was demonstrated through group solidarity for a collective sense of identity.

Well, it's because of the way we are treated. Like we are treated like queens, you know, somebody important. Everybody's got respect for everybody. Nobody puts anybody down. We're all on the same level. You know, it's not like that oh, [coordinator] is better than me or, you know, [participant] is better than me; we're all on the same level. We all respect and that's a big thing, we've got a lot of respect for each other. (IY2- participant)

Furthermore, the coordinator earned the respect of participants by interacting as a peer, demonstrating collaborative leadership and commitment by journeying with participants in the wellbeing program.

I know I got a lot more respect as the person who was running the program when I actually participated... I was with them the whole process, that was my journey too. (IY8- past coordinator)

Non-Indigenous health professionals earned respect from participants through considerate communication and supportive actions which empowered participants' self-determination for their own wellbeing.

...but the boys [non-Indigenous exercise physiologists], they're so considerate and they don't force you to do things you can't do. That's what I love about them. [they] will say, "Oh just do what you can do Aunt" and so to me, I respect him for that. (IY2- participant)

Non-Indigenous health professionals worked to demonstrate *cross-cultural* respect by spending time working with program participants guided by cultural leadership from the program coordinator.

You've got a black woman [Aboriginal coordinator working with you], you're [non-Indigenous dietitian] spending time and respecting. It's about respect too, and you respect us. You respect us. (IY7- coordinator)

Sustaining a strong program required respectful governance by the ACCHS to empower self-determination of participant's wellbeing. The following quote

demonstrates how program participants *expected* health service providers to demonstrate respect, for participants to trust system practices:

Oh definitely. Definitely respect. I mean I wouldn't do nothing for nobody if they [health service providers] didn't respect me. I mean you've got to earn respect. Respect's not just given to you because you're an Elder. Honestly, it don't work that way. You've got to prove your worth really. And like I said I've gone from when it first started, and I've seen different people go through these doors and the building's all changed. (IY10- participant)

Respect needed to be both demonstrated and earned to be a genuine lifeworld quality. Participants and coordinator showed and received respect through their everyday interactions in the program. The lifeworld quality of respect extended to include interactions between participants, coordinator, and service providers when they spent time and communicated respectfully together to sustain the wellbeing program.

6.6.4 Culture

Culture was a lifeworld quality that included *knowledges*, *responsiveness to many cultural practices*, and *the right to practice and celebrate culture* (see Table 6.1) in the wellbeing space.

Cultural *knowledge* was important for strong personal and shared identities in the program. Cultural knowledges included values, beliefs, language, and cultural practices. For example, coordinator and participant interactions were shaped by unspoken cultural knowledges:

In our culture we know our place. Because I was working with the Elders, a lot of Elders, it was sort of like... I take their lead in how... I don't know, it's actually really hard to describe it. It's like I look up to them because they're my Elders and they're my leaders, and so I take the lead from them, if that makes sense, but it's like an unspoken... It's like it just comes naturally when we come

together, especially if we're all Blackfellas [Aboriginal Peoples] and we're all the Mob from the community (IY14 – past coordinator)

Cultural responsiveness recognised, appreciated, and included participants' different cultural practices in the program. The following quote demonstrates inclusiveness of many Aboriginal cultural practices through the collective identity of a family (Figure 6.3).

And the Spring into Shape family is everybody that is in the family, but because we're all from different cultures, we all pull together... As a family.
(CY2- coordinator)

Cultural responsiveness was demonstrated through communication. For example, non-Indigenous health professionals communicated with Aboriginal participants to develop understanding about cultural practices with ancestral foods. Communicating for shared understanding demonstrated empowerment of Aboriginal knowledges for wellbeing.

How does it respect it [culture]? Because you [non-Indigenous dietitian] ask. You ask what we want... I [participant] know with the cooking you were always asking what people, you know trying to throw some kangaroo meat in there and things like, just trying different things. (IY10 - participant)

Self-determination through *the right to practice and celebrate culture* was identified as essential to sustain the program.

Our culture has to be in it Spring into Shape. It's a cultural thing too because our Mob is connected. (CY1- participant)

Feeling safe to practice culture was vital to sustain the wellbeing program, and this was supported through cultural leadership by the coordinator and ACCHS.

Yeah, 'cause I think that was one of the most important things, was creating that cultural safe space... It was culturally appropriate, it was what we needed, and we had a lot of trust and love in that room. (IY14- past coordinator)

Celebrating culture extended beyond the scope of activities in the program. For example, cultural commitments such as Sorry Business (cultural mourning practices) or family responsibilities may have impacted participants attendance. The coordinator demonstrated cultural leadership by advocating for understanding about cultural commitments with health service providers.

I would sit and talk to them [health service providers] because they've got to understand the cultural side of it too. Because we have Sorry Business. We have other things that's going on and we've got families ..., like put it this way, if my family needed me, I'd use myself as a scenario. I'd have to be there to support my family. I mightn't be able to make it and if it was Sorry Business... Like if they turned around said the funding's going to stop because we haven't got many participants I'd turn around and say well you need to put in a report sometimes it's culturally appropriate that people can't attend. (IY7-coordinator)

Celebrating Aboriginal culture was important to sustain an Aboriginal wellbeing program. Program participants and coordinator held deep cultural knowledges that supported their wellbeing. When interacting with the system, participants valued health service providers who acted in a culturally responsive way, and who encouraged the practice of Aboriginal culture in the wellbeing program.

6.6.5 Belonging

The lifeworld quality of belonging included attributes of *being involved, inclusiveness, and feeling heard by others* (see Table 6.1).

Being involved was important for belonging and was linked to notions of social identity and empowerment for wellbeing.

Well, it Spring into Shape gives me a reason to go out and it helps maintain my self-worth and wellbeing. (IY12- participant)

The program provided connection to the community, recognised as significant for cultural and social identity and an important part of being involved.

Oh I just had to get out and motivate myself and get out in the community again instead of sitting at home. Yeah, 'cause I have to get out ... I was a bit depressed and so it's a bit of a motivation. (IY13– participant)

The quality of belonging was strongly associated with notions of *inclusiveness* and a sense of solidarity. Participants signified that an inclusive group was valuable, strengthened through practices for mutual benefit, rather than individual needs.

So, you've got to think of everybody, not just yourself, 'cause it's a group exercise thingo, you know, not just one piece or person, it's for everyone. (IY2– participant)

Inclusiveness was affirmed through communication between participants of the program. Participants indicated the importance of having time and space to talk together.

Yeah, when we sit down and talk and stuff or stand around and talking stuff, when we're talking like that, like yeah, problems and stuff like that, yeah. (IY3– participant)

Integral to the lifeworld quality of belonging was the notion of *feeling heard by others*. In the following example, the coordinator describes how she acted as a link between participants and the health service in shaping the program, valuing participant voices for self-determination of their wellbeing:

You were involved with these people for four days a week, so it was just getting to know them on a personal level, what they wanted out of the program, what they thought of the program and also ways of how -- what they wanted to see in the program. (IY14– past coordinator)

Feeling heard was also evident for self-determination of participants communicating with the ACCHS:

Let them say what they want to say right. Get it off their chest and then once it's out there it's out there you know. It's sort of like [SIGHS] well I said it...they're [health service provider] supposed to be a professional and learn

to understand why this person's venting...Take it on board and try and fix the situation (Y10- participant)

In summary, the lifeworld quality of belonging was associated with participants feeling a sense of being involved and inclusiveness in the group. Beyond interactions within the program, the lifeworld quality of belonging created a sense of feeling heard by health service providers which was often mediated by the coordinator. By feeling heard, participants gave voice to influence how the wellbeing program was shaped and sustained to fit their wellbeing needs.

6.7 Discussion

The findings demonstrate that the lifeworld qualities of love, connection, respect, culture, and belonging sustain the Spring into Shape Aboriginal wellbeing program. These relational and communicative lifeworld qualities involve the dynamics of identity, power, and self-determination. Together, they explain how the lifeworld approach that sustains Spring into Shape contributes to holistic and relational wellbeing of Aboriginal Peoples on Gumbaynggirr Country (National Aboriginal Community Controlled Health Organisation, 2018). Importantly, the lifeworld qualities demonstrate a culturally responsive path towards self-determination of Aboriginal health and wellbeing. They can be used as tools or strategies to navigate and mediate complex communicative and relational interactions between program participants and program coordinator in the lifeworld, and Aboriginal health service providers in the system (Bourke et al., 2022; The Lowitja Institute, 2020b; World Health Organization, 1986). The collaborative findings support continued work by ACCHSs to re-orientate Aboriginal health-promoting services which empower Aboriginal wellbeing methods and practices (The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), 2020a; The Lowitja Institute, 2020b; World Health Organization, 1986).

The findings align with research that acknowledges the pivotal role that Aboriginal Health Worker program coordinators play as “boundary spanners” (Topp et al., 2022, p. 6) or “cultural brokers” (The Lowitja Institute, 2020b, p. 27) necessarily transitioning between supportive and advocacy roles within the program participants’ lifeworld, and health system logistical and funding requirements (Topp et al., 2022). Furthermore, Aboriginal Health Workers play a crucial role as cultural mentors, trust-builders, and community consultants in wellbeing programs that involve non-Indigenous health professionals as facilitators, and in programs that are funded and facilitated by western health systems (Topp et al., 2018; Topp et al., 2022). However, Aboriginal Health Workers’ rich cultural knowledge, community relationships, and modes of communication that support Aboriginal and Torres Strait Islander wellbeing are often undervalued and inadequately recompensed in a system dominated by a western biomedical agenda (Bond et al., 2019; Topp et al., 2022). The current study represents further insight into the complex relational and communicative approaches that Aboriginal Health Workers undertake to empower cultural practices, beliefs, identity, and knowledge systems in a strong, community-driven wellbeing program.

Ultimately, the findings elucidate that it is lifeworld qualities that link people and health systems together to sustain and strengthen Spring into Shape. The application of relational lifeworld qualities in this Aboriginal wellbeing program foster notions of holistic, collectivist, and ecological wellbeing through the embedment of Aboriginal and Torres Strait Islander cultural determinants of health (Salmon et al., 2019; The Lowitja Institute, 2020b). We propose that an Aboriginal lifeworld approach is one way for Aboriginal Peoples to exercise cultural determinants of health that inherently sustain and strengthen wellbeing programs to ceaselessly resist domination of colonising system dialogues. These system dialogues perpetuate racism and western ideologies and fail to recognise the complexity and richness of Aboriginal lifeworld cultures, identities, languages, and knowledge (The Lowitja Institute, 2020b).

Consistent with the Ottawa Charter for Health Promotion (World Health Organization, 1986), a lifeworld approach advocates for, and enables participants, community members, and coordinator to be the voices which mediate communication with the health system's service providers and policy makers (World Health Organization, 1986). The findings demonstrate that communication that privileges shared understanding is crucial for a lifeworld approach. The findings add to a wider body of literature advocating for policy makers and services providers to listen to Aboriginal and Torres Strait Islander Peoples' voices that have previously been disregarded and silenced, to enable actions *by* and *with* community members to shape strong wellbeing programs (The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), 2020a; The Lowitja Institute, 2020b; World Health Organization, 1986). It is important for health service providers and policy makers to take time to develop relationships with each distinct Aboriginal and Torres Strait Islander community as part of their practice to enable change. We consider that the lifeworld qualities we have described provide a compass for communicative and relational health promotion policy and practice. Incorporation of lifeworld approaches in policy and practice can foster cultural, community and personal identity, empower cultural knowledge about health and wellbeing, and ensure community voices for self-determination in wellbeing programs (The Lowitja Institute, 2020a, 2020b).

In their 2021 scoping review of Aboriginal and Torres Strait Islander health promotion programs, Canuto et al. called for the embedment of strategies that create supportive environments and empower community to reorient health services (Canuto et al., 2021). A lifeworld approach can guide those involved in policy, planning, designing, and delivering wellbeing program services to co-create supportive environments, critically consider power dynamics and re-orientate health promotion services and systems based on the local needs and values of Aboriginal and Torres Strait Islander communities (The Centre of Research Excellence in Aboriginal Chronic

Disease Knowledge Translation and Exchange (CREATE), 2020a; World Health Organization, 1986). A lifeworld approach supports communities to take control of their wellbeing and build conditions where their rights can be substantiated in practice (Rigney et al., 2022). For example, rather than individualised outcome measures such as clinical observations or behaviour change, program participants, coordinator and community could determine key performance indicators of their local wellbeing program. By Yarning together with policy makers and service providers On Country, communities can work to co-create culturally safe and supportive environments for positive outcomes and aspirations of Aboriginal and Torres Strait Islander wellbeing (see Figure 6.4 for an example) (Canuto et al., 2021; The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), 2020b; The Lowitja Institute, 2020b). Using a lifeworld approach, policy, and practice co-production by community and systems representatives creates opportunity for real and meaningful change in health promotion policy and practice and evaluation to further strengthen Aboriginal and Torres Strait Islander wellbeing programs.

Key performance indicators for a lifeworld approach to an Aboriginal and Torres Strait Islander wellbeing program

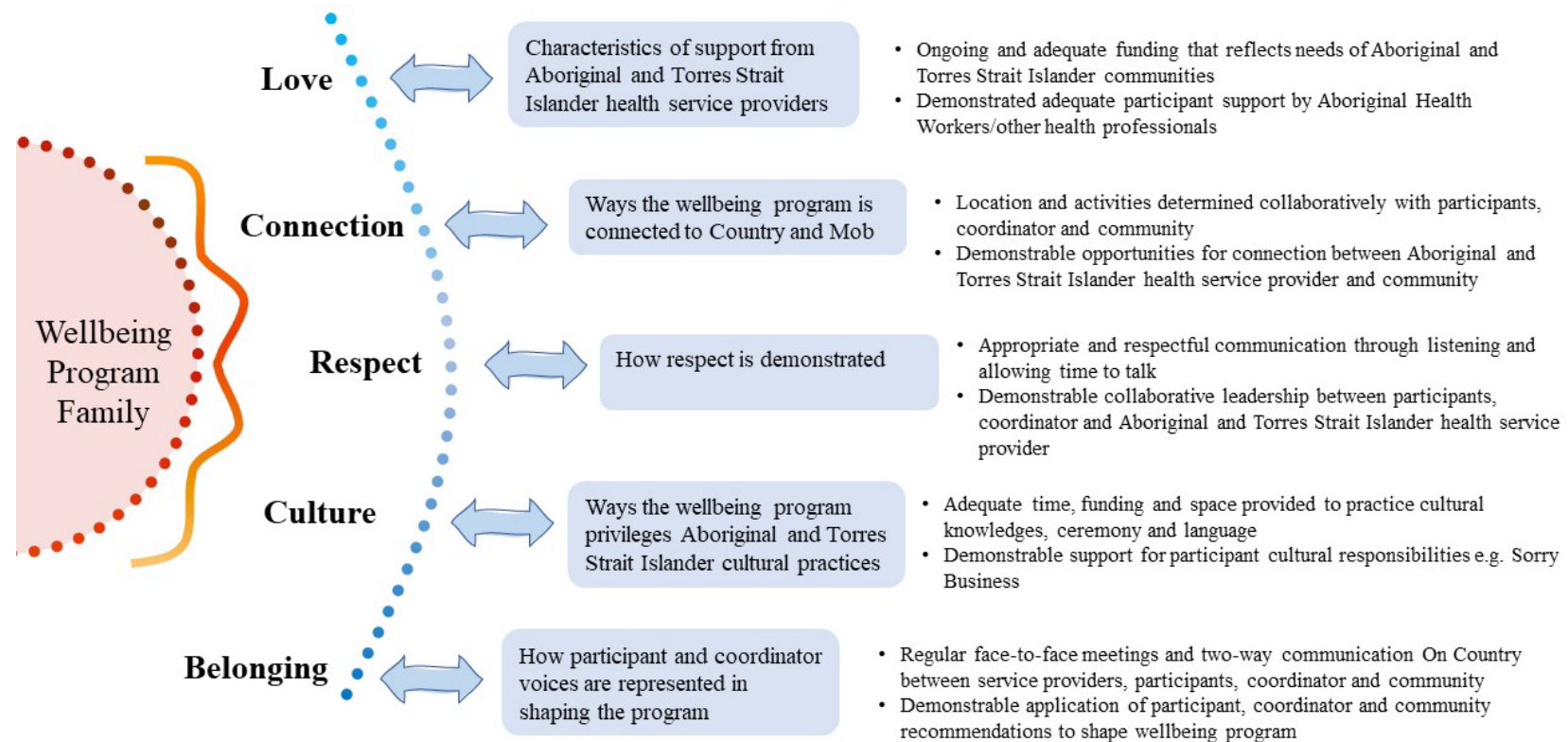


Figure 6.4: Examples of key performance indicators for a lifeworld approach to an Aboriginal and Torres Strait Islander wellbeing program

Source: The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) (2020a, 2020b).

6.7.1 Strengths and limitations

To the authors' knowledge, this is the first study of its kind to use Collaborative Yarning and visual art with community co-researchers to explore what sustains an Aboriginal community-driven wellbeing program. The strengths of this study include the novel and collaborative qualitative research methods designed with the Aboriginal community and ACCHS, which worked to foster trust, facilitate meaningful participation, and relevant findings for the community throughout the research process.

The use of the English language in this study presents limitations in fully honouring the depth and richness of Aboriginal knowledges and experiences, especially those conveyed through local oral languages during the Yarning processes. This limitation is further magnified by the need to adhere to academic writing conventions and the predominant use of English in scholarly journals.

The collaborative strengths-based research approach and described findings are based on one Aboriginal wellbeing program located on Gumbaynggirr Country, hence, western concepts of generalisability may be limited. However, we reflect that the findings may prompt others who participate in, or are involved in policy, design, delivery, and evaluation of Aboriginal and Torres Strait Islander community-driven wellbeing programs to consider how lifeworld qualities, underpinned by communication and a relational reality, may be applicable to their local contexts.

6.8 Conclusion

Individual Yarning and Collaborative Yarning with co-researchers were used to co-interpret and explore what sustains an Aboriginal wellbeing program, located on Gumbaynggirr Country, Australia. Co-researchers depicted five lifeworld qualities that sustain the Spring into Shape Aboriginal Wellbeing program: love, connection, respect, culture, and belonging. The lifeworld qualities involve the dynamics of identity, power, and self-determination. We propose that the five lifeworld qualities

communicatively and relationally mediate interactions between participants, the program coordinator and systems representatives including health service providers for a lifeworld approach to an Aboriginal wellbeing program. A lifeworld approach provides a way to empower Aboriginal self-determination and leadership through embedment of Aboriginal cultural determinants of health in wellbeing programs. We propose that health service providers and policy makers can use lifeworld approaches to guide critical reflection and reorient policy and practice related to Aboriginal and Torres Strait Islander health promotion. The lifeworld qualities that encompass this approach are communicative and relational, centred on local community voices and co-produced with community for Aboriginal identity, empowerment, and self-determination.

6.9 Chapter 6 postamble

6.9.1 Collaborative Yarning process

The findings presented in this chapter employed meaning-making and consensus through a collaborative Yarning approach with co-researchers. An example of our meaning-making is presented as a photograph (Figure 6.5), where co-researchers used a whiteboard to share thinking with each other and develop mutual understandings.

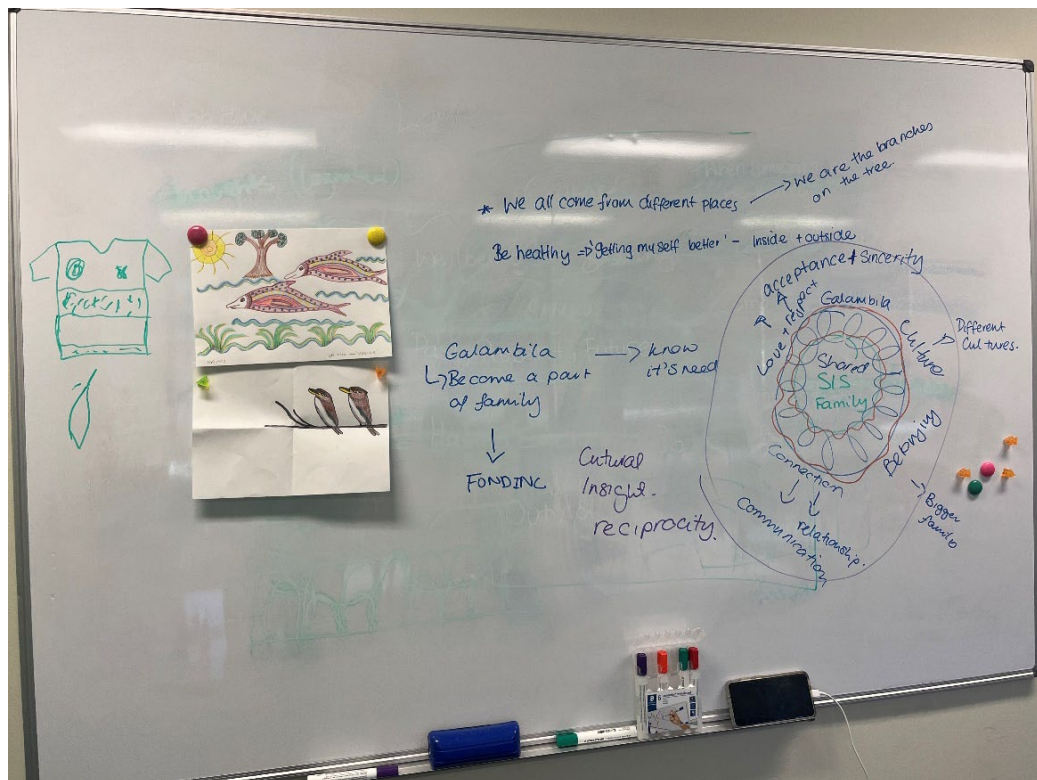


Figure 6.5: Co-researchers depicted their findings using a whiteboard on 13/07/22 as part of the collaborative Yarning process.

6.9.2 Lifeworld approach to guide praxis

The article presented in this chapter proposes a lifeworld approach sustains the Spring into Shape Aboriginal wellbeing program. A lifeworld approach is underpinned by lifeworld qualities that challenge traditional health promotion practices and policies that are informed by biomedical and individualised wellness approaches discussed in Chapter 1, page 4. The lifeworld qualities that sustain the program, do so through mediating relationships and communication between participants in the lifeworld and those that represent the system. A lifeworld approach is proposed to guide critical reflection and reorientation of practice and policy by systems representatives to upset the status quo towards transformation.

This chapter discussed how a lifeworld approach links people together through shared communication for morally informed commitment to action for First Nations' self-determination of wellbeing (Kemmis, 2010). Thus, a lifeworld approach

can guide the praxis of those who are committed to individual and collective actions that champion holistic and relational wellbeing practices in the context of an Aboriginal wellbeing program (second layer of praxis, See Chapter 1, page 10). The concept of a lifeworld approach is further drawn out in Chapter 7 through dynamics that sustain the Spring into Shape Aboriginal wellbeing program.

6.10 Translation research of findings

As discussed in section 6.4.4, co-researchers developed a collective collage, guided by a professional local artist (who is acknowledged in Appendix 6.4), to represent findings in a meaningful way for co-researchers and the local community (see Appendix 6.2). The process of meaning-making to develop findings and the collective collage is represented in Figure 6.5, where co-researchers used a whiteboard to illustrate shared meanings. The collage was then represented on a t-shirt (Figure 6.6) at the request of co-researchers, for those involved to wear and foster further conversation about the research findings in the community

Aunty Karen and I have also developed and printed a booklet to translate the research findings from Chapters 6 and 7 (Appendix 6.3). The booklet featured the collaborative artwork and collective collage and was shared with the community, co-researchers, research participants and Spring into Shape participants to communicate findings and acknowledge individual and community contributions to the project. An excerpt from the booklet which includes an explanation of the research process and the t-shirt collage is provided in Figure 6.6.

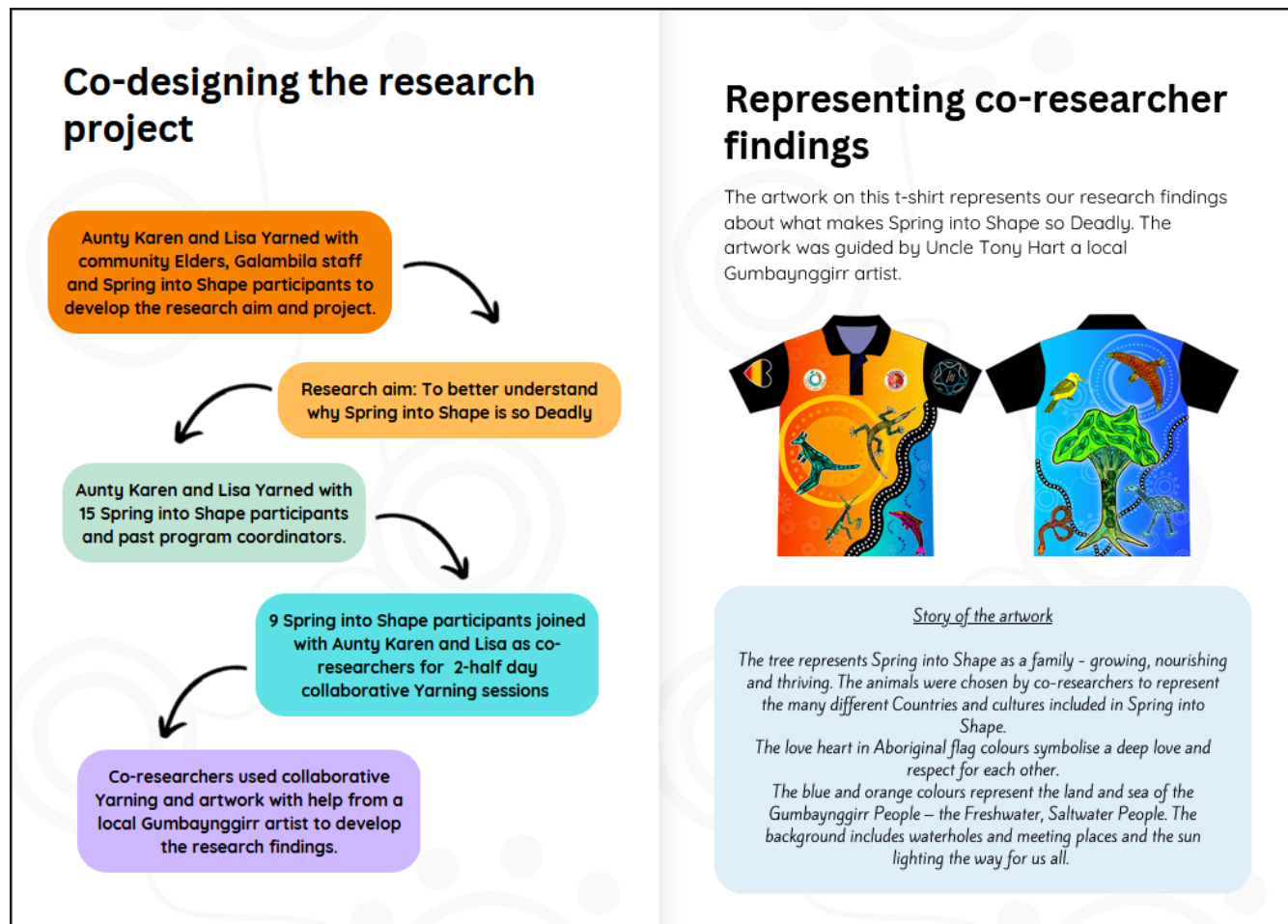


Figure 6.6: Excerpt from booklet developed to translate research process and findings for the local community

Box 6.1: Reflection on the co-research process

During the collaborative research process to conceptualise the results presented in this chapter, I became more aware of the power dynamics that exist within my practice in a research context. I have grappled with conflicting requirements of my dual roles as a co-researcher and doctoral student.

For this chapter (and Chapter 7), I collaborated as a co-researcher in a shared and safe space with people with whom I had developed a trusting relationship over the past six years during my work with the Spring into Shape program. All co-researchers were very involved in the interpretive process, Yarning at length about the meaning of the program and using visuals to represent our transformed understandings (Figure 6.3). We took time to listen to each other, respecting different knowledges and opinions. We shared plenty of jokes and laughs throughout the process, too.

As co-researchers, we collaboratively decided on and worked to design a t-shirt about the meaning of the program for each co-researcher to wear. The design process was assisted by a local Gumbaynggirr artist (Appendix 6.2). I think this t-shirt represented the interpretations that were developed through our collaborative Yarning process. This felt like a very collaborative process that was shared together.

However, following the co-research meetings, it felt like I had to flip back to being a research academic, so to speak, by writing up the findings for journal publication, an important key measure of good research practice accepted by the dominant system. While Aunty Karen and I spent time going back and forward between co-researchers and the writing, I felt as though the power dynamic had shifted. It felt very different to that safe and collaborative space, Yarning, and drawing together with our pens and pencils. Again, the knowledge and power seemed to be back within the academic setting. I recognised that as a doctoral

student, I needed to present work I had completed to an expected academic standard, but at the same time, it was difficult to maintain the emancipatory and participatory ideology of collaborative research in the final stages of my write-up. I recognised that this process of writing a journal article or thesis chapter diminishes the opportunity for co-researchers to be involved in the research findings. Hence, it was important for me to consider and facilitate ways in which co-researchers and the community could participate in the dissemination of research findings.

Aunty Karen and I tried to diminish power inequities that exist in research dissemination. Academic research dissemination typically involves the use of scientific language or jargon, limited accessibility of findings due to publication pay-walls, the requirement of internet and computer access, and travel away from the community to present at academic forums. These types of dissemination work to maintain power by the oppressor and limit opportunity for collaboration and discussion with the people whom the research is about. Instead, Aunty Karen and I worked to translate the research process and findings by presenting to and dialoguing with Spring into Shape participants, Galambila staff, and the community through a range of local forums and meetings. We sat with people and Yarned about what the findings meant for the community and provided opportunities for questions and further discussion. In collaboration with co-researchers, we also created and disseminated a booklet for all the people involved in the research and the broader community (Appendix 6.3). I understood that these actions worked to connect research findings with the local Aboriginal community and respect the contribution of research participants and co-researchers. But at the same time, I recognised that these actions did not fully ameliorate power dynamics in research practice, as it was still a requirement for me as a researcher in a university to publish in journals and present at conferences. However, I hope that our effort to disseminate research in more diverse ways may go some way to

challenging the status quo of the accepted norms within the research academy. As part of my own praxis journey, I continue to be unsettled by this power dynamic, and it is something I will continue to talk about with people in community and in academic spaces, with the intention to disrupt the dominant ways of thinking and doing.

Chapter 7 Sustaining an Aboriginal wellbeing program in Australia: Insights for transformative health service practices

7.1 Chapter 7 overview

This chapter builds on the findings of Chapter 6 by further exploring interpretations from the Yarning and collaborative Yarning processes undertaken about the Spring into Shape Aboriginal wellbeing program. Research questions guiding this chapter are: *What are the dynamics that sustain an Aboriginal wellbeing program on Gumbaynggirr Country, Australia, and how do the dynamics sustain the program? How can health services be transformed for a sustainable Aboriginal wellbeing program?* The findings in this chapter work to further inform self and others (the second layer of praxis discussed in Chapter 1) to challenge taken-for-granted assumptions towards the transformation of practices in the context of an Aboriginal wellbeing program.

This chapter is presented as an article that is currently under review for publication by *The Journal of Health Services Research & Policy*, submitted on 12th August 2023. This chapter was completed in collaboration with co-authors, acknowledged in Appendix 7.1. Supplementary material accompanying this article is located in Appendix 7.2.

The aim of this article was to explore the dynamics that sustain the Spring into Shape Aboriginal nutrition and exercise wellbeing program.

This chapter applies a lens of Habermas' lifeworld and system to conceptualise dynamics that sustain the Spring into Shape Aboriginal wellbeing program. It draws

on the concept of a lifeworld approach described in Chapter 6 to critically interpret how competing motivations of program participants in the lifeworld and health service system representatives transpire to sustain the Spring into Shape program.

7.2 Abstract

Objectives: The holistic wellbeing needs of First Nation Peoples have been neglected in dominant health service system processes and funding structures that prioritise western measures of success. This study explores dynamics of an Aboriginal wellbeing program located in Australia, that has been running in the local community since 2003. The findings of this study provide insights for transformative health and wellbeing services to support equitable, sustainable, and holistic wellbeing of First Nations Peoples and communities.

Methods: This qualitative study was undertaken collaboratively by Aboriginal wellbeing program participants, Aboriginal controlled health service (ACCHS) staff and two authors as co-researchers. Two text-sets (Phase A and Phase B) were created for critical hermeneutic interpretation, informed by a lens of Habermas' theory of communicative action. The Phase A text-set included transcripts from 15 individual Yarning sessions and the Phase B text-set was created from two half-day collaborative Yarning sessions with participants (n=9) from Phase A. Data were analysed through critically questioning and interpreting text-sets to transform understanding.

Findings: We conceptualised dynamics that sustain an Aboriginal wellbeing program as a transformative space containing three actions and three conditions. The transformative space lies between the Aboriginal wellbeing program lifeworld sphere and the health service system sphere that represent two different ways of knowing and working. The transformative space supports shared understanding towards mutual consensus. The three actions that occur in the transformative space work together to sensitise the system to alternative practices, monitor and mediate actions, and reshape practice towards a lifeworld approach. The actions are underpinned by conditions of time, language, and relationships in the transformative space.

Conclusion: The dynamics that sustain this wellbeing program challenge existing dominant health service systems policies and practices that prioritise western

processes and measures of success. We argue for a concept we have termed *walking alongside*, within the transformative space, to enable the co-existence and intertwining of different knowledge systems (First Nations and western), development of shared and respectful norms and an accountability to the program lifeworld. When *walking alongside* underpins health service system practices and policies they can be transformed to privilege the capacity and cultural legitimacy of First Nations self-determination in pursuing holistic wellbeing.

7.3 Introduction

Health and wellbeing services delivered to First Nation's communities in Australia, Canada, Aotearoa New Zealand, and the United States of America have been shaped by a legacy of colonisation and institutionalised racism, resulting in ongoing health inequities. The holistic wellbeing needs of First Nation Peoples have been neglected by dominant health service processes and funding structures that prioritise western measures of success (Bulloch et al., 2019). As a result, programs aimed at improving First Nations Peoples' health and wellbeing are often not sustained (Dwyer et al., 2011).

Colonising healthcare systems are strategically built around funding structures and measurements of success such as biomedical and efficiency markers. System success measures often overlook the complex and holistic nature of First Nations Peoples' wellbeing, resulting in exclusion, marginalisation, and systemic racism in their encounters with health services (Paradies, 2018; Sherwood, 2013). These disparities are reflected in national and international reports, such as the World Health Organisation's *Indigenous Peoples and tackling health inequities summary report* (World Health Organisation, 2022), which continue to reveal ongoing inequities in First Nations Peoples' health and wellbeing, highlighting the need for sustained programs that prioritise self-determination and address complex needs in an integrated and holistic manner (Sherwood, 2013).

In Australia, Aboriginal community-controlled health services (ACCHSs) embody community empowerment and self-determination, as they are established by and accountable to the community (Coombs, 2023; National Aboriginal Community Controlled Health Organisation, 2022a). ACCHSs provide opportunities for community representation in decision-making processes and enable the community to have greater control over their healthcare. However, ACCHSs also have to navigate

complexities, as they are answerable to state and federal health bodies regarding funding and activity (Coombs, 2023). These complexities create challenges for community-led wellbeing programs, which require continuous funding and support to be sustained (Coombs, 2023; Dwyer et al., 2011).

The Spring into Shape Aboriginal nutrition and exercise wellbeing program, facilitated by Galambila ACCHS and located on Gumbaynggirr Country in New South Wales Australia, has been running since 2003 with active community involvement (Aboriginal Health & Medical Research Council of New South Wales, 2009; Urquhart et al., 2023). Despite facing challenges related to funding structures and health system measurements of success, the program continues to make a positive impact on the Aboriginal community's wellbeing through a communicative and relational approach (Aboriginal Health & Medical Research Council of New South Wales, 2009; Urquhart et al., 2023). This article, authored by a team of Aboriginal and non-First Nations researchers, aims to explore dynamics that sustain the Spring into Shape Aboriginal nutrition and exercise wellbeing program.

7.4 Methods

This qualitative study was undertaken in collaboration with Spring into Shape participants, community, and Galambila ACCHs staff on Gumbaynggirr Country, New South Wales. This study forms part of a larger project that aims to transform practice in the context of Spring into Shape. Two text-sets (Phase A and Phase B) were created for critical hermeneutic interpretation. The Phase A text-set included transcripts from 15 individual Yarning sessions conducted between May 2019 and July 2022. The Phase B text-set was created from two half-day collaborative Yarning sessions undertaken in July 2022, with participants (n=9) from individual Yarning. All participants were >18 years, identified as Aboriginal People, and were participants or staff of the Spring into Shape program, described in detail elsewhere (Aboriginal Health & Medical Research Council of New South Wales, 2009; Urquhart et al., 2023).

Briefly, the program aims to support healthy lifestyle changes and improve stress management and is open to adults (>18 years) who identify as Aboriginal and Torres Strait Islander, and have, or are at risk of, chronic conditions such as type 2 diabetes, cardiovascular disease, kidney disease, or mental illness such as depression. The program runs two cycles per year for 20 weeks and can accommodate up to 20 participants per cycle, with participants able to be involved in multiple program cycles. Coordinated by an Aboriginal & Torres Strait Islander Health Worker (A&TSIHW) KR from Galambila ACCHS, Spring into Shape includes three one-hour group physical activity sessions led by a non-First Nations Accredited Exercise Physiologist and one three-hour group cooking and nutrition session facilitated by the coordinator and a non-First Nations Accredited Practising Dietitian (LU). The program is provided free of charge, and transport is offered. Participants who attend most sessions over a two-week period receive a \$25 fruit and vegetable voucher to support their health goals and prepare nourishing recipes with their families.

7.4.1 Community engagement

Conversations with Aboriginal community members, participants, and staff indicated that there was a raised level of interest to better understand the processes that sustained the Spring into Shape program. Beginning in 2017, two authors (KR and LU) collaboratively introduced the idea of research to the Aboriginal community on Gumbaynggirr Country, through formal and informal face-to-face meetings, including at Elder's health days and Galambila staff meetings. In collaboration with Spring into Shape participants, research processes were developed that would most benefit community. Research questions were created together with community, Galambila ACCHS staff and authors over 24 months, and the collaborative relationship has continued throughout the project. This relationship ensured that the research was strengths-based and used appropriate language with the community.

7.4.2 Collaborative engagement

Researchers are both Aboriginal (KR) and non-First Nations individuals of European descent (LU, KD, LB, and KF) who are all located in Australia. The second author (KR) is a proud Dunghutti woman with connections to Yuan, Gidabal, Birpai, Gumbaynggirr, and Bundjalung Nations. KR is the Spring into Shape program coordinator, A&TSIHW, and Aboriginal Health Practitioner. The first author (LU) has worked closely with KR over the past six years as a dietitian with the Spring into Shape program and as a PhD student. Working together, KR and LU have supported each other, KR acting as a cultural mentor and LU supporting KR with research and technology skills. Both live and work on Gumbaynggirr Country and have an established relationship with Spring into Shape participants. Research supervisors (KD, LB, KF) all have experience in collaborating with Aboriginal communities in health and research settings.

As a research group, we are acutely aware of power imbalances and different ways of working in a First Nations research space. We continually grapple through reflexive processes (e.g. journalling and discussions), with the roles and responsibilities of non-First Nations researchers in this highly contested epistemological space, as well as the ethical methodologies and methods we can employ as a collaborative group (McCartan et al., 2022; Puch-Bouwman, 2014). Critical theory has been suggested as a way for non-First Nations researchers to work with First Nations researchers and communities to expose how power and privilege operate to inform the agenda for First Nations Peoples genuine self-determination (Angell, 2019; McCartan et al., 2022).

7.4.3 Methodology engagement

As a methodology within the critical paradigm, critical hermeneutics, through a lens of Habermas' theory of communicative action can work to challenge colonial power in communication and knowledge by exposing systemic inequities through the promotion of equitable, respectful, and collaborative approaches. As a research lens, The theory of communicative action explores the role of communication in achieving

mutual understanding, fostering inclusive and equitable dialogue, and promoting democratic processes in society (Angell, 2019; Habermas, 1984, 1987). The theory of communicative action is based on communicative rationality, and is grounded in the understanding that participants are equally communicating individuals, all with the opportunity to express their views and with decisions reached together through inclusive and democratic deliberation (Habermas, 1984). For Habermas, shared meanings and social interactions occur in the lifeworld representing the everyday world of individuals, while the system refers to the institutionalised structures and processes that regulate society (Habermas, 1984, 1987). Strategic action, within this framework, refers to actions driven by calculated decisions to achieve success of the system, often at the expense of communicative and cooperative interactions in the lifeworld (Habermas, 1984, 1987). Critical hermeneutics through a lens of The theory of communicative action enables the critical interpretation and analysis of text-sets to uncover underlying power structures and social injustices, fostering a transformative understanding of social phenomena (Trede et al., 2008). This methodology can contribute to the decolonisation of research practices and the creation of positive social change for First Nations Peoples.

This study engaged Yarning as a relational Aboriginal research method which situates the participant as the knowledge holder-sharer and the researcher as the learner-listener (Bessarab & Ng'andu, 2010; Byrne et al., 2021). Individual Yarning (Phase A) and collaborative Yarning (Phase B) were guided by KR and allowed a familiar space for participants and researchers to share, reflect, explore, and express ideas in a culturally safe environment. As the Yarning facilitator in both phases, KR used her relational and cultural connections and knowledges to develop rich and multi-layered dialogues. This role extended to being a two-way translator between Aboriginal participants, herself, and LU by clarifying language and cultural meanings toward transformed understandings (Bessarab & Ng'andu, 2010; Byrne et al., 2021).

7.4.4 Sampling and recruitment

All past and present Spring into Shape participants and staff (approximately 60-80 people have participated since program inception) were invited to be involved in the research, provided they could give informed, written consent and had attended at least 10 program sessions (exercise or cooking). A combination of purposive and snowball sampling facilitated recruitment, along with advertisement on the Galambila social media page.

Fifteen current and five past participants and staff of the program expressed an interest in participating and were given plain-English participant information to take home and consider with their families. Seventeen people provided written, informed consent for the initial individual Yarning (Phase A). Thirteen Spring into Shape participants and two staff members took part in the research. Two people who consented were unable to complete the initial individual Yarning due to personal reasons. Nine people provided written, informed consent, and participated in collaborative Yarning (Phase B); all had participated in individual Yarning (Phase A) (see Appendix 7.2, Supplement 1).

7.4.5 Hermeneutic interpretation in two phases

Text-set creation and interpretation involved two phases – Phase A and B. Critical hermeneutic interpretation of both text-sets was informed by a lens of Habermas' theory of communicative action.

Phase A text-set creation involved Yarning between individual participants, KR and LU. Yarning topics in Phase A developed iteratively as the process of Yarning, interpretation, and conceptualisation progressed (see Appendix 7.2, Supplement 1 for initial Yarning topics).

Individual Yarning was audio-recorded and transcribed verbatim by a confidential transcription service; recordings ranged from 26 mins to 73 mins in length. Transcripts were checked by LU, then coded via hand-coding (KD, KF) or using Nvivo software (LU) (Version 12.4, QSR International Pty Ltd). Audio

recordings were iteratively replayed and listed to during the coding process to provide a comprehensive and nuanced exploration of the data, enhancing the rigour and depth of interpretation. The first author documented field notes and reflections during, and immediately after the Yarning about spatial, relational, temporal, and language notions to enhance rigour and reflexivity.

The first author coded all the Phase A text-set, and (KD, KF) each independently coded five transcripts, LU, KD, KF, and LB consolidated coding through collaborative discussion. Coding was reviewed by KR for cultural interpretation, with weekly communication and reflection between KR and LU regarding Yarning interpretation. The critical hermeneutic interpretation process involved a *question-and-answer* progression with the Phase A text-set to facilitate iterative turns between codes in text-set and collaborative discussions, research team meetings, and writings to form initial conceptualisations (see Appendix 7.2). As an example, we asked of the data 'how is power represented within the context of the Spring into Shape program?' Answers coded from the above question included 'language use and misuse', 'types of actions (strategic and communicative)', 'shared relationships' etc. These codes were considered alongside codes formed from answering other questions using the text-set to begin to develop an initial conceptualisation in Phase A. The first author (LU) maintained a reflexive diary throughout the research process and used this to prompt further dialogue with text-sets.

The **Phase B text-set** resulted from collaborative Yarning (Bessarab & Ng'andu, 2010; Urquhart et al., 2023) with a collective group of Phase A participants, KR and LU as a co-researcher group. To develop the Phase B text-set, KR and LU posed collaborative Yarning topics using symbolic imagery and de-identified quotes from individual Yarning, which constituted key concepts from Phase A. The co-researcher group developed a collaborative collage guided by a local Gumbaynggirr artist as a way to prompt further discussion. The two half-day collaborative Yarning sessions were audio-recorded, transcribed, and key concepts were noted on a whiteboard. The co-

researcher group checked, questioned, refined, and reconceptualised interpretations, taking further iterative turns between key concepts drawn out of Phase A and our transforming horizon of understanding. For example, co-researchers asked 'What needs to be included for the Spring into Shape program to work?' Answers coded included 'community actions', 'shared relationships', 'communication for understanding' etc. All authors worked to synthesise codes of Phase A and Phase B through further interpretation cycles that occurred during, between and continued after collaborative Yarning sessions (see Appendix 7.2).

7.4.6 Ethics

This research project has ethical approval from the Aboriginal Health and Medical Research Council Ethics Committee, NSW Australia (1411/18) and University of Newcastle Ethics Committee, NSW Australia (H-2018-0238). A research agreement between Galambila ACCHS and The University of Newcastle was co-developed and endorsed by researchers and representatives from both organisations.

7.5 Findings

This study suggests that dynamics that sustain an Aboriginal wellbeing program on Gumbaynggirr Country, Australia comprise three actions underpinned by three conditions located within a transformative space (Figure 7.1). The transformative space lies between two spheres, the Aboriginal wellbeing program lifeworld sphere, and the health service system sphere that represent two different ways of knowing and working. The program lifeworld sphere involves Aboriginal wellbeing program participants and A&TSIHW program coordinator in communicative space characterised by the interplay of diverse perspectives, cultural values, and communicative processes, described in detail elsewhere (Urquhart et al., 2023). The health service system sphere involves health service representatives including managers, policymakers, and health professionals socialised to follow predefined goals, regulations, and measures of success (strategic actions) to prioritise efficiency,

standardisation, and control. The dynamics include three actions: *asserting and advocating*, *monitoring and mediating*, and *reflecting and reshaping* in the transformative space that work together to support shared understanding towards mutual consensus. Underlying each action were the conditions of time, language, and relationships which work to disrupt strategic actions of the health service system to empower a lifeworld approach to wellbeing. We developed the concept of a lifeworld approach that places an emphasis on Aboriginal holistic notions of wellbeing, grounded in the everyday experiences, cultural values, and social interactions of individuals within the program lifeworld.

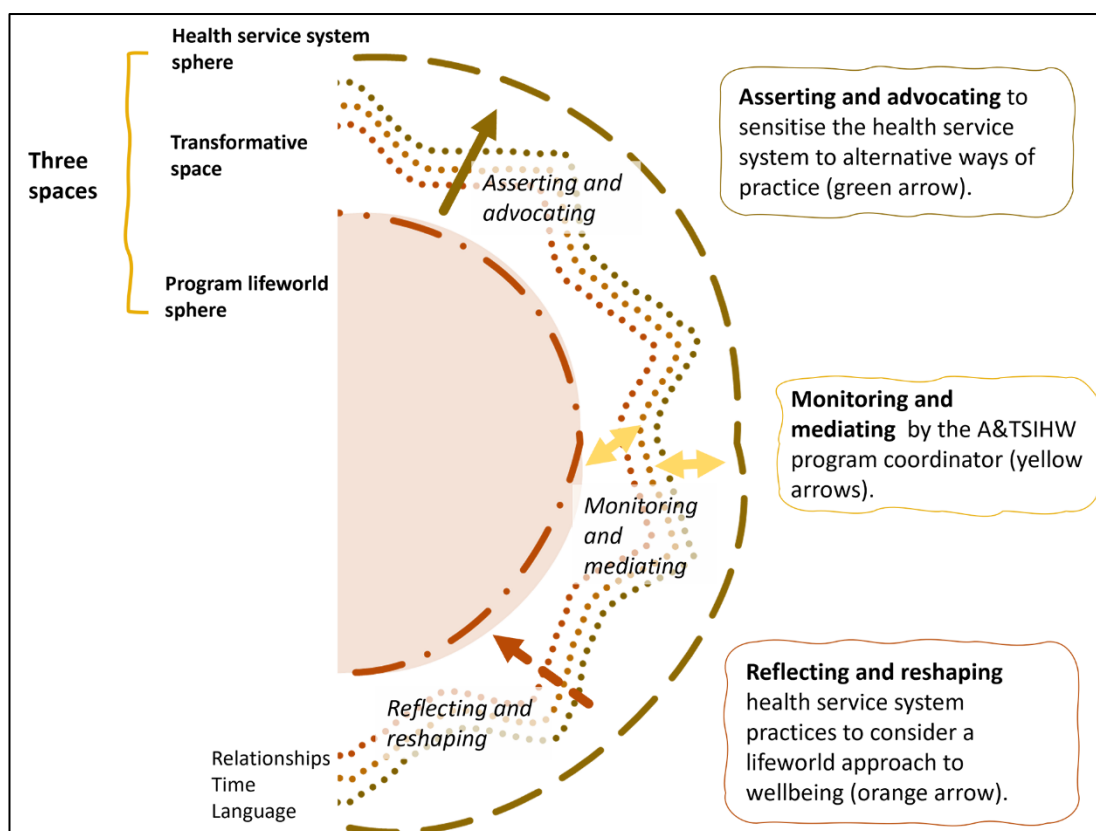


Figure 7.1: Conceptual diagram depicting dynamics that sustain an Aboriginal wellbeing program including the transformative space between the program lifeworld sphere and health service system sphere; three actions in the transformative space: i) asserting and advocating, ii) monitoring and mediating, and iii) reflecting and reshaping which are underpinned by three conditions: relationships, time, and language represented by three dotted, wavy lines

7.5.1 Asserting and advocating

In the transformative space, the action of *asserting and advocating* worked to sensitise the health service system to alternative practices that supported a lifeworld approach to wellbeing (Figure 7.1). To sensitise the system, program participants *asserted and advocated* for the legitimacy of lifeworld knowledges and experiences by highlighting how relationships, time, and language supported alternative practices. Sensitising the system functioned to challenge dominant power structures and knowledges of biomedical structures where ‘doctor knows best’ to foster a mutual understanding of wellbeing practices in the transformative space.

Participants drew on past experiences and lifeworld knowledges of health and wellbeing programs to *assert* their expertise of *knowing what works* to sustain the program. In the following quote a participant expresses her viewpoint about how to sustain the program. Her experience discounted system-style rule-bounded or strict structures, instead she drew on Aboriginal holistic concepts of health and wellbeing encompassing social and emotional aspects, as well as physical notions of wellbeing.

No, leave It [program] as is. It’s comfortable. We don’t need to have a strict structure on Spring into Shape, just leave it fun and how it is. People start feeling what is this, a navy camp or something, like you know, an army camp...We’re not in a boot camp, put it that way. (IY-6 participant)

In the transformative space, lifeworld program participants *asserted* importance of respecting Aboriginal cultural knowledges for wellbeing, authentic communication, and trusting relationships built over time. The following quote exemplifies these complex notions and describes how the participant was confident to withdraw from interacting in the transformative space if they did not consider the non-First Nations health professional to be authentic, respectful, or motivated towards a shared understanding.

Ok, you’re [non-First Nations health professional] learning a lot of culture, you’ve been with us for years...If you’re gammin (faking) we’ll know and we’ll

just go like that, we'll just clam up. I'm happy obviously because I'm talking.

(IY10- participant)

Participants in the program lifeworld *advocated* for inclusive relationships and collective understanding through shared language in the transformative space to foster program sustainability. In doing so, participants sensitised the system towards communicative and relational practices, rather than those based on power and efficiency. In the following quote a participant validates her understanding of how inequitable power dynamics may destabilise the program, instead recognising a collective decision-making process using shared language was needed within the transformative space.

Yeah, providing they don't want to take over...You know... if you're going to come together, it has to be a shared thing, not like someone, now that we're in, let's do it that way or let's do it that way. That wouldn't be right. (IY1- participant)

Participants from the program lifeworld engaged in robust *advocacy*, necessitating adaptation of their language to effectively challenge one-sided decision-making of the system. As exemplified in the following quote, a participant employed system-style language using a petition when the program faced the risk of cancellation due to funding constraints. This act of advocacy exposed the system to alternative practices, highlighting the importance of open communication with participants of the program lifeworld to develop a shared understanding of how funding should be allocated to support holistic wellbeing. Through her advocacy, the participant not only addressed the immediate needs of the wellbeing program and the local Aboriginal community but also advocated for the sustained program to benefit future generations.

...I went and I got a petition wrote up from Galambila and I went around, and I got all these signatures. I got over 120 signatures. ...That's showing you how committed I really, I've always got drive in here [participant pointing to their heart] and she knows that the Spring into Shape is meant to be there and it's

got to continue there for now and for the next generation etc. (IY7-participant)

The action of *asserting and advocating* was driven by participants of the program lifeworld who worked to sensitise the system to alternative practices informed by lifeworld knowledges and experiences in the transformative space. By *sensitising the system*, the program lifeworld challenged dominant biomedical power structures and knowledges to foster a mutual understanding of wellbeing practices in the transformative space to sustain the program.

7.5.2 Monitoring and mediating

Interactions in the transformative space were *monitored and mediated* by the A&TSIHW program coordinator who worked across the program lifeworld and health system spheres (Figure 7.1). The coordinator *monitored and mediated* power and knowledge conflicts in interactions to support participants of the program lifeworld and representatives of the health service system towards respectful and shared norms for a lifeworld approach to sustain the program. Relationships, time, and language were the underlying conditions that stimulated *monitoring and mediating* actions. For example, a past program coordinator described how she monitored relationships between participants of the program lifeworld and non-First Nations health professionals representing the health service system (see quote below). In this instance, she monitored how a trusting and shared relationship was built over time using language that was open and aimed to foster mutual understanding.

They [non-First Nations health professional] were very open, this is what we're going to do and they were always right next to the participants while they were doing their exercise and they were always at the ready if they needed any assistance, and I think that trust was built. (IY14 - past coordinator)

In the following quote, the coordinator demonstrates her skill in overseeing conflicting cross-cultural interactions within the transformative space. She emphasises her use of language, rooted in humanising and relational principles, which enabled her

to navigate complex situations and find a shared approach. Reciprocally working with the system representative, she encourages them to reflect on how they can transform their practice to better respect and privilege Aboriginal Knowledges. Through this process of intervention and dialogue, the coordinator fosters understanding and cooperation between the lifeworld and system, creating opportunities for meaningful change and cultural responsiveness.

But the thing is also, [non-Aboriginal health professional] asks me [A&TSIHW] if she does anything wrong, ...tell me, yeah. So I see if [non-Aboriginal health professional] is being un-cultural appropriate I'll talk to her in a peaceful way. And she'll help me if I need anything in my learning and things like that. (CY2 -coordinator)

The coordinator played a key role in *moderating* interactions between program participants and representatives of the health service system within the transformative space. In the following quote, the coordinator highlights a collaborative relationship with a system representative (doctor) and a participant to address power imbalances and enhance shared understanding, with a focus on respecting and celebrating Aboriginal Knowledges for a lifeworld approach to wellbeing.

...if I work with the doctor then I can talk to the client in a culturally appropriate way. (IY13 - coordinator)

The coordinator's *mediating* actions and relational approach in the transformative space were highly valued by program participants (see quote below). They described the coordinator as playing a key role in facilitating communication between program participants and policymakers or managers in the health service system. Language was a crucial facilitator for mutual understanding, with participants acknowledging the coordinator's ability to navigate and negotiate the languages of both the system and lifeworld. Time also played a significant role in their *mediating* actions, as the coordinator had to act swiftly to reconcile conflicts and ensure ongoing understanding within the transformative space.

She's [coordinator] a good listener, a good spokesperson. She knows how to use her mouth and her tongue, to sort the words and that out, communicates for us...And takes it further. Things happen, yeah.... But with [coordinator] it's just you say something and she's straight onto it and she doesn't hold back.

[LAUGHS] (IY7-participant)

The role of *monitoring and mediating* by the coordinator, supported by the ACCHS in the transformative space, was considered vital for sustaining the program. Participants recognised this ongoing work supported a lifeworld approach to wellbeing for the program and the local Aboriginal community.

Yeah, a big help that is. It's a really big help and support. It's good that you get support from Galambila you know because that's what they're here for to help and support the community people and that, especially Spring into Shape and that. And [coordinator] she does a wonderful job. I'm very proud of her I am.

(IY9-participant)

The coordinator acted to *monitor and mediate* interactions between the program lifeworld and health service system in the transformative space for mutual understanding and consensus. Along with *asserting and advocating, monitoring and mediating* actions challenged those from the health service system sphere to *reflect on and reshape practices* in the transformative space to sustain the wellbeing program.

7.5.3 Reflecting and reshaping

The transformative space enabled health service representatives, including non-First Nations health professionals, managers, and policymakers, to actively engage in *reflecting and reshaping* their practices for a lifeworld approach to the Aboriginal wellbeing program (Figure 7.1). This action involved critically examining the influence of dominant knowledges and power dynamics in their work and striving to develop a shared understanding and consensus that contributed to the sustainability of the program. Language, relationships, and time were key conditions that interacted to

empower change in the transformative space towards a lifeworld approach for wellbeing.

Reflection was recognised as a catalyst for *reshaping* practice to challenge dominant knowledges and oppressive forces that impacted participants in the program lifeworld. Participants highlighted that time and language, particularly system representatives taking the time to listen, were important in fostering a reflective process towards mutual understanding. Without engaging in reflection, the status quo prevails, leading to breakdowns in shared communication between participants and system representatives, which can erode the legitimacy of lifeworld perspectives. This concept is illustrated in the following quote, which describes a doctor's failure to critically examine the taken-for-granted assumptions and communication conditions in a clinical setting.

They [health service doctors] sort of don't listen and they just treat you like a bag of rice, you know. This is what you're going to do, here's your script and... but I guess they treat everyone like that because time is money, you're in and out like a factory. (IY11-participant)

In the transformative space, the system representatives (e.g., non-First Nations health professionals) used shared language to critically evaluate their own practices. Within this context, the capacity for *reflective* practice emerged as a key component in *reshaping* practices. Health professionals demonstrated this by actively seeking feedback from program participants through shared communication, and adapting their approaches to better align with the participants' wellbeing needs and preferences, as illustrated in the quote below.

And even them fellas [people] there, the trainers [non-First Nations health professionals] who train us, even they say to us if you've got any problems with your back or your knee or arms or shoulders or anything like that they support us in that way too, to take it easy...If you want a hand or things, so they're

supportive too like that, they are...And it's called communication. (IY9 - participant)

Participants emphasised the need for health service system representatives to work collaboratively with them in the transformative space to *reshape* practices and ensure the program's sustainability. In the following quote, a participant encourages system representatives to actively seek feedback from program participants, by privileging their valuable knowledges and experiences.

But if they [health service managers] were to make the effort and just come out and talk to us, that's a big plus. That would be a big plus, if they come out and talk to us individually and ask us what we – how we feel and what we want done. (IY2 – participant)

By creating a shared relationship and inclusive decision-making processes, health professionals, managers, and policymakers working in the health system may reshape their practices to be more collaborative and align with the holistic wellbeing needs and preferences of the program lifeworld to sustain the program.

Reshaping practices required a process of *reflection* and learning on the part of system representatives, demonstrating commitment to nurturing reciprocal relationships and fostering respect for multiple knowledge systems present in the transformative space. This is illustrated in the following quote, which delves into the exchange of different knowledges within a relationship and underscores the significance of both Aboriginal Knowledges and western knowledges in sustaining the program. The coordinator stresses that when system representatives are genuinely motivated to achieve mutual understanding, they can reshape dominant practices to prioritise and honour cultural knowledges within the wellbeing program.

Yeah, [people] that understand, and the Aboriginal workers have got to give that cultural and vice versa, that you help me, I help you... But I'm glad I had this opportunity that [non-First Nations health professional] is teaching me

things, and I'm glad that I had the opportunity to let her know about my people because our people's important (IY13 - coordinator)

Reflecting and reshaping practices by health service system representatives sought to transform the existing power dynamics and knowledge structures of biomedical healthcare practices to privileges and respect Aboriginal Knowledges and experiences for a lifeworld approach to wellbeing. This transformative shift worked towards fostering a holistic and culturally responsive approach to sustain the wellbeing program.

7.6 Discussion

We applied critical hermeneutics through a lens of Habermas' theory of communicative action to explore the dynamics that sustain an Aboriginal wellbeing program on Gumbaynggirr Country, Australia. The findings demonstrate how dynamics of a transformative space between the program lifeworld and health service system acts to sustain the program. The transformative space supports shared understanding towards mutual consensus through the actions of working together to sensitise the system to alternative practices, monitoring and mediating, and reshaping practices. These actions illustrate the active engagement of program participants, the A&TSIHW program coordinator and health service system representatives respectively, in pursuing collaborative interactions within the transformative space. Each of them playing a crucial role in fostering communication, understanding, and cooperation to sustain the program. Language, relationships, and time were the underlying conditions that stimulated actions to change in dominant biomedical health service systems practices to instead privilege Aboriginal holistic notions of wellbeing, grounded in the everyday experiences, cultural values, and social interactions of individuals within the program lifeworld.

The findings have significant implications for transforming health service system practices and policy to align with a First Nations-specific worldview, promoting self-

determination and enhancing cultural responsiveness to support and strengthen the wellbeing of First Nations communities. The dynamics that sustain this Aboriginal wellbeing program challenge paternalistic, colonial, and racist health policies and biomedical practices designed to maintain the status quo of power and control by health systems over First Nations Peoples (Markwick et al., 2019; Paul et al., 2023; Schill & Caxaj, 2019). Instead, the transformative space enables the participatory and democratic notion of communicative rationality to be brought to the forefront by championing opportunity for collaborative interactions through language, relationships, and time for shared communication for understanding and decision making to sustain the program. A communicative rationality within the transformative space enables the co-existence and intertwining of different knowledge systems (First Nations and western), development of shared and respectful norms and an accountability to the program lifeworld through a concept we have termed *walking alongside*. To embrace the possibility of *walking alongside*, health service systems representatives (e.g., managers, health professionals, and policymakers) need to value and engage in transformative space to challenge dominant practices and respect culturally informed wellbeing to foster inclusive and equitable practices and policies.

The transformative space offers openness for multiple knowledge systems towards informing decolonising practices aimed at sustaining the wellbeing program. Aboriginal Ways of Knowing and Being (for further explanation see Martin and Mirraboopa (2003)) are reasserted and reclaimed through *asserting and advocating* in the transformative space by creating awareness using language and dialogue about legitimate knowledge systems for health and wellbeing. This awareness challenges assumptions of western universalism in health service systems, which have traditionally centred biomedical knowledges and efficiency as the normative standard informing healthcare practice (Gatwiri et al., 2021). Instead, the transformative space provides opportunity for collaborative discussions towards understanding that seeks to take time to listen, privilege, and respect voices of cultural experts (First Nations

Peoples) to critique health service practices blinkered by western knowledges towards *walking alongside* each other to better inform and sustain wellbeing strategies (Gatwiri et al., 2021).

Monitoring and mediating were key actions undertaken by past and current coordinators in their role as A&TSIHWs working in an ACCHS. In Australia, the A&TSIHW role is a culturally identified position that must be occupied by an Aboriginal and/or Torres Strait Islander person (McDermott et al., 2015). The findings add to the growing body of international literature supporting the crucial role of culturally identified positions as cultural brokers or boundary spanners for communication between First Nations participants and non-First Nations health professionals to support First Nations health and wellbeing (Bailey et al., 2020; Gatwiri et al., 2021; Topp et al., 2022; Tremblay et al., 2020; Urquhart et al., 2023). The findings echo experiences described by Topp et al. (2022) emphasising that in their role, A&TSIHWs were motivated by cultural values and a sense of responsibility to assist lifeworld program participants, rather than an impetus to strive the values and norms of the health system. In our study, A&TSIHWs *monitored and mediated* power dynamics and knowledge assumptions of the health service system in interactions in the transformative space. This involved identifying and supporting opportunities to develop shared norms around language, time, and relationships fostering mutual understanding and respect of cultural practices and knowledges that are necessary for *walking alongside* for a lifeworld approach to wellbeing. Hence, culturally identified positions such as A&TSIHWs are crucial for *walking alongside* to support open communication between First Nations participants and health service system representatives (e.g., managers and health professionals such as doctors or allied health). Culturally identified positions support language that empowers understanding, ensure time is taken to listen and empower collaborative relationships between participants of the program lifeworld and health service system representatives (Topp et al., 2021; Topp et al., 2022; Tremblay et al., 2020).

We conceptualised the transformative space supported practices and policies that have an accountability to the program lifeworld. This in itself is a transformative practice, as it *reshapes* the western authority of hierarchical governance and forms of accountability which overshadow community interests and priorities (Tynan & Bishop, 2019). Accountability in the transformative space must be relational, developed over time through open and inclusive communication to grow trust and understanding through transparent and shared interactions for *walking alongside*. By focusing on meaningful relationships those in the transformative space may shift their focus beyond system accountability measures of specific performance metrics to privilege cultural practices that support holistic wellbeing. An example of a policy implication may include shifting from measuring ‘occasions of service’ or ‘failure to attend’ to engage in continuing and *reflective* discussions that raise awareness of how to better support the social, emotional, cultural, spiritual, and physical needs of participants in the program lifeworld. By taking time to actively seek feedback and consider the knowledge and experiences of program participants, the system representatives (e.g., managers and policymakers) can demonstrate *reshaping* approaches and policies to better align with the participants' wellbeing needs and preferences. In this way, the transformative space challenges existing power dynamics when health service system representatives *reshape* their ways of working to be accountable to and *walk alongside* program lifeworld participants and the broader First Nations Peoples and communities (Tynan & Bishop, 2019).

Overall, the findings of this study have clear implications for First Nations health and wellbeing policy and practice in colonised countries including Australia, Canada, Aotearoa New Zealand, and the United States of America. The dynamics that sustain this Aboriginal wellbeing program do not align with the ongoing racist policymaking and biomedical practices of colonised health service systems (Gatwiri et al., 2021; Paul et al., 2023; Phillips-Beck et al., 2020). This demonstrates a significant need for reform. The status quo in First Nations health services does not genuinely recognise or value

holistic notions of wellbeing, the right to self-determination nor opportunity for communication and shared decision making about health services that impact First Nations Peoples and communities (Paul et al., 2023; Phillips-Beck et al., 2020; Rigney et al., 2022). The antithesis of dominant health service systems status quo is a transformative space for *walking alongside* (See Table 7.1 for practice and policy examples). Health service systems representatives who value and engage in the transformative space would be more likely to foster inclusive and equitable practices and policies to support First Nations holistic health and wellbeing programs and services to be sustained. To engage in a transformative space requires continuous reflection and reshaping which aims to build genuine relationships with First Nations lifeworld participants, uses language that is understandable and accessible to everyone involved, and take time to listen, reflect, and respond.

Table 7.1: Dynamics that sustain the Spring into Shape Aboriginal wellbeing program informing walking alongside for transformative practice and policy implications

Actions in the transformative space	Transformative practice examples for health professionals	Policy implication examples for health service managers and policy makers.
<i>Asserting and advocating</i>	Supported to have adequate time to develop shared language and norms for collaborative participant-health professional relationships. Take time to listen, privilege and respect voices of cultural experts when implementing wellbeing programs.	Work collaboratively to challenge system jargon and one-sided governance requirements. Aware of sensitising policy to multiple knowledges using open language.
<i>Monitoring and mediating</i>	Supported to develop a relationship with a cultural mentor to reflect on current practices. Work reciprocally with key culturally identified positions in overseeing respectful cross-cultural relationships to enable shared understanding.	Ensure opportunities for navigating between system and lifeworld to negotiate co-designed services and governance. Promote culturally identified positions and boundary spanner positions in policy.
<i>Reflecting and reshaping</i>	Supported to take the time to sit, think, listen, reflect, and yarn with First Nations Peoples and communities. Supported to reshape practices by co-developing innovative practices based on strong relationships with First Nations Peoples and communities.	Engage in collaborative relationships and language for policy design that privileges First Nations experiences and knowledges. Build time into the development and reshaping of policies for existing or new services to allow relationships to thrive.

7.6.1 Strengths and limitations

To our knowledge this is the first study to explore dynamics that sustain an Aboriginal wellbeing program through a collaborative and critical hermeneutic approach towards transformative health service practice and policy. The strengths of this study include the ongoing relationships established with the community, which fostered trust and facilitated meaningful engagement throughout the research process. The use of participatory methods allowed for the active involvement of participants as co-researchers, ensuring their voices were central to the study.

This study focuses on a single program, Spring into Shape, which may limit the western notion of generalisability. However, we reflect that the findings may prompt others who participate in or are involved First Nations wellbeing programs to consider how the findings may be applicable to their local contexts. The reliance on English language in this study poses challenges in fully describing the depth and richness of First Nations experiences, particularly those expressed through oral local languages during the Yarning process. This limitation is further compounded by the need to conform to academic writing norms and the predominance of the English language in scholarly discourse.

7.7 Conclusion

Through a lens of Habermas' theory of communicative action and a critical hermeneutic approach with co-researchers, we explored dynamics that work to sustain an Aboriginal wellbeing program on Gumbaynggirr Country, Australia. We conceptualised a transformative space containing actions and conditions as the dynamics that sustain the program. The transformative space supports shared understanding towards mutual consensus. Actions in the transformative space work together to sensitise the system to multiple legitimate knowledges that inform practice for wellbeing; monitor and mediate for shared norms underpinned by respect; and reshape practices and policies so they are accountable to lifeworld. The transformative

space fosters opportunity for *walking alongside* to better inform and sustain wellbeing strategies by and with First Nations Peoples and communities. Policy and practice reform that champions *walking alongside* can expose the systemic failures of First Nations health service systems and instead privilege the capacity and cultural legitimacy of First Nations self-determination in pursuing holistic wellbeing.

7.8 Chapter 7 post amble

This chapter conceptualises the transformative space where those in the lifeworld and system interact to sensitise the system to alternative ways of practising for a lifeworld approach to wellbeing. The actions and conditions in the transformative space support a way of engaging underpinned by an opportunity for shared conversation with those from the lifeworld and system joining as interlocutors to *walk alongside*. *Walking alongside* holds a 'humanness' and a 'happening-ness' (Kemmis, 2010) through a way of practising embodying conscious and self-aware actions that people who are participating in the transformative space undertake as part of their own experience. It is a way of practising underpinned by praxis, that is sensitive to sociality and solidarities guiding morally informed and committed action of those involved, and it helps to transform social formations and conditions (Kemmis, 2010, 2012; Patton, 2014) towards First Nations' self-determination of holistic wellbeing. It is the individual and collective praxis of those in the transformative space guiding the development and continuation of actions that work to sustain the Spring into Shape program. Chapter 8 will build on the wisdom learned from these lived experiences of trying to practise in a way that supports emancipation and self-determination of First Nations' wellbeing through a model of practice to guide praxis.

Box 7.1: Reflection - my hope

I wrote this chapter during a contentious time in Australian political and social history. In 2022, Anthony Albanese and the federal Australian Labor Party were elected to government. In his campaign, Albanese promised that if elected as Prime Minister, he would hold a referendum to recognise Aboriginal and Torres Strait Islander Peoples in the Australian constitution and a Voice to Parliament (Morse & Ross, 2022). While writing this chapter, Aunty Karen Roberts and I attended the 3rd Lowitja Institute International Indigenous Health and Wellbeing Conference on the lands of the Gimuy-walubarra and Yidi Peoples in Cairns, Queensland, Australia. We watched, listened, and spoke with strong and generous First Nations scholars and thinkers from around the globe as they discussed their hope for Voice, Treaty and Truth (First Nations National Constitutional Convention & Central Land Council (Australia) issuing body, 2017). Being involved in that conference made me feel like I was part of something much bigger and I was hopeful that change was about to happen. I think this chapter carries that hope, through a transformational space for change, seeking shared understanding and decision-making by and with First Nations Peoples.

On 14th October 2023, the Australian people rejected the proposal through the referendum process. Through the televised news, I saw the toll that both the campaign and the ‘no’ result had on those strong First Nations scholars and thinkers whom we had shared lunch with on Gimuy-walubarra and Yidi Countries – this is something I will never forget.

In the wake of this outcome, it became even more apparent that the journey towards First Nations Peoples’ self-determination is long and arduous. It highlighted the entrenched complexities and challenges that persist in the path towards justice and equity for First Nations Peoples. However, it also reinforced

my commitment to transform my understandings and practices through my commitment to praxis. As this chapter concludes, it stands as a testament to the enduring hope for *walking alongside*, where the voices, rights, and aspirations of First Nations Peoples and communities to drive dialogues and decisions about their health and wellbeing. It is a call to action, an obligation to reflect on my practices, and a commitment to action to the ongoing struggle for a more inclusive and just pursuit of holistic wellbeing for First Nations Peoples.

Chapter 8 Thesis discussion and a model of transformed practice

8.1 Overview

The aim of this thesis was to engage with critical hermeneutics to transform understandings and practices in the context of an Aboriginal wellbeing program located on Gumbaynggirr Country, Australia. This concluding chapter demonstrates how I, along with dialogue partners and co-researchers, achieved the research aim. It also proposes a model of transformed practice that guides praxis in the context of an Aboriginal wellbeing program. I will conclude this chapter with a final reflection on my transformed understandings and practices.

Dialogue partners and co-researchers collaboratively employed critical hermeneutics as an interpretive tool to transform understandings and practices by promoting critical reflection and shared decision-making to challenge and critique theory and actions informed by western normativity and dominant colonial power dynamics. Critical hermeneutics challenged researcher understandings, using language to inform our interpretations in Chapters 4-7. Within each chapter, we used critical questioning and collaborative dialogues to explore *parts* or text-sets (such as written reflections, published literature, and Yarning transcripts), informing the transformed interpretations of the *whole* chapter (Chapters 3-7). This concluding chapter encapsulates the *whole* thesis by answering the question: *What can transform practices?* Chapter 8 consolidates the transformed understandings and practices from the three layers of praxis threaded throughout the thesis i) understanding my process (all chapters), ii) informing self and others (Chapters 5-7), and iii) interrogating western modernity (addressed in this chapter). This chapter begins with a summary of each chapter to culminate in a transformed understanding of the whole thesis.

8.2 Summary of the thesis

The below chapter summaries (1-7) provide a basis for proposing a model of transformed understanding and practice that guides praxis, as outlined in this chapter (page 260). Below are brief chapter summaries, followed by an overview linking chapter findings to chapter research questions in Table 8.1.

Chapter 1 outlined the thesis and established my initial understanding of practices and the beginning of my praxis journey. I introduced my emancipatory interest in the research topic to transform understandings and practices in the context of an Aboriginal wellbeing program.

Chapter 2 introduced the philosophical background of the research approach informing this thesis. I described the ontological, epistemological, and methodological theories that guided my praxis in developing a critically framed, collaborative, and dialogical hermeneutic research design. This design comprised individual and collaborative Yarning methods to explore the research aim. I explored critical reflection as an important aspect to underpin the proposed research actions, intending to respect and privilege First Nations' Ways of Knowing, Being, and Doing (Martin & Mirraboopa, 2003) in research striving for self-determination for First Nations Peoples.

In **Chapter 3**, as part of the first layer of praxis, I collaborated with Aunty Karen, Kerith, Leanne, and Karin as dialogue partners to understand how to apply a collaborative and dialogical research approach to privilege and respect Aboriginal Ways of Knowing, Being, and Doing (Martin & Mirraboopa, 2003). We respectfully worked together to explore Aboriginal and western theory to understand how Aboriginal and non-Indigenous researchers may work together. The chapter discussed aspects of theory concerning Habermas' theory of communicative action (Habermas, 1984, 1987). The chapter proposed three researcher actions Dadirri—inner listening (Ungunmerr, 1988), relational actions beyond discourse and collective knowledges

that are underpinned by communicative processes and reflexivity for the possibility of communicative relationality in cross-cultural research. These communicative processes occur on the background of differing lifeworlds through the medium of language and have a relational responsibility to other researchers and the Aboriginal community where the research takes place.

In **Chapter 4**, I collaborated with Aboriginal (Aunty Karen, Clint, and Simon) and non-Indigenous (Leanne, Karin, and Kerith) dialogue partners using critical hermeneutics to undertake a literature interpretation. The aim of this chapter was to transform the understanding of success in First Nations Peoples' nutrition and exercise group programs through a lifeworld perspective. Through our two collaborative Yarning turns, we respectfully worked together, appreciating each other's ways of knowing and doing, taking time to listen to each other's stories, building understanding through language and deepening our research relationships. Success in First Nations' wellbeing programs is predominantly grounded in eurocentric systems-focused structures. The findings demonstrated a communicative relationship between explicit system structures and implicit lifeworld concepts underpinned by respectful communication are critical success factors in First Nations' wellbeing programs. We developed a set of questions to prompt critical reflection to transform and decolonise practice in the context of First Nations' wellbeing programs. The reflection at the end Chapter 4 draws on this first layer of praxis about understanding my own process in collaboration with dialogue partners and the Aboriginal community to better shape the research approach and links to the second layer of praxis about informing self and others.

Chapter 5 began to build the second layer of praxis in the thesis by informing self and others. I engaged in collaborative Yarning with Aboriginal (Aunty Karen and Clint) and non-Indigenous (Leanne, Karin, and Kerith) dialogue partners to explore data, experiences, and reflexivity in co-designing research about a rural Aboriginal wellbeing program to inform practice and policy. We took time to share and challenge

our understandings, respectfully explore experiences through language and foster trust between each other for a deepening commitment to change. Through our collaborative, critical hermeneutic process, we developed the *Duguula Gayirray* (*Yarning together*), *Yandaarray* (*walking together*), and *Duguula Nguraljili* (*sharing together*) co-design practice model of actions for transformed practice and policy in Aboriginal wellbeing and research. The model centres on the notion of relationality between Aboriginal Peoples, community, and researchers. The model culminates in the notion of *invigorating a shared spirit*, providing an opportunity to unsettle the status quo and make deliberate choices for the benefit of Aboriginal Peoples through transforming practice in Aboriginal research and health.

In **Chapter 6**, Aunty Karen and I respectfully engaged in individual and collaborative Yarning with Spring into Shape program participants and staff to explore what sustains an Aboriginal wellbeing program. Together, Aunty Karen and I took time to design the research with the community and used collaborative Yarning methods to help ensure the research was guided by and benefitted the community. Collaborative Yarning methods developed the capacity for co-researchers (program participants) to shape an interpretive process that was meaningful to them, underpinned by shared language and established relationships. We conceptualised relational lifeworld qualities that mediate interactive communicative relationships between people in the lifeworld and those representing the system to sustain the wellbeing program. Through the second layer of praxis, this chapter argues for a lifeworld approach underpinned by the lifeworld qualities to reorientate and transform how service providers and policymakers practice in the context of an Aboriginal wellbeing program to empower Aboriginal self-determination and leadership. Chapter 6 concludes with a call to action to transform practice and policy through key performance indicators and seeks critical reflection by health services and policymakers.

In **Chapter 7**, Aunty Karen and I respectfully engaged in individual and collaborative Yarning with program participants and staff to explore the dynamics that sustain the Spring into Shape Aboriginal wellbeing program. Over a 24-month period, Aunty Karen and I planned and developed the research approach together with the community and Galambila ACCHS staff. This chapter applied critical hermeneutic interpretation through a lens of Habermas' theory of communicative action (Habermas, 1984, 1987), with co-researchers engaging with individual and collaborative Yarning data from Chapter 6. The findings conceptualise dynamics that sustain the wellbeing program as a transformative space between the program participants' lifeworld and health service system, which contains three actions and three conditions towards a lifeworld approach. As an aspect of the second layer of praxis, critical reflection is a crucial action that supports reshaping practices in the transformative space. Chapter 7 argues for the collaborative concept of *walking alongside* to enable the co-existence and intertwining of different knowledge systems (First Nations' and western theories), the development of shared and respectful norms and accountability to the program lifeworld.

Aunty Karen and I printed a booklet to translate the findings of Chapters 6 and 7 using images and plain language (Appendix 6.3). The booklet was shared with the community, co-researchers, and participants to communicate findings and acknowledge individual and community contributions to the project. Co-researchers, with the help of a local Gumbaynggirr artist, designed artwork for a t-shirt representing their interpretations and findings (Appendix 6.2). Some of the artwork was depicted in the booklet as well.

In **Chapter 8**, I bring the research findings from Chapters 1-7 to culminate in a *whole* through a third layer of praxis that critiques western critical theory for transformed understandings and proposes a model of transformed practice to guide praxis. The context of Spring into Shape (Chapters 5, 6, and 7) as a sustained Aboriginal wellbeing program has inspired the development of the model. I will finish

Chapter 8 with a reflection on my praxis journey towards transformed understandings and practices.

Table 8.1: Overview of thesis with links to the thesis aim: to engage with critical hermeneutics to transform understandings and practices in the context of an Aboriginal wellbeing program located on Gumbaynggirr Country, Australia

Chapter and Title	Guiding research question(s)	Aim	Findings – practice and policy implications related to the thesis aim
Chapter 1: Thesis introduction and overview	<i>What key literature frames the topic?</i> <i>What are the key features of the context and setting?</i>	To introduce positionality and the foundation of my interest informing this thesis.	Explores my understanding and experience of current practices and how practices are expressed in the literature in the context of an Aboriginal wellbeing program. Understanding my own practice, program context and setting.
Chapter 2: Philosophical underpinnings of the research process and research methods	<i>What strategies could provide access to the knowledge that is needed?</i> <i>What key practices are used?</i>	To describe the critical research paradigm and introduce philosophical underpinnings that inform the research approach.	Introduces how I approached engaging with critical hermeneutics to transform understandings and practices. Through critical reflection and scholarship, the thesis methodologies and methods aim to serve the legitimate self-determination and capabilities of Aboriginal Peoples and demonstrate how power can be exposed and transformed for change in understanding and practice.

Chapter and Title	Guiding research question(s)	Aim	Findings – practice and policy implications related to the thesis aim
Chapter 3: A dialogical approach to understand perspectives of an Aboriginal wellbeing program: An extension of Habermas' Theory of Communicative Action	<i>How can Aboriginal and non-Aboriginal researchers respectfully engage with Indigenous and western knowledges to understand perspectives of an Aboriginal wellbeing program?</i>	To discuss how Aboriginal and non-Aboriginal researchers can apply a collaborative dialogical research methodology to privilege and respect Aboriginal ways.	Reflection on my understandings and engagement with Indigenous knowledges (in collaboration with dialogue partners) to respectfully research in the critical paradigm whilst respecting Aboriginal Ways toward building a mutually beneficial research relationship. Proposes cross-cultural communicative relationality as a way to work together that is strengthened by three key researcher actions, layers of reflexivity, and Habermas communicative practice (See Figure 3.1, Chapter 3).
Chapter 4: First Nation Peoples' nutrition and exercise group programmes: Transforming success through the lifeworld	<i>How do dialogue partners understand success in First Nations Peoples' nutrition and exercise group programs using a critical hermeneutic approach to interpret the literature? What are dialogue partners transformed understandings?</i>	To transform understandings about success through a literature interpretation.	Engagement with critical hermeneutic methodology. Transformed understandings of success to a lifeworld-focused approach for First Nations' nutrition and exercise group programs (see Figure 4.2, Chapter 4) to develop reflective questions for practice (Figure 4.3, Chapter 4)
Chapter 5: Experiences of co-designing research about a rural Aboriginal well-being program: Informing practice and policy	<i>How can data, as well as experiences and reflexivity of Aboriginal and non-Indigenous co-researchers about co-design, inform practice and policy?</i>	To transform understanding and inform practice about co-design in the context of an Aboriginal wellbeing program.	Use of critical hermeneutic methodology to transform understanding and to develop the co-design model (Figure 5.2, Chapter 5). Contributes to the progression of Aboriginal health research practice and policy recommendations.

Chapter and Title	Guiding research question(s)	Aim	Findings – practice and policy implications related to the thesis aim
Chapter 6: Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy	<i>What sustains an Aboriginal wellbeing program on Gumbaynggirr Country, Australia? How can services be reorientated to empower the self-determination of Aboriginal health promotion practice and policy?</i>	To inform critical reflection and reorientate practice and policy in the context of an Aboriginal wellbeing program.	Development of co-constructed lifeworld qualities and attributes (Figure 6.3, Chapter 6) Performance indicators for a lifeworld approach to an Aboriginal wellbeing program to inform and reorientate practice and policy towards transformation (Figure 6.4, Chapter 6).
Chapter 7: Sustaining an Aboriginal wellbeing program in Australia: Insights for transformative health service practices	<i>What are the dynamics that sustain an Aboriginal wellbeing program on Gumbaynggirr Country, Australia, and how do the dynamics sustain the program? How can health services be transformed for a sustainable Aboriginal wellbeing program?</i>	To transform the practice of health services in the context of an Aboriginal wellbeing program.	Engagement with critical hermeneutics to explore dynamics and conceptualise a transformative space between the lifeworld and the system containing three actions and three conditions (Figure 7.1, Chapter 7). Informing <i>walking alongside</i> for transformative practice and policy implications (Table 7.1, Chapter 7).

Chapter and Title	Guiding research question(s)	Aim	Findings – practice and policy implications related to the thesis aim
Chapter 8: Thesis discussion and a model of transformed practice	<i>What can transform practices?</i>	To propose a model of transformed practice that guides praxis in the context of an Aboriginal wellbeing program.	<i>Walking alongside</i> as a model of practice to guide praxis (Figure 8.1). The thesis interrogates western critical theory to propose a communicative space (transformed understandings) for walking alongside (transformed practices) in the context of an Aboriginal wellbeing program in Gumbaynggirr Country, Australia.

8.3 Transformed understandings and practices for a lifeworld approach to wellbeing

Transformed understandings and practices occur when shared understanding and mutual decision-making develop between the lifeworld and the system for a lifeworld approach to wellbeing. The Spring into Shape program is sustained by dynamics and qualities that support a lifeworld approach and challenge colonising hegemonies of health, policy, and research institutions and governments (see Chapters 6 and 7). This notion of transformed practice I have termed *walking alongside*. *Walking alongside* pursues self-determination of holistic wellbeing in the context of an Aboriginal wellbeing program.

Walking alongside is transformative because it involves non-Indigenous health professionals, health professional educators, policymakers and researchers changing their practices based on critique and reflexivity in the context of an Aboriginal wellbeing program (relating to the second layer of praxis in this thesis outlined in Chapter 1, page 10). In pursuing a way forward, the aspects of praxis bring together local knowledges, cultural practices, collaborative dialogues, reflexivity, systems, and lifeworld to facilitate change in practices rooted in a lifeworld approach. This integrative approach recognises the interconnectedness of these aspects and leverages them to drive meaningful change.

Throughout his writing, Habermas views praxis as unnecessary, explicating that emancipation is achieved through communicative action for a reconstructed modernity of those interacting in the lifeworld (McIntyre, 1983). According to Habermas, society can be viewed as a duality of system-lifeworld driven by three types of knowledge interest (technical, practical, and emancipatory) (Habermas, 1972, 1984, 1987). However, by separating system and lifeworld, Habermas has been critiqued as producing an observation of society that does not link theory and practice and may not enable emancipation and liberation (McCarthy, 1978; Rasmussen & Görtzen, 1990). Furthermore, Habermas' understanding of society and his three knowledge

interests only recognise western society and do not acknowledge First Nations' realities (Allen, 2016). First Nations' Ways of Knowing, Being, and Doing do link knowledge and action through notions of interconnectedness and collective responsibility, aligning more closely to a lifeworld approach (Martin & Mirraboopa, 2003; Walter & Suina, 2019). Thus, there is a need for praxis for non-Indigenous health professionals, researchers, educators, and policymakers who participate in the wellbeing program. I argue that praxis is necessary for emancipation from the dominant view of modernity towards a reflexive approach that requires *walking alongside* to enable power structures to be questioned, challenged, and changed.

In proposing a way forward through *walking alongside*, I will first interrogate western modernity as a third layer of praxis in this thesis (See Chapter 1, page 10) to advocate opening a *communicative space* for transformed understanding through three elements - democratic, pluralistic, and positional that support transformed practice (expanding on the notion of a transformative space in Chapter 7). I will then propose a model of transformed practice through *walking alongside* supported by purposive social actions to guide praxis.

8.3.1 Opening a communicative space

The chapters in this thesis have drawn on Habermas' concepts of system and lifeworld, highlighting different knowledges (theories) that inform different motivations for practice (Habermas, 1984, p. 73; 1987). Throughout this thesis, I have established that knowledges informing practices are multifarious and influenced by power, and this is a complex tension that must be acknowledged and explored. I established that dominating empirico-system knowledges of health and wellbeing, by which western researchers, educators, clinicians, and policymakers have traditionally framed their understanding, poses a risk to holistic notions of wellbeing held by First Nations Peoples in the lifeworld. Whereas individual and community notions of holistic wellbeing are closely linked to communicative and socially acquired cultural meanings, social actions, and pre-understandings in their shared lifeworld.

I propose opening a *communicative space* offers opportunities to disrupt the status quo to transform understandings to inform a lifeworld approach for the self-determination of Aboriginal wellbeing. Opening a *communicative space* offers an opportunity for collaborative social dialogues in history that are not grounded by dominant knowledges but rather by actions substantiated through collaborative understanding, critical reflection, and inclusive decision-making processes for *walking alongside* (Kemmis & McTaggart, 2005). People, including policymakers, researchers, health professionals, and educators who demonstrate actions, can do so as part of a commitment to praxis (Kemmis & Smith, 2008).

While scholars such as Bevan (2013), Kalliola and Heiskanen (2021) and Kolenick (2021) have examined the concept of opening *communicative space* within the domains of action research and social science, as far as my reading and knowledge extends, this concept has yet to be thoroughly investigated or applied in the context of an Aboriginal wellbeing program.

In his theory of communicative action (1984, 1987), Habermas outlines features of communication in which people consciously and deliberately aim to:

- i) Reach intersubjective agreement as a basis
- ii) Build mutual understanding
- iii) Reach an unforced consensus about what to do about a situation.

However, in *Between Facts and Norms* (1996), Habermas describes another feature of communicative action, that of a “social space generated in communicative action” (p. 360) described by Kemmis and McTaggart (2005) as “opening communicative space” (p. 277). The notion of “communicative space brings people together around shared topical concerns, problems and issues with a shared orientation towards mutual understanding and consensus” (Kemmis, 2001, p. 100). A *communicative space* must be formed before people can work together to achieve understanding and consensus (Kemmis, 2001). For Habermas, communicative action

exists solely within the lifeworld; however, like Kalliola and Heiskanen (2021), I see a *communicative space* as a safe space for interaction between the system and lifeworld knowledges. A *communicative space* acts as a zone or area where marginalised members of a society become socially visible “so that those with influence or authority may listen, and at the very least bear witness to the stories of those normally left unsaid” (Kolenick, 2021, p. 133).

The findings of this thesis suggest that a *communicative space* can engage dialogues from different lifeworld knowledges, as well as systems knowledges stemming from fields such as research, health, and policy. Previous chapters support the notion of *communicative space* as a conceptual place in which people, including Aboriginal wellbeing program participants, community members, Aboriginal health workers, researchers, educators, other health professionals, and those involved in management and policy, can Yarn, listen, reflect, think, and in some circumstances, develop a mutual understanding and collaboratively decide about what to do (or not). The concept of a *communicative space* can work to open a place for the engagement of different lifeworld and system knowledges in an “epistemic messiness” (McArthur, 2021, p. 8) with a reflexivity not to assume or appropriate another’s way of knowing towards a lifeworld approach to Aboriginal wellbeing programs.

A *communicative space* in the context of an Aboriginal wellbeing program comprises of three elements (democratic, pluralistic, and positional) and requires three conditions (relationships, time, and language) which interweave within and between each chapter in this thesis. The elements and conditions enable people involved in the *communicative space* to expose and unsettle the assumptions of western knowledge systems and power relationships to transform practice and understanding for a lifeworld approach to wellbeing for the possibility of *walking alongside* First Nations Peoples and communities.

In her contribution to the project of decolonising critical theory, Allen (2016) calls out the recapitulation of the western egocentricity by which researchers act on

behalf of the subjugated. Instead, she argues for a need to unlearn a eurocentric history to consider the moral languages and history of others through “a genuinely open and open-ended dialogue with colonised or subaltern subjects...” (Allen, 2016, p. 210). Through her reading of Laden (2012), Allen proposes reasoning as an ongoing social practice through vulnerability, openness, and receptiveness to change as communicative partners in a conversation. I consider that Laden’s (2012) ongoing social practice echoes the notion of *walking alongside* as an ongoing journey that we can choose to take together through using dialogue to explore knowledges in a *communicative space*.

The choice to be involved in a *communicative space* for transformed understandings becomes a key consideration, by which the dominant must not assume the consent of or take for granted the participation of those First Nations’ knowledge holders who have ceaselessly worked towards representation and justice (Murrup-Stewart et al., 2022; Rigney, 2001). Nor does it replace the sovereignty or right to self-determination of First Nations’ scholarship, knowledges, law, language, Country, and Peoples (Mazel, 2016; The Lowitja Institute, 2020b). Instead, the possibility of a *communicative space* represents a complex, collaborative, reflexive, and dynamic journey interconnected with *walking alongside*. I propose that my conceptualisation of a *communicative space* holds three assumptions of critical theory through the three elements outlined below.

The three assumptions were first proposed by Brookfield (2005, p. 370) and adapted by Townsend-Cross (2011, p. 73). The assumptions are that:

- i) modern democratic societies are inequitable,
- ii) there are dominant ideologies that sustain inequities and
- iii) it is a situation to reveal, challenge, and change.

8.3.2 Elements of a communicative space

The concept of a *communicative space* draws commonality with Bhabha's (2009) third space, which moves beyond an intercultural space of inclusive conversation described by Hopkins (2018), "to a place where different cultures not only come together but do so with explicit recognition of current and historical power imbalances" (McArthur, 2021, p. 4). I understand a *communicative space* as a process rather than a destination, consistent with Casrnr's (1999) "third-culture building" (p. 109), as a concerted "process between people with different backgrounds, experiences and value systems" (Casrnr, 1999, p. 109).

I suggest that a *communicative space*, in the context of an Aboriginal wellbeing program, encompasses democratic, pluralistic, and positional elements underpinned by relationships, time, and language specifically for shared understanding towards coordinated action. The elements of a *communicative space* each contribute to praxis. Opening a *communicative space* promotes opportunities for equitable dialogue, multiple knowledge systems and rich identities for *walking alongside*. Each of the three elements within the *communicative space* addresses key assumptions of critical theory and standpoints of Indigenous scholars, which are explained below through critiques of Habermas and western critical theory more broadly, and by engaging with Indigenous and critical scholars.

Democratic

The democratic element of a *communicative space* explicitly addresses the assumption that modern democracy is inequitable and that social inequity taints deliberation within society (Fraser, 1990; McArthur, 2021; Townsend-Cross, 2011). In the context of this study, this assumption refers to the devaluation and suppression of the voices of Aboriginal knowledge holders by dominant ideologies within research and wellbeing programs. Hence, the democratic element aims to expound colonial ideals, towards participation in democracy. Therefore, the democratic element in a *communicative space* must interrogate inequities and transform ways of representing

voices and communication in the practices within policy, education, research, and wellbeing contexts. In doing so, a *communicative space* provides an opportunity to express different voices through language.

In her critique of Habermas' bourgeois public sphere, critical feminist Fraser (1990) highlights that societal inequities must not be 'bracketed' in political participation and that Habermas' assumption of participatory parity is a form of domination. Instead, she argues that cultural, political, and economic injustices must be impugned for the opportunity of democratic participation. Through Fraser's social justice lens, I contend that the democratic element of a *communicative space* requires unbracketing inequalities to make them explicit to have any hope of realising a communicative dialogue (Fraser, 1990). It is important to examine inequalities to participation in dialogue to begin to unbracket them. I have drawn on Fraser's three notions of social injustice: cultural misrecognition, political misrepresentation, and economic maldistribution (Fraser, 2007), and have applied them to the notion of communication and dialogue in the context of this thesis. Below, I discuss three examples of unbracketing inequities through exploring the misrecognition of language varieties (e.g., Aboriginal English and standard English), the misrepresentation of distinct languages (e.g., Aboriginal languages), and the maldistribution of resources that impinge equitable communication (e.g., technology or transport) relevant to this thesis.

Discussed in Chapter 4, Eades (2013) highlights how Aboriginal Peoples in Australia speak Aboriginal English, a legitimate and complex variety of English (Partington & Galloway, 2007). Speakers of Aboriginal English often use silence, indirect questioning and other specialised communication techniques that demonstrate deep thought and respect for others (Eades, 2013). However, these diligent and deliberate meanings have been strategically devalued and misrecognised through the dominant standard English of western culture, wrongly assuming that Aboriginal English is slang, silences as discourteous and indirect questioning as inaction (Davis,

2022; Eades, 2013). By excluding Aboriginal English from dialogues, reports, strategies, and policies, the dominant powers continue to suppress opportunities for equitable democratic participation (Davis, 2022).

Misrepresentation has occurred through denying the use of Aboriginal ancestral languages in education, policy, and wellbeing contexts. Political injustices have led to almost all interactions between Aboriginal and non-Aboriginal people occurring in dominative English (Nakata, 2007; Sivak et al., 2019). The act of colonisation excluded Aboriginal Peoples from speaking their ancestral languages, which hold and maintain a richness of expression and meaning that standard English cannot grasp (Sivak et al., 2019). The filter of western-colonial knowledge prescribes limitations to the standard English language and influences what issues are represented or misrepresented (Nakata, 2007). Hence, revealing the power dynamics in communication is essential to begin nurturing the possibility of more equitable democratic participation. The complexity of language, as discussed in Chapters 3 and 4 and expanded upon in Chapter 5 through the notion of representative voices and collaboration, serves to unveil hidden power dynamics in language. This exposure is crucial for fostering an inclusive and collaborative process.

The limitations in financial and resource allocation resulting from maldistribution have hindered equitable participation in deliberations, necessitating explicit acknowledgment. The act of colonisation has removed land rights, stolen wages, deeply impacted education, and violated Aboriginal wellbeing, causing inequitable access to the material means of equal participation (Rigney et al., 2022). Therefore, it is essential to allocate sufficient time for collaborative decision-making when organising research meetings or wellbeing activities. This ensures that necessary resources are determined through collaborative efforts, facilitating more equitable distribution.

For example, it must not be assumed that all research participants have access to or feel comfortable using information technology to engage in wellbeing and research

activities. As discussed in Chapter 5, it was preferred by the community that researchers were physically present, investing time in cultivating relationships face-to-face rather than via videoconference. As a second example, it must not be presumed that all participants have access to their own means of transportation to get to and from wellbeing or research activities. Hence, it is important for health professionals and researchers to consider how to enable those involved to be physically present to participate in communicative processes, such as being offered transport to and from research Yarning or wellbeing programs (see Chapter 6).

These examples of misrecognition, misrepresentation, and maldistribution only begin to scratch the surface of ways in which social inequities can influence participation in deliberation towards shared and transformed understanding. The democratic element in a *communicative space* must continue to work to render visible political, economic, and social discriminations stemming from colonising knowledges that prevent equity in deliberation to enable those involved to work towards social justice. The democratic element in a *communicative space* facilitates the explicit acknowledgment of inequities, providing a platform to explore knowledge through various languages (including ancestral Language, Aboriginal English, and English). It also promotes diverse modes of communication, such as Yarning, encourages the use of expressive body language, considers appropriate spaces for dialogue (such as on Country), recognises the significance of time and fosters trusting communicative relationships. Participation in a *communicative space* means being able to represent 'one's own voice', thus expressing one's knowledges, culture, and identity through language towards a lifeworld approach for Aboriginal wellbeing. The democratic element, then, suggests that there must be actions that foster receptiveness through collaborative interaction and exchange where diverse people who hold different knowledges can discuss and influence one another and the policies of health and research institutions (Young, 2000).

Pluralistic

The pluralistic element of a *communicative space* explicitly addresses the assumption that there are continuing inequities and injustices imposed by the colonising state and health care system, which privilege western ways of knowing that subjugate and oppress First Nations Peoples' knowledges (Fraser, 1990; McArthur, 2021; Townsend-Cross, 2011). As Nakata (2002) succinctly states

...the knowledge of Indigenous peoples occupied the realm of the 'primitive', an obstacle to progress along the path to modern civilization and was largely ignored or suppressed; and in many places, because of dislocation from our land and way of life, much of it was lost. (p. 281)

These dominant colonial ideologies seek to maintain inequities via an aggrandised perception of the western empirico-analytical paradigm and western theories more broadly. As discussed in Chapter 2, Habermas does not exclude empirico-analytical or interpretive paradigms as methods of seeking knowledge but places emancipatory issues drawn from background understandings in the lifeworld on an equally important footing (Habermas, 1972, 1984). While this broadens the scope for knowledge beyond the dominant empirico-analytical, Habermas has been criticised for being blinkered by his own western centrism (McArthur, 2021; West et al., 2012). Morrow (2013) argues that Habermas speaks of an unfinished project of modernity and that we could consider an unfinished project of decolonisation as not entirely separable. Throughout his writings, Habermas does not grapple with how communicative action could be realised through multiple lifeworlds or other ways of knowing, particularly for decolonising motivations (Allen, 2016; McArthur, 2021). Additionally, Habermas does not recognise the assumptions of plurality and incommensurability of fundamental values between different cultures and knowledge systems (Nakata et al., 2012; Tuck & Yang, 2012). The plurality of knowledges is reflected in the argument by Dei (2011) (in McArthur, 2021), who declares "There is a need for new, counter/alternative and multiple knowledge forms in diverse social sites

to provide critical understandings...”(p. 3). This can reflect the dynamic, current and diverse First Nations’ knowledge contexts and experiences of colonisation of individuals, communities and the broader collective (Nakata, 2002). Hence, Habermas’ theories of knowledge need to be constructively criticised and transcended to consider other ways of knowing (Allen, 2016; McArthur, 2021; Morrow, 2013).

Allen (2016) sets a task for critical theory to reconsider the ‘superiority’ of western progress and modernity against other ways of knowing. She highlights that critical theory draws from a one-sided history viewed as stages of linear progress for the empire, including actions of invasion and colonisation of lands and people considered ‘archaic’ or ‘primitive’ (Allen, 2016). Allen (2016) points out that Habermas theory draws from a normativity of eurocentrism as modern progress of historical development. Instead, Allen (2016) calls for “problematizing the historical story that positions European modernity...in intercultural dialogues that aim towards openness and inclusion” (p. 79).

Dialogue partners explored openness, or ‘being open’ as an aspect of a lifeworld perspective through the literature interpretation presented in Chapter 4, suggesting that language, listening, and critical awareness were key to appreciating different knowledges and experiences or different lifeworlds.

It is my assumption that a pluralistic element of a *communicative space* acknowledges dynamic and different knowledges, which are drawn from different lifeworlds and systems perspectives, to be explored and grappled with in practice (Nakata, 2002). Exploring methods of knowledge production requires time to build relationships to dialogue together and grapple with how particular knowledges have achieved legitimacy over others (Nakata, 2002). This assumption counters Habermas’ claims of understanding based on validity grounded in western normative assumptions; instead understanding another cultural way of life does not require a judgement on the validity of beliefs and practices, and such convictions can hinder understanding (Mahmood, 2005). As Allen (2016) reflected “...the key to learning how

to reason across such divides is to adopt the kind of open, vulnerable, receptive...modest and humble stance towards our own reasoning practices...”(pp. 224-225).

The pluralistic element of a *communicative space* strongly intertwines within each chapter presented in this thesis through relationships, time, and language. For example, communicative relationality discussed in Chapter 3 involves “...developing an understanding of (each other’s) reality toward developing, maintaining and strengthening research relationships” (p. 90). The notion of pluralistic knowledges is again explored in Chapter 6 when health professionals who work with Aboriginal communities for wellbeing take time and use shared language to jointly develop a plan for action to balance spiritual, cultural, physical, and social aspects of wellbeing (Gall et al., 2021).

The pluralistic element of a *communicative space* must work to call out blinkered approaches to knowledge that fail to appropriately engage representative knowledge systems. This means coming into a *communicative space* with an openness to many knowledges and challenging the assumption that one knowledge system has validity over another (Nakata, 2007). This in no way calls for a blending or watering down of knowledges by which we risk re-colonising, but instead taking time to support open spaces through a praxis that critiques current understandings and considers different knowledge systems as we work in spaces involving many cultures (McArthur, 2021).

Positional

The positional element of a *communicative space* explicitly addresses that inequities in the context of Aboriginal wellbeing are enabled by differences in social position and power, which shape knowledges, identities, purpose, and access in society. Positionality has been highlighted as an important element in cross-cultural research as it is intricately embedded in processes and outcomes of health and research practices (Lock et al., 2022; Milner, 2007). Examining positionality requires those

involved to be conscious *of* “the enormous role of their own and others’ racialised positionality and cultural ways of knowing” (Milner, 2007, p. 388). Hence, a *communicative space* works to reveal and challenge social positions of power to truly enable the possibility for *walking alongside*.

Positionality refers to how we, as people, communities, researchers, and health professionals, see our position in the world in relation to others and how this influences our understanding (Briscoe, 2005; Call-Cummings & Ross, 2019). For First Nations Peoples, researchers, educators, policymakers, and health professionals, positionality occupies a contested space, where First Nations’ knowledges, sovereignty, and self-determination standpoints are situated within the socio-historical context of colonial oppression and western knowledges, systems, and spaces (Nakata, 2007). Non-Indigenous people have a responsibility to examine their biases, power, and privilege, as concealed positions pose deepening reinforcement of veiled authority (McCartan et al., 2022; Wilson et al., 2015). Examining our positionality requires us to think about how our background and experiences influence our relationships with people, communities, and the research topic (Call-Cummings & Ross, 2019).

Explicit positionality contests the Habermasian moral universalism (Allen, 2016; Delanty, 1997) in communicative action and instead calls for vulnerability, humility, and reflexivity of those entering a *communicative space*. Universalism stems from social identities that are “acquired and shared by group members that work to protect group interests as a whole” (Van Dijk, 1997, p. 26). Briscoe (2005) highlights that universalism promotes a particular social group as ‘the universal’ while marginalising *others*. For Habermas, universalism is framed through an occidental (western) rationalism (Delanty, 1997), evident in his introduction to the Theory of Communicative Action: “We are implicitly connecting a claim to universality with our Occidental understanding of the world” (Habermas, 1984, p. 44). While we might argue this is somewhat positional, it fails to recognise the power and privilege western theorists have constituted through their identities that universalised their traits,

language, values, and practices while creating an inferior other (Angell, 2019; Briscoe, 2005; Milner, 2007). Furthermore, without examination of power dynamics, those in positions of authority consider the inferior other through homogenous labels such as 'Indigenous' rather than heterogenous groups that acknowledge the complexity and diversity within a First Nations' group through varied Countries, languages, cultures, and beliefs which inform identity (Nakata, 2002; Stewart, 2018). Chapter 6 explores this concept through the notion of cultural responsiveness as an inclusiveness of many Aboriginal cultural practices and the collective identity of a family: "And the SIS [Spring into Shape] family is everybody that is in the family, but because we're all from different cultures, we all pull together... As a family" (p.184). Hence, examining one's positionality through reflexivity, as an aspect of praxis, can work to challenge ingrained assumptions gained through positions of power and privilege in the Aboriginal wellbeing and research space.

Reflexivity is closely related to positionality, as the actions that are taken to expose and question our knowledge and experiences and examine what we do with knowledge (Call-Cummings & Ross, 2019). Without engagement in reflexivity, there are dangers of misrecognition and misrepresentation of individuals, communities, institutions, and systems (Milner, 2007). Reflexivity is paramount to critical approaches to examine sociocultural positions, challenge privilege, disrupt racism, and hold those in power to account (McCartan et al., 2022).

In their examination of the application of Yarning method within the research academy, Murrup-Stewart et al. (2022) draw out several power issues (e.g. ownership, omission, and exclusion) arising from settler-colonialism that "cause injury to Yarning method" (p. 786) and, in turn, First Nations' knowledge systems. Instead, they call for "Yarning to be understood in the context of a complex power-imbalanced interface whereby issues of researcher positionality, experience and epistemology and axiology can be treated as practical and ethical issues for researchers to reflect and respond to" (Murrup-Stewart et al., 2022, p. 787). Examining positionality through reflexivity,

researchers can continually reflect on their practices to strengthen the rigour and quality of research practices and call out the persisting pervasiveness of colonisation.

Reflexivity was a process I continued to undertake to guide my involvement in the research Yarning (Chapters 3-7) presented throughout this thesis in collaboration with dialogue partners and co-researchers. For example, in her capacity as a co-researcher, Aunty Karen Roberts used her experience to support the Yarning to be culturally safe, worked to balance power, and supported my understanding as a non-Indigenous researcher. I became a learner and listener, checking my understanding with Aunty Karen and always trying to be conscious of, and reflect on, unexamined power issues that influenced my thinking and actions, as well as those of others.

Chapter 3 examines the notion of reflexivity in the context of this thesis, describing three layers (self, interpersonal, and collective) of reflexivity for cross-cultural research to examine power, privilege, and biases drawing from Indigenous and western thinkers. Through these layers of reflexivity, we can begin to practice cultural humility (Foronda, 2020), relational responsibility (Nicholls, 2009; Wilson, 2008), and collective reflexivity (Nicholls, 2009) towards examining power and privilege in health research. Chapter 6 highlights reflexivity in practices that support wellbeing through critical reflection. This can work to challenge power dynamics and transform practice for a lifeworld approach to Aboriginal wellbeing to affirm Aboriginal identity, empowerment, and self-determination.

The positional element of a *communicative space* is apparent within the chapters presented in this thesis through relationships, time, and language. For example, in Chapter 1, I discuss my own identity and positionality concerning the research and practice context. Chapter 5 explores the self and collaborative reflexivity for equitable partnerships and the need to expose power dynamics in co-design research practice through language. Chapter 4 describes critical awareness, a key feature of positionality that requires time to explore values and relationships through intentional dialogue to be accountable to the lifeworld. Chapter 7 discusses shared language to critically

evaluate practices by actively seeking feedback from program participants to adapt their practices to better align with a lifeworld approach.

The positional element of a *communicative space* must seek to expose social positions and power that shape understandings, identities, purpose, and access in society. This can only occur through actions of deep reflexivity, which work to reveal and question our knowledge and experiences for cultural humility. Cultural humility is a “lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances” (Tervalon & Murray-García, 1998, p. 117). Hence, the transformation of understanding and practice reveals and challenges social positions of power through practising cultural humility developed through trusting and collaborative relationships to truly enable the intentional positionality of *walking alongside*.

8.3.3 Summary of a communicative space

In summary, a *communicative space* requires three elements (democratic, pluralistic, and positional) underpinned by language, time, and relationships to expose and explore assumptions of power and knowledge in the context of an Aboriginal wellbeing program. A *communicative space* is dynamic, moveable, and shapable, with permeable and changeable boundaries and contexts and flexible memberships of those from different lifeworlds and system representatives (Kolenick, 2021). A *communicative space* within the context of an Aboriginal wellbeing program proposes a space for collaborative exploration to transform understanding towards transformed practices that privilege Aboriginal Ways of Knowing, Being, and Doing (Martin & Mirraboopa, 2003) to support self-determination and Aboriginal holistic notions of health and wellbeing.

The process of transforming understandings requires people to grapple with power and knowledge inequities in health, education, research, and policy in the context of an Aboriginal wellbeing program. A *communicative space* holds the potential to generate transformative power through collaborative dialogues, critical reflection and inclusive decision-making processes as actions that guide praxis.

Transformed understandings developed in a *communicative space* are interconnected with transformed practices of *walking alongside* (see section 8.3.4 below) that embrace a lifeworld approach through receptiveness, openness, and cultural humility in the context of an Aboriginal wellbeing program.

8.3.4 Walking alongside

The three layers of praxis threaded throughout the chapters of this thesis support the culmination of the findings for *walking alongside*. I propose a model of *walking alongside* as the transformed practices *with* and *by* rather than *to* and *on* Aboriginal Peoples and communities. *Walking alongside* contributes to sustaining Spring into Shape, located on Gumbaynggirr Country (Chapter 7). Informing the transformed practices of walking alongside is a motivation of shared communication for understanding and a commitment to mutual decision-making in research, health, education, and policymaking contexts.

Walking alongside aligns with the Uluru Statement from the Heart (2017) that graciously offers, “We invite you to walk with us in a movement of the Australian people for a better future” (p. 1). *Walking alongside* is the shared responsibility of all involved, including health professionals, education, policymakers, and researchers, to transform their own practices and those of the system to support Aboriginal wellbeing programs for a better future. This transformation requires collaborative dialogue and a willingness to critically reflect on past practices and embrace novel approaches that prioritise the empowerment and self-determination of Aboriginal communities. *Walking alongside* is the culmination of Chapters 1-7, informing a model to guide praxis.

I understand that walking alongside for a lifeworld-focused approach requires three purposive social actions - fostering receptiveness, supporting openness, and nurturing cultural humility (see Figure 8.1). Each action is outlined below and expanded on in the section 8.4, page 261.

- i) ***Fostering receptiveness*** through language to expose social injustices to create discomfort towards colonising, dominant, and discriminatory practices. This action aims to challenge and change power dynamics, specifically highlighting and addressing colonising practices. It seeks to shift control and amplify the voices of those who have been marginalised. It promotes listening to privilege Aboriginal community voices, knowledges, and practices that promote holistic wellbeing for an Aboriginal lifeworld-focused approach *by* and *with* Aboriginal Peoples.
- ii) ***Supporting openness*** by spending time supporting critical questioning to privilege Aboriginal knowledge systems, theories, practices, and experiences, deeply. This action works to challenge and change normative assumptions of western knowledge systems through encouraging and respecting multiple knowledges that support holistic concepts of wellbeing.
- iii) ***Nurturing cultural humility*** through developing collaborative relationships to work together to build awareness of diversity, power inequities, and social contexts that affect practices. This action seeks to uncover and question underlying assumptions, biases, and power dynamics. It endeavours to realign the focus of power dynamics, ensuring that processes and measures of wellbeing are determined in collaboration with Aboriginal wellbeing program participants, Aboriginal communities, and Aboriginal-controlled organisations.

8.3.5 A model of transformed practice – walking alongside

I propose *walking alongside* as a model of transformed practice (Figure 8.1). This model aims to guide health professionals, educators, policymakers, and researchers towards a praxis supporting the self-determination of First Nations' wellbeing. The model is informed by collaborative and dialogical research processes (Chapters 2-7) and the dynamics and qualities that support a lifeworld approach and sustain the Spring into Shape Aboriginal wellbeing program (Chapters 6 and 7).

The model is framed by a path, using multiple colours to represent First Nations and non-Indigenous people *walking alongside* each other to transform the practices of non-Indigenous individuals and those of colonising health, education, and research systems (Figure 8.1). Social actions (fostering receptiveness, supporting openness, and nurturing cultural humility) are around the path as these are what people demonstrate on their journey for *walking alongside*. The pebbles in the middle are the elements (democratic, pluralistic, and positional) that form the base of support for *walking alongside* through transformed understandings. Conditions (language, time, and relationships) surround the elements to support a *communicative space* and the social actions. There are blue *pools of reflection* (Figure 8.1) along the way for people to intentionally stop what they are doing for moments of reflection and critically question how power structures, beliefs, attitudes, and biases (Dutta, 2010) impact *walking alongside*. Using personal, shared, or collective moments of reflection, those walking alongside can expose, challenge, and change inequities in a reflexive practice. This model of transformed practice works to guide health professionals, educators, policymakers, and researchers to the possibility of praxis. It should be envisaged as multi-dimensional and dynamic, representing the moving, interconnecting, and transformative nature of the *communicative space* (transformed understandings) and *walking alongside* (transformed practices), influencing each other through constant critical reflection and collaborative dialogues.

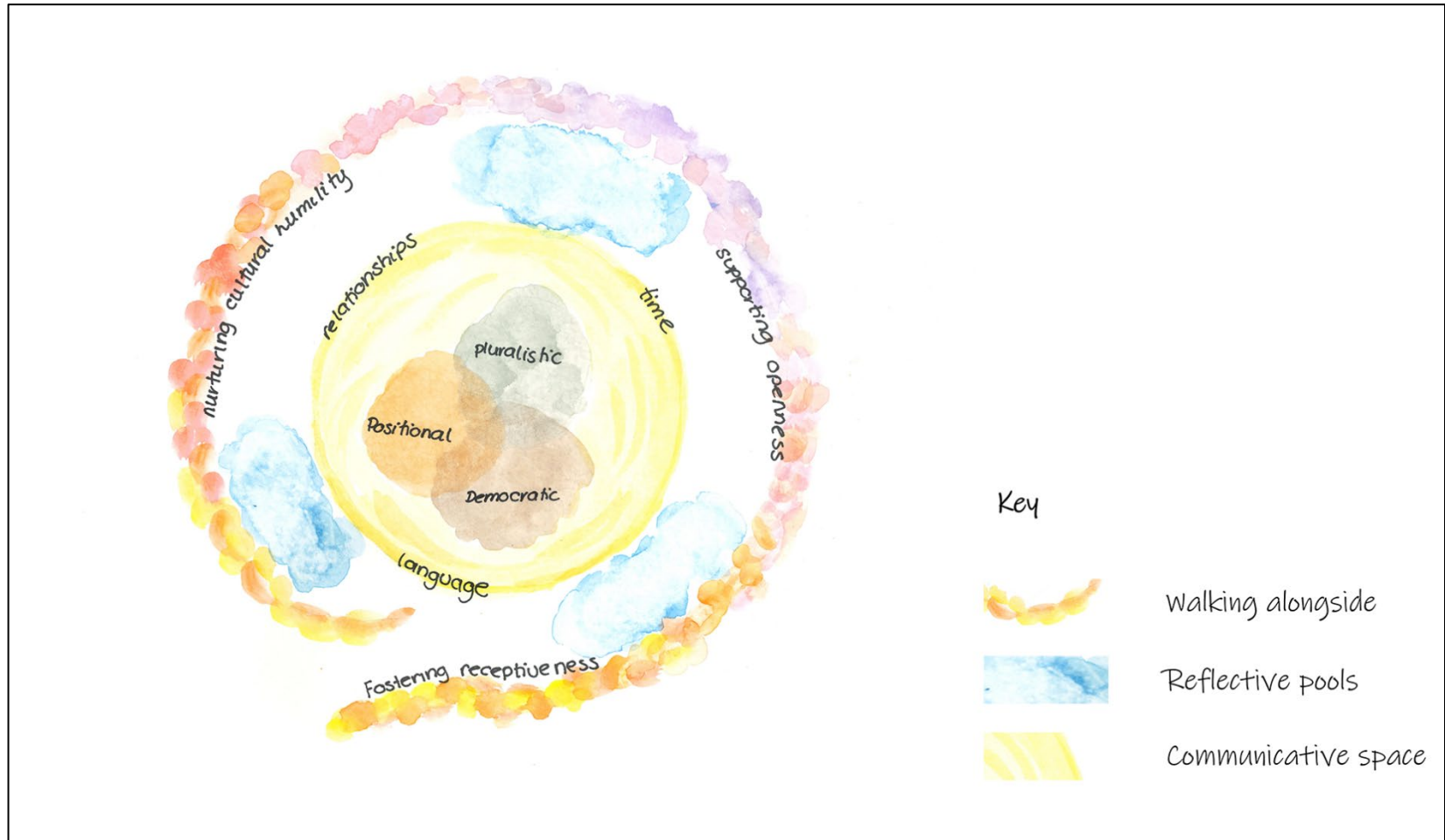


Figure 8.1: Walking alongside - A model of transformed practice

8.4 Actions to demonstrate the practices of walking alongside

Walking alongside in Aboriginal wellbeing programs are the transformed practices supported by purposive social actions (see Figure 8.1). These actions shift the discourse from biomedical dominance to structural aspects of wellbeing where relationships, social mobilisation, and agency, that privilege Aboriginal Ways of Knowing, Being, and Doing (Martin & Mirraboopa, 2003), play a role in wellbeing practices. The three purposive social actions (see Figure 8.1) demonstrate *walking alongside* in practice. The actions aim to include all people involved in wellbeing programs, including First Nations Peoples, students, researchers, educators, health service managers, health professionals, and policymakers. However, the responsibility lies with education and health institutions and governments to adequately support and resource people to undertake the actions (Paradies, 2018).

The actions to demonstrate the practices of *walking alongside* (below) were formed in the context of the Spring into Shape Aboriginal wellbeing program located on Gumbaynggirr Country, NSW, Australia. Examples of the purposive social actions that have been demonstrated in Spring into Shape are provided (See Box 8.1, Box 8.2 and Box 8.3).

These actions may be relevant in other contexts that support First Nations communities in Australia and other colonised countries. To apply these actions, it is crucial to assess the specific cultural, social, and environmental factors of the local area collaboratively and carefully. Any adaptation or implementation of these actions must be guided by local First Nations communities and align with a lifeworld approach.

8.4.1 Fostering receptiveness

Fostering receptiveness promotes dialogues that question the entrenched biomedical, discriminatory, and colonising norms of individuals, including students, health professionals, researchers, policymakers, educators, and others engaged in Aboriginal wellbeing programs. This action begins by fostering and exploring a

discomfort with the status quo using language. It involves using intentional language that challenges the norm by individuals engaged in teaching or research at institutions, health services and in everyday practices throughout society. Language must highlight social injustices through the misrecognition, misrepresentation, and maldistribution of the colonising present rather than illusions of only historical actions. Language needs to foster a shared and inclusive dialogue *by* and *with* Aboriginal Peoples rather than *about* them. Finally, language needs to invite rather than exclude people into a collaborative dialogue. The language used needs to be inclusive and take time to involve many people; it may challenge norms of discipline (jargon, academic), culture (varieties of English, speed of communication, requirement for an interpreter) or medium (spoken, written, or signed, including face-to-face or using technology).

Ways of demonstrating fostering receptiveness in practice:

- Universities, teachers, and facilitators use language to expose and advocate against the dominant nature of biomedicine through university coursework. They support health students (e.g., medicine, nursing, and allied health) to critically engage with the ideas of Aboriginal knowledge holders to challenge social injustices and colonialism through well-designed place-based learning approaches and collaborative dialogues (McKivett & Paul, 2023; Rix et al., 2023). Development of coursework that encourages students to explore, reflect, and develop inclusive language for a social justice stance as part of student practice.
- Health professionals, policymakers, and researchers are supported to engage in ongoing immersive practices and mentoring defined and led by local Aboriginal knowledge holders to identify and resist practices (including languages) that reinforce the dominance of biomedical models and colonising processes. Aboriginal knowledge holders are appropriately remunerated by institutions (education, health, or government) for their time, expertise, and experience.

- Aboriginal Peoples have the right to engage in truth-telling with non-Indigenous people, to share their experiences, through languages that they choose, of colonising structures and practices to draw attention to and redress systemic discriminating and racist practices in Aboriginal wellbeing settings. This ongoing process is sustained over time, with the methods determined by the local community and participants in the wellbeing program. This may involve a combination of both ad-hoc and scheduled meetings, fostering an environment where everyone actively listens to each other's ideas and uses inclusive language and expression that is accessible to all involved.

Box 8.1: Examples of fostering receptiveness demonstrated in Spring into Shape

- As a placement supervisor, I encourage nutrition and dietetics students on professional placement with the Spring into Shape program to develop inclusive use of language in their interactions with group participants and in their report writing.
- Spring into Shape participants are supported to Yarn with each other, the coordinator, Galambila staff, non-Indigenous health professionals, and Galambila management to collaboratively decide how to continue to improve the program. Respectful relationships support participants to raise concerns, and ideas are listened to by Galambila management.

8.4.2 Supporting openness

Supporting openness enables those entering the *communicative space* to develop critical questioning and an openness to practices that privilege Aboriginal knowledge systems, theories, and experiences, deeply. Supporting openness cannot work through a one-off or superficial western lecture or factsheet but through slowing down and spending time listening, thinking, and reflecting. Local First Nations knowledge holders need to guide this process.

Ways of demonstrating supporting openness in practice:

- Universities, teachers, and facilitators open student learning experiences to multiple knowledges by privileging Aboriginal Ways of Knowing, Being,

and Doing. Time and care are taken to protect Aboriginal knowledges from the appropriating capacities of institutions (Angell, 2019; Rix et al., 2023; Townsend-Cross, 2011). Hence, institutions foster place-based and meaningful relationships over time with local Aboriginal knowledge holders and, support and appropriately remunerate local Aboriginal knowledge holders to define and guide coursework that engages students in multiple theories of wellbeing (McKivett & Paul, 2023). The establishment of place-based relationships through student placements is one example that may foster opportunities for two-way learning.

- Health professionals, policymakers, and researchers are supported to privilege multiple knowledges in their practice. They are supported to take time to work collaboratively with local Aboriginal knowledge holders to find ways of working that deeply value Aboriginal Ways of Knowing, Being, and Doing in wellbeing, policy, and research.
- Aboriginal Health Workers, Aboriginal health professionals, Aboriginal community members and non-Indigenous people spend time immersing in collaborative discussions with Country to reform the right to practice Aboriginal Ways of Knowing, Doing, and Being for holistic wellbeing.
- Aboriginal Peoples have the right and support to enter, grow and be leaders in research, policy, and/or health careers. This means adequate support from institutions (universities and health services)/governments and ongoing opportunities for career development that deeply value and engage Aboriginal Ways of Knowing, Being, and Doing.

Box 8.2: Examples of supporting openness demonstrated in Spring into Shape

- As a non-Indigenous dietitian, I continued to spend time in collaborative discussions with Aboriginal knowledge holders, including Spring into Shape participants and Aunty Karen Roberts, to find ways of working and sharing knowledge that privilege and respect Aboriginal Ways.
- Aunty Karen Roberts was supported by Galambila AHS to complete her *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice* and continue to grow her career (Aboriginal Health & Medical Research Council of New South Wales, 2020). I acted as her mentor, supporting the learning of new technical and clinical skills in a culturally safe environment. Together we developed a way of working that enabled Aunty Karen to build skills and confidence in the technical/medical realm while celebrating and fostering strengths and experiences of Aboriginal ways of Knowing and Doing.

8.4.3 Nurturing cultural humility

Nurture those entering the *communicative space* to examine their own positionality through reflexivity to expose power and privilege to challenge dominant social structures that influence practices. Nurturing cultural humility is a lifelong commitment to learning through continued reflexivity. Cultural humility involves developing collaborative and respectful relationships that explore biases and power dynamics. Collaborative relationships can enhance awareness of diversity, power inequities and social contexts that affect perspectives and practices towards celebrating and embracing conflict in a positive way (Foronda, 2020). Ongoing critical deconstruction of dominant social structures can be confronting for those from dominant cultures (Rix & Rotumah, 2020). Therefore, time and support to develop trusting relationships are necessary to facilitate this difficult work and ease the potential negative impacts of this process (Townsend-Cross, 2011).

Ways of demonstrating nurturing cultural humility in practice:

- Universities, teachers, and facilitators create ongoing opportunities for student reflexivity that explores power and privilege in their practice contexts. They ensure cultural learning opportunities are created to safely challenge biases and power inequities to nurture learning (McKivett & Paul,

2023; Rix et al., 2023). Student placements that enable adequate time for students and support for supervisors to develop collaborative and meaningful learning relationships with Aboriginal Peoples and communities with which they work. This process is encouraged by allocating time for open communication, allowing for a deeper understanding and exploration of cultural humility.

- Health professionals, policymakers, and researchers seek to build ongoing collaborative relationships with Aboriginal Peoples, communities, and Aboriginal Health Workers whom they work with and nurture shared conversations about bias, power, and privilege in practice contexts (Wilson et al., 2015).
- Aboriginal Peoples and communities have the right to engage in ongoing truth-telling with governments and institutions (health services/universities) to challenge inequitable relationships that are unsafe, culturally ambivalent, destructive or that conflict with Aboriginal Ways of Knowing, Being, and Doing. This truth-telling triggers critical reflection by governments and institutions. It fosters collaborative discussions and defines agreed actions between communities and institutions or governments to redress inequities.
- Aboriginal Peoples and communities are adequately resourced by governments and institutions (health services/universities) for the right to define and engage in self-determination of wellbeing programs. This includes adequate staffing, support, opportunities for career progression and ongoing funding that shifts processes and measures of wellbeing to be decided on and enacted by Aboriginal Peoples and communities.

Box 8.3: Examples of nurturing cultural humility demonstrated in Spring into Shape

- Nutrition and dietetics students on professional placement with Spring into Shape spend time and respectfully build relationships with Spring into Shape participants. This is achieved by students working alongside participants at all exercise and cooking sessions over a period of five weeks. As their supervisors, Aunty Karen and I encourage students to critically reflect on their own positionality through weekly reflective discussions with us, scheduled into their timetable.
- Spring into Shape has been supported and funded since 2003, with participants, community and Galambila staff collaboratively defining and driving the program direction (Aboriginal Health & Medical Research Council of New South Wales, 2009).

8.5 Implications for practice, programming, and policy

The model of transformed practice, *walking alongside*, has the potential to impact and inform practice, programming, and policy by challenging the dominance of colonising ideals in Australian society towards the possibility of praxis for the self-determination of First Nations' wellbeing. I have highlighted possible implications through the three actions (below), Table 8.2 summarises aspirations for practice, programming, and policy in the context of wellbeing programs, drawing on findings and recommendations in Chapters 5-8.

- Fostering receptiveness challenges the paternalistic nature of authoritative discourse by promoting First Nations' voices to guide dialogues about First Nations' wellbeing practice, programming, and policy.
- Supporting openness challenges dominant western ways of knowing by promoting First Nations' knowledges to share ideas and wisdoms about holistic wellbeing to inform program practice, programming, and policy.
- Nurturing cultural humility challenges white privilege, biomedical, and eurocentric approaches towards reflexive and relational approaches to

practice, programming, and policy that privilege diverse First Nations cultures.

Hence, *walking alongside* as a model of transformed practice provides a way forward for practitioners, service managers, educators, and policymakers to critically challenge current practices and policies and be inclusive and respectful of the voices, knowledges, and cultures of First Nations Peoples.

Table 8.2: Aspirations for practice, programming, and policy in the context of First Nations' wellbeing programs

Practice	Accessible First Nations' wellbeing services that are culturally responsive and privilege the voices, knowledges, and cultures of the local First Nations' community. Practices are strengths-based and centred on First Nations theories of wellbeing and holistic approaches. First Nations communities and organisations are economically empowered to design and deliver services that are meaningful to their communities; underpinned by notions of capability-building and self-determination.
Programming	Programs are designed by and with (e.g. co-design) local First Nations communities, so that they may respond to the unique cultures and needs of diverse First Nations groups. First Nations Ways of Knowing, Being, and Doing underpin program design, delivery, and evaluation. Programs are funded to be inclusive and support ongoing holistic wellbeing.
Policy	Policymaking is driven by First Nations voices and is underpinned by strength-based, relational, capability-building, inclusive approaches. Policies are informed by holistic notions of wellbeing focused on First Nations cultures, languages, knowledges, and Country. Policy upholds and respects the rights and self-determination of First Nations Peoples, underpinned by representation, inclusion, and collaboration; supported by cultural, social, and political determinants of First Nations' wellbeing. Resource allocation is equitable and works to redress stolen lands, wages, and cultures of First Nations Peoples.

8.6 Strengths and limitations of this thesis

8.6.1 Strengths and limitations of thesis chapters

A summary of the strengths and limitations in the thesis chapters presenting original research articles that are published or under review (Chapters 4-7) are summarised in Table 8.3.

Table 8.3: Summary of strengths and limitations of Chapters 4 – 7

	Strengths	Limitations
Chapter 4: First Nation Peoples' nutrition and exercise group programs: Transforming success through the lifeworld.	Rigorous literature review method, adherence to PRISMA[†] guidelines (Moher et al., 2009) for search and selection of articles. Interpersonal reflexivity and Yarning to critically question methods and strengthen the transformation of understanding through inviting additional dialogue partners.	Texts used in different ways may have excluded data; however, this fit with the hermeneutic intention. Literature limited to adult First Nation People's Nutrition and Exercise group programs. It did not include populations <18 years or programs focused on other wellbeing activities.
Chapter 5: Experiences of co-designing research about a rural Aboriginal wellbeing program: Informing practice and policy	First study to develop a co-design practice model in the context of a rurally located Aboriginal wellbeing program. Varied sources (literature, reflections, Yarning data) informed collaborative Yarning for collaborative interpretation.	Limited to one rural Aboriginal wellbeing program, which may limit the western concept of generalisability. Two Aboriginal dialogue partners with four non-Indigenous dialogue partners may have influenced the interpretation to be more western-focused. However, thesis supervisors did not meet with the key group (Aunty Karen, Clint, and I), this aimed to enable the power of key discussions between two Aboriginal dialogue partners (Aunty Karen and Clint) and myself to have a strong influence on the findings.

	Strengths	Limitations
Chapter 6: Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy	Novel, strengths-based, and collaborative qualitative research methods designed with the Aboriginal community and ACCHS. Use of participatory methods for active involvement of participants as co-researchers.	Findings are based on one Aboriginal wellbeing program; hence, western concepts of generalisability may be limited. Use of the English language limited ability to fully honour Aboriginal knowledge and experiences. The need to adhere to academic writing conventions and the predominant use of English in scholarly journals.
Chapter 7: Sustaining an Aboriginal Wellbeing program in Australia: Insights for transformative health service practices.	Ongoing relationships fostered trust and facilitated meaningful engagement throughout the research process. Use of participatory methods for active involvement of participants as co-researchers.	Focus on a single program, which may limit the western notion of generalisability. Reliance on the English language poses challenges in fully describing the depth and richness of First Nations' experiences, particularly those expressed through oral local languages during Yarning. This limitation is further compounded by the need to conform to academic writing norms and the predominance of the English language in scholarly discourse.
†PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses; ACCHS: Aboriginal Community Controlled Health Service		

8.6.2 Overarching strengths and limitations of this thesis

Strengths

Work completed as part of this doctoral thesis was informed and strengthened by the six core values outlined by the National Health and Medical Research Council (2018a) in the publication: *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*. The six core values are spirit and integrity, cultural continuity, equity, reciprocity, respect, and responsibility. The application of core values strengthened the quality of the research and supported worthy topic choice, sincerity, rich rigour, credibility, resonance, ethical conduct, meaningful coherence and significant contribution (Tracy, 2010). I have briefly outlined each value in relation to how it strengthened this body of work:

- **Spirit and integrity** guided this body of work and held together the other five core values, with an ongoing motivation that the research should be of significant benefit to First Nations Peoples. Throughout this body of work, I demonstrated credibility and sincerity and acted with transparency, integrity and honesty (Sherwood, 2010) by maintaining an ongoing commitment to trusting, supportive, and respectful relationships with all of my research relations (Kennedy et al., 2022; Wilson, 2008). My research relations including Aunty Karen Roberts, dialogue partners, co-researchers, research participants, Spring into Shape participants and the Aboriginal Community on Gumbaynggirr Country. My relationships extended beyond the research as I supported other activities, including regular weekly cooking activities at Spring into Shape, as well as community events, including Elders Health Days. I maintained a personal diary to reflect on my actions and motivations to help me critique my thinking and actions and ensure I was acting with genuine spirit.

- **Cultural continuity** – The methods and theories that inform this body of work aim to privilege and respect Aboriginal Ways of Knowing, Being, and Doing (Griffiths et al., 2022; Martin & Mirraboopa, 2003). The research process worked to listen to many different voices when designing and undertaking the research and sharing the research findings. The critically framed research approach, alongside Aboriginal Yarning method, provides a significant and meaningful contribution to research that supports the self-determination of First Nations' holistic wellbeing concepts. Aboriginal Peoples were collaboratively involved in all stages of the research, from conceptualisation to dissemination, to ensure participants' stories were appropriately represented in the research findings (Kennedy et al., 2022).
- **Equity** –The research approach included in this body of work actively engaged in collaborative and dialogical processes for meaningful coherence and resonance across the research topic, methods, findings, and dissemination processes. Language and research activities were as inclusive as possible (e.g., plain language participant information statements, transport available to attend Yarning and plain language and images used in the findings booklet Appendix 6.3). A research agreement was co-developed with and supported by Galambila AHS through a respectful partnership (Appendix 1.1).
- **Reciprocity** – collaborative and dialogical research engaged “knowledge sharing” (Smith, 2012, pp. 16-17) as a process over time to share the way findings were constructed and presented. Collaborative approaches ensured that research findings were of benefit to the community by addressing community priorities and evaluating the quality and validity of the research (Griffiths et al., 2022; Maiter et al., 2008) (see Chapter 1). Community priorities occurred on the background of National priorities for the self-determination of First Nations People’s wellbeing (Closing the Gap, 2020).

The research approaches worked to build two-way capacity. Aboriginal dialogue partners and co-researchers developed skills including research writing, interpretation, technical and public speaking, and Aboriginal dialogue partners and co-researchers have shared their knowledges and culture to inform the research methods and findings. Co-researchers, dialogue partners, and community members have been properly credited for their contributions to the research (see example in booklet in Appendix 6.3). “Reporting back” (Smith, 2012, p. 16) was embedded as a principle of reciprocity through presenting work back to Galambila staff and managers, as well as the publication of a booklet for research participants, co-researchers, and the Aboriginal community located on Gumbaynggirr Country.

- **Respect** – All aspects of this body of work are underpinned by respect which enhances the research rigour. Respect was demonstrated through a commitment to respecting the values, norms, and aspirations of others. The right to voluntary and informed consent was upheld. Dialogue partners used appropriate language and spent time to ensure that participants and co-researchers understood all information (National Health and Medical Research Council, 2018a). This body of work recognises the individual and collective contribution of participants and co-researchers (see acknowledgement example in the publication Urquhart et al. (2021) presented in Chapter 4).
- **Responsibility** – Reflected through conducting research that does not harm (National Health and Medical Research Council, 2018a). The Aboriginal community, Galambila AHS, and Spring into Shape participants were involved and informed of all aspects of the research project. As part of my relational responsibilities (Kennedy et al., 2022) I maintained a weekly presence at Spring into Shape. I also met regularly with community

representatives at Elder's meetings and with Galambila staff. Additionally, alongside Aunty Karen, I presented two formal presentations to Galambila management and submitted bi-annual reports to Galambila management for their oversight and to minimise unintended consequences. I recognised my responsibility to maintain the research relationship and was closely supported by Aunty Karen Roberts as a dialogue partner and cultural mentor (Sherwood, 2010). The writing included in this body of work demonstrated a responsibility for ethical research practice, including clear reporting of positionality, reflexivity, and relationality (Kennedy et al., 2022).

Limitations

This body of work was conducted in the context of one Aboriginal group wellbeing program located on Gumbaynggirr Country, NSW, Australia; hence western concepts of generalisability may be considered a limitation. However, the methods and findings may inspire reflection and transformation of the reader's own understanding and practices in their own contexts through naturalistic generalisations towards transformed practices (Tracy, 2010).

The research project was undertaken in English, with most findings and reporting completed in an academic style for publication. This inherently works to maintain the power dynamics of the status quo and limits the opportunity to convey rich meanings in Yarning expressed through Aboriginal English (Eades, 2013) or traditional Aboriginal languages. Academic writing limits the accessibility of the research findings to the Aboriginal community, co-researchers, and research participants. Aunty Karen Roberts and I worked to mitigate this limitation by printing and disseminating a booklet that used visuals and plain language to communicate research findings (see Appendix 6.3).

There is terminology relating to the topic that could be explored in further research or discussion. For example, the concept of 'self-actualisation' as an innate

human need expressed through cultural practices, ceremony, and connection to Country (Ravilochan, 2022). Further discussion could consider ‘self-accusation’ and ‘self-determination’ and how they are used as part of ongoing decolonising research. The concept of ‘neocolonialism’ could be explored in greater depth within the context of this research. Neocolonialism has previously been explored in the context of First Nations Peoples in Australia and can be understood as entrenched, subtle, and enduring colonising ideals of dominant powers (e.g. government systems) that maintain oppression via socioeconomic and political means, such as by diminishing First Nations voices in decision making (Hart, 2018). I note that ‘colonialism’ and ‘neocolonialism’ are used interchangeably in the literature to describe oppression by colonisers, however, differ subtly. Further critique could work to expose the dominant post-colonial discourse that maintains power and control.

This research project involved First Nations and non-Indigenous contributors, including research participants, co-researchers, dialogue partners and community members who generously shared their knowledges to contribute to the research approach and findings presented in this thesis. Whilst I have endeavoured to clearly represent various roles that contributed to this research project, I recognise that further critical reflection could demonstrate this process more thoroughly and inform future collaborative research approaches.

Finally, despite continuing reflexivity and a commitment to praxis for decolonising research for the self-determination of Aboriginal People’s wellbeing, I recognise my own limitations as a non-Indigenous researcher and clinician. As a researcher and health professional, I have developed and maintained relationships with members of the local Aboriginal community. I have also worked with co-researchers to develop rigorous collaborative methods, and Aunty Karen Roberts has supported me as my cultural mentor. However, I want to acknowledge that, I do not hold “insider knowledge and status” (Sherwood, 2010, p. 282). Hence this body of work

should be viewed in a critical way to expose my inadvertent western gaze and disguised power dynamics towards an ongoing project of decolonising research.

8.7 Thesis conclusion

This chapter aimed to show how critical hermeneutics, through a lens of Habermas' theory of communicative action, was applied in this thesis to transform understandings and practices within the context of an Aboriginal wellbeing program on Gumbaynggirr Country, Australia. It aimed to consolidate the meanings derived from each chapter into a cohesive *whole*. In doing so, this chapter adds a third layer of praxis to this thesis, critiquing the role of western critical theory for a transformed understanding to establish a *communicative space*.

The three layers of praxis across this thesis: i) understanding my own process, ii) informing self and others, and iii) interrogating western modernity, support the culmination of the findings for a model of transformed practice through *walking alongside*, to guide praxis. It is through the practices of *walking alongside* in education, policymaking, healthcare, and research contexts that people (e.g., First Nations Peoples, students, educators, health professionals, policymakers, and researchers) can work together to actively disrupt the prevailing social injustices and systemic hegemonies rooted in colonialism. This transformative approach is important in empowering those engaged in an Aboriginal wellbeing program to enact and critically reflect on their purposeful social actions towards the possibility of praxis. This disruption paves the way for a transformation that privileges a lifeworld approach for Aboriginal wellbeing, grounded in Aboriginal Ways of Knowing, Doing, and Being. Reform that champions the capability and cultural legitimacy of a First Nations' lifeworld approach upholds the principle of self-determination in the pursuit of holistic wellbeing.

Box 8.4: A final reflection

Although this thesis is informed by Habermas' theory of communicative action, critical Indigenous scholarship continues to rightfully hold to account the dominance and power of western understanding and practice. This notion of multiple knowledge systems and ways of practising is a tension I have explored and travelled with throughout the chapters of this thesis and one which continues to unsettle my understanding and has changed the way I practise. In her paper *Critical Theory in a Decolonial Age*, critical pedagogist and social justice researcher Jan McArthur eloquently reflects on the transformation of practices from a critical perspective:

For genuine transformative change to occur, which is the core purpose of decolonisation, we all need to change, and this includes western scholars. Indigenous thought tells us this. Critical theory tells us this. This is the ultimate plateau on which we must join as fellow travellers. How do we know if we have reached this place? We know because we see changes in ourselves, in our practices, our relationships – and our most treasured beliefs – and not simply see change as something that happens to others.
(p. 360)

Like McArthur, I think that the transformation of practices requires a recognition of the plurality of knowledge systems to enable us to *walk alongside* each other. Like Habermas, I understand that change in practices stems from dialogues that critique and challenge our previously unproblematic assumptions about the world that is made up of complex power dynamics. As a non-Indigenous person, I think I have transformed my understandings through engaging in critical, collaborative dialogue with Aboriginal and non-Indigenous people about Aboriginal Ways of Knowing and critically reflecting on my practices to work to privilege Aboriginal Ways of Being and Doing. I am committed to transforming

my practices and that of systems (health and education) and broader society. Transformation starts with me. It is not enough to only change my thinking (Russell, 2020). As hooks (1994) reminds us of Freire, conscientisation is never an end in itself “but is always joined by a meaningful praxis” (p. 47).

Within my identity as a clinician, educator, and researcher, I constantly reflect on the boundaries of system settings and how they continue to shape my practices. On a personal level, I lean into the theory, listening to challenging conversations and asking more questions where I can. I deeply value the relationships I share with Aboriginal participants of Spring into Shape, community members on Gumbaynggirr Country, co-researchers, and dialogue partners; our collaborative approach and shared stories continue to unsettle my way of knowing. I understand that transformation goes beyond theory and reflection; we also need to take action. There is an obligation to change personally, professionally, and in society. It is not a checklist approach but an ongoing commitment, pushing against the tide of institutional efficiency and success. This is how I will try and act, asserting *walking alongside* as a way of research, education, and clinical practice informed by my ongoing commitment to praxis.

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Appendices

Appendix 1.1 Signed research agreement

Research Agreement

Between

Galambila Aboriginal Health Service

Co-researchers Jen Cook and Natasha Monaghan

And

Lisa Urquhart (The University of Newcastle) her research supervisors Dr Leanne Brown (The University of Newcastle), Dr Kerith Duncanson (The University of Newcastle) and Dr Karin Fisher (The University of Newcastle)

This research agreement has been adapted from **The World Health Organisation's: Indigenous peoples & participatory health research: Annex B: Example of a research agreement concluded between CINE and an indigenous community in Canada**. Access date: 10/03/2018. Available from: http://www.who.int/ethics/indigenous_peoples/en/index14.html

Project Title: Exploring Perspectives of Success in an Aboriginal and Torres Strait Islander Focused Nutrition and Exercise Group Program

Expected length of project: 4 years

Scope of Project: The aim of the research is to explore, evaluate and develop a deep understanding of perspectives surrounding the notion of success in nutrition and exercise group programs delivered in Aboriginal and Torres Strait Islander communities. Study participants will be Aboriginal and Torres Strait Islander people from the Coffs Harbour community who are currently or previously participated in or are stakeholders in an existing Nutrition and Exercise group program. Participants will be asked to complete individual or group interviews, and invited to become co-researchers in data analysis stages.

Co-researcher Roles:

Lisa Urquhart: Community consultation, participant recruitment, obtaining consent, data collection, data analysis, writing and reporting findings to community and participants.

Jen Cook: Development of the project, oversee and facilitate culturally appropriate governance of the project, assistance with participant recruitment and data analysis, assistance with governance of the project as an Aboriginal researcher.

Natasha Monaghan: Development of the project, oversee and facilitate culturally appropriate governance of the project, assistance with participant recruitment and data analysis, assistance with governance of the project as an Aboriginal researcher.

Dr Leanne Brown: Supervision, advice and feedback regarding: community consultation, participant recruitment, obtaining consent, data collection, data analysis, writing and reporting findings to community and participants.

Dr Karin Fisher: Advice and feedback regarding on all components of the research. This includes methodology (collaborative dialogical inquiry), community consultation, participant recruitment, obtaining consent, data collection, data analysis, writing and reporting findings to community and participants.
Co-supervisor and Co-researcher within the collaborative dialogical inquiry.

Dr Kerith Duncanson: Advice and feedback regarding: community consultation, participant recruitment, obtaining consent, data collection, data analysis, writing and reporting findings to community and participants.

The researchers, as named, and Galambila agree to conduct the above-named research project with the following understanding

- 1. Methods to be used, as agreed by the researchers and the community, are:**
 - a. Confidential group or individual participant yarning sessions lasting between 60-90mins facilitated by Natasha Monaghan and Lisa Urquhart. Yarning sessions will be audio recorded.
 - b. One to three 2-3 hour research meetings inviting participants who had agreed to return after initial yarning to become co-researchers. Co-researchers will create an artwork with the assistance of a local artist. Meetings will be audio recorded.
- 2. Community training and participation, as agreed, is to include:**
 - a. During research meetings the co-researchers will discuss the themes illustrated in yarning and create an artwork based on these themes.
 - b. Galambila staff member co-research will be upskilled in research data collection and facilitation of yarning sessions for research. As well as data analysis and interpretation.
 - c. The development of this research project is based on community involvement and researchers. All efforts will be made to incorporate and address local community
- 3. Information collected is to be shared, distributed, and stored in these agreed ways:**
 - a. Participant data will not be shared with anyone, and all data will be de-identified and secured in a locked cabinet at University of Newcastle Department of Rural Health Coffs Harbour.
 - b. If data is required in future, necessary human ethics applications will be re-submitted and, informed and written consent will need to be regained from participants.
 - c. Project outcomes will be disseminated through: Journal publication(s), booklet/information sheet(s) which are particularly relevant and culturally appropriate for Galambila staff and project participants, artwork(s), conference presentation(s) and Masters Thesis.
- 4. Informed consent of individual participants is to be obtained in these agreed ways:**

- a. All prospective participants will be provided with an information sheet and consent form. Informed written consent must be obtained from participants prior to participation in research activities.
- 5. The names of participants and the community are to be protected in these agreed ways:**
 - a. Participants will not be identified in anyway in publications arising from this research. Codes or pseudonyms will be used to store information and protect participant identity.
 - b. Galambila will be consulted prior to publication whether they as a community organisation would like to be identified, or whether this should be omitted.
- 6. Project progress will be communicated to the community in these agreed ways:**
 - a. The research team will provide bi-annual updates to the CEO of Galambila, for communication to the board.
 - b. The researchers will be available for contact by community if any concerns arise
- 7. Intellectual property ownership of the researchers is agreed on in these ways:**
 - a. The researchers respect that data belongs to the individual.
 - b. Aboriginal knowledge which is imparted to researches will always be considered and respected as 'owned' by the individual or community, never the researcher.
 - c. All participants and co-researchers will be acknowledged appropriately in any formal or informal publications resulting from this project.
 - d. Intellectual property arising from the research will be owned by co-researchers

Benefits

There is a benefit for participants, co-researchers, the local and wider community associated with this project.

- Participants will be invited to share their stories, opinion and views. The expected outcomes aim to benefit individuals, validating and strengthening methods of health care delivered by Aboriginal Health Services. Outcomes will aim to inform culturally sensitive ways of involving people in quality and effective healthcare at an individual level.
- The methodologies chosen for this research project are sensitive to Aboriginal ways of knowing and learning, and traditional ways of sharing knowledge. The aim of the research is to allow both participant and researcher to feel good about doing research, and leave yarning sessions feeling positive.
- Involving participants as co-researchers in collaborative dialogical inquiry creates opportunities to shape research outputs effecting their local community and advancing interest of Aboriginal and Torres Strait Islander peoples in research.
- Involving Galambila staff as co-researchers provides opportunity for up-skilling and enhances scope of practice in research. There will be opportunity for co-presentation in outputs such as conferences and publications from the project for Galambila co-

researchers. This also builds capacity for the direction of future research within the local community and through Galambila.

- The findings of this research will aim to benefit the local Gumbaynggirr community and wider community, by confirming and informing current and future Aboriginal and Torres Strait Islander healthcare program design and implementation.
- The process of doing ethical and culturally appropriate research will aim to expand and strengthen health and research dialogue and relationships between the local Aboriginal Health Service, Aboriginal Health Workers and academic researchers.

Commitments

Galambila's commitment to the researchers is to:

- Work in partnership with researchers and co-researchers in collaborative dialogical inquiry research meetings.
- Keep informed on the project progress, and help in leading the project toward meaningful results.
- Communicate concerns to the researchers, so they may act on them accordingly.
- Provide opportunities for Researchers to present findings and/ or results to Galambila's workforce.

The researchers' main commitment to the Galambila is to:

- Inform the community on project progress through regular reporting
- Act as a resource to the community for nutrition-related questions.
- Act respectfully and ethically towards the local Aboriginal community, Galambila and participants
- Provide capacity building through collaborative dialogical inquiry to increase research capacity
- Co-present findings and/or results to Galambila's workforce.

The researchers agree to stop the research project under the following conditions:

If community leaders, for example the Galambila CEO, decide to withdraw participation; or if the researchers believe that the project will no longer benefit the community.

Supervising researcher:

Name: Dr Leanne Brown

Signature: _____

Date: 23/5/18

Witness: _____

Signature: _____

Appendix 2.1 Combined ethics approvals

HUMAN RESEARCH ETHICS COMMITTEE

Notification of Expedited Approval

To Chief Investigator or Project Supervisor:	Doctor Leanne Brown
Cc Co-investigators / Research Students:	Miss Lisa Urquhart Doctor Kerith Duncanson Doctor Karin Fisher Ms Natasha Monaghan Ms Jen Cook
Re Protocol:	Exploring Perspectives of Success in an Aboriginal and Torres Strait Islander Focused Nutrition and Exercise Group Program
Date:	09-Oct-2018
Reference No:	H-2018-0238
Date of Initial Approval:	09-Oct-2018

Thank you for your Response to Conditional Approval (minor amendments) submission to the Human Research Ethics Committee (HREC) seeking approval in relation to the above protocol.

Your submission was considered under Expedited review by the Ethics Administrator.

I am pleased to advise that the decision on your submission is **Approved** effective 09-Oct-2018.

In approving this protocol, the Human Research Ethics Committee (HREC) is of the opinion that the project complies with the provisions contained in the National Statement on Ethical Conduct in Human Research, 2007, and the requirements within this University relating to human research.

Approval will remain valid subject to the submission, and satisfactory assessment, of annual progress reports. *If the approval of an External HREC has been "noted" the approval period is as determined by that HREC.*

The full Committee will be asked to ratify this decision at its next scheduled meeting. A formal *Certificate of Approval* will be available upon request. Your approval number is H-2018-0238.

If the research requires the use of an Information Statement, ensure this number is inserted at the relevant point in the Complaints paragraph prior to distribution to potential participants. You may then proceed with the research.

Conditions of Approval

This approval has been granted subject to you complying with the requirements for *Monitoring of Progress, Reporting of Adverse Events, and Variations to the Approved Protocol* as detailed below.

PLEASE NOTE:

In the case where the HREC has "noted" the approval of an External HREC, progress reports and reports of adverse events are to be submitted to the External HREC only. In the case of Variations to the approved protocol, or a Renewal of approval, you will apply to the External HREC for approval in the first instance and then Register that approval with the University's HREC.

- *Monitoring of Progress*

Other than above, the University is obliged to monitor the progress of research projects involving human participants to ensure that they are conducted according to the protocol as approved by the HREC. A progress report is required on an annual basis. Continuation of your HREC approval for this project is conditional upon receipt, and satisfactory assessment, of annual progress reports. You will be advised when a report is due.

- *Reporting of Adverse Events*

1. It is the responsibility of the person first named on this Approval Advice to report adverse events.
2. Adverse events, however minor, must be recorded by the investigator as observed by the investigator or as volunteered by a participant in the research. Full details are to be documented, whether or not the investigator, or his/her deputies, consider the event to be related to the research substance or procedure.
3. Serious or unforeseen adverse events that occur during the research or within six (6) months of completion of the research, must be reported by the person first named on the Approval Advice to the (HREC) by way of the Adverse Event Report form (via RIMS at <https://rims.newcastle.edu.au/login.asp>) within 72 hours of the occurrence of the event or the investigator receiving advice of the event.
4. Serious adverse events are defined as:
 - Causing death, life threatening or serious disability.
 - Causing or prolonging hospitalisation.
 - Overdoses, cancers, congenital abnormalities, tissue damage, whether or not they are judged to be caused by the investigational agent or procedure.
 - Causing psycho-social and/or financial harm. This covers everything from perceived invasion of privacy, breach of confidentiality, or the diminution of social reputation, to the creation of psychological fears and trauma.
 - Any other event which might affect the continued ethical acceptability of the project.
5. Reports of adverse events must include:
 - Participant's study identification number;
 - date of birth;
 - date of entry into the study;
 - treatment arm (if applicable);
 - date of event;
 - details of event;
 - the investigator's opinion as to whether the event is related to the research procedures; and
 - action taken in response to the event.
6. Adverse events which do not fall within the definition of serious or unexpected, including those reported from other sites involved in the research, are to be reported in detail at the time of the annual progress report to the HREC.

- *Variations to approved protocol*

If you wish to change, or deviate from, the approved protocol, you will need to submit an *Application for Variation to Approved Human Research* (via RIMS at <https://rims.newcastle.edu.au/login.asp>). Variations may include, but are not limited to, changes or additions to investigators, study design, study population, number of participants, methods of recruitment, or participant information/consent documentation. **Variations must be approved by the (HREC) before they are implemented** except when Registering an approval of a variation from an external HREC which has been designated the lead HREC, in which case you may proceed as soon as you receive an acknowledgement of your Registration.

Linkage of ethics approval to a new Grant

HREC approvals cannot be assigned to a new grant or award (ie those that were not identified on the application for ethics approval) without confirmation of the approval from the Human Research Ethics Officer on behalf of the HREC.

Best wishes for a successful project.

Associate Professor Helen Warren-Forward
Chair, Human Research Ethics Committee

For communications and enquiries:
Human Research Ethics Administration

Research & Innovation Services
Research Integrity Unit
The University of Newcastle
Callaghan NSW 2308
T +61 2 492 17894
Human-Ethics@newcastle.edu.au

RIMS website - <https://RIMS.newcastle.edu.au/login.asp>

Linked University of Newcastle administered funding:

Funding body	Funding project title	First named Investigator	Grant Ref

20th July 2018

Dr Leanne Brown
Associate Professor (Nutrition and Dietetics)
Department of Rural Health
University of Newcastle
Callaghan NSW 2308

AH&MRC Ethics
Committee
02 9212 4777
ethics@ahmrc.org.au

Dear Dr Brown

HREC Reference number: 1411/18
Project title: Exploring Perspectives of Success in an Aboriginal and Torres Strait Islander Focused Nutrition and Exercise Group Program

Thank you for submitting the above research project for ethical review. This project was considered by the AH&MRC Ethics Committee at its meeting held on 18th June 2018 and subsequently delegated for full review.

I am pleased to advise you that the above research project meets the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* and ethical approval for this research project has been granted by AH&MRC Ethics Committee.

The Coordinating Principal Investigator is required to notify the AH&MRC HREC of any additional sites. Notification of withdrawn sites should also be provided to the AH&MRC HREC in a timely fashion.

The approved documents include:

Document	Date
1. Human Research Ethics Application	05/11/2017
2. Project Description	
3. Yarning Guide- for group or individual	
4. Information Statement for the Research project: Yarning about the 'Spring into Shape' program- Part A	
5. Consent Form: Yarning about the 'Spring into Shape' program Part A	
6. Information Statement for the Research Project: Yarning about the 'Spring into Shape' program Part B – Collaborative Dialogical Inquiry	
7. Consent Form for the Research Project: Yarning about the 'Spring into Shape' program Part B	
8. Advertisement Flyer	
9. Advertisement Postcard	
10. Diagrammatic representation of Project	
11. Evidence of Peer Review through The University of Newcastle	20/04/2018
12. Signed Research Agreement between Galambila Aboriginal Health Service and The University of Newcastle	21/05/2018

Approval of this project from AH&MRC Ethics Committee is valid from 20th July 2018 to 20th July 2019 subject to the following conditions being met:

- The Coordinating Principal Investigator will immediately report anything that might warrant review of ethical approval of the project.
- The Coordinating Principal Investigator will notify the AH&MRC Ethics Committee of any event that requires a modification to the protocol or other project documents and submit any required amendments in accordance with the instructions provided by the HREC. These instructions can be found at www.ahmrc.org.au/ethics.
- The Coordinating Principal Investigator will submit any necessary reports related to the safety of research participants in accordance with AH&MRC Ethics Committee policy and procedures. These instructions can be found at www.ahmrc.org.au/ethics.
- The Coordinating Principal Investigator will report to the AH&MRC Ethics Committee annually in the specified format and notify the HREC when the project is completed at all sites.
- The Coordinating Principal Investigator will notify the AH&MRC Ethics Committee if the project is discontinued at a participating site before the expected completion date, with reasons provided.
- The Coordinating Principal Investigator will notify the AH&MRC Ethics Committee of any plan to extend the duration of the project past the approval period listed above and will submit any associated required documentation. Instructions for obtaining an extension of approval can be found at www.ahmrc.org.au/ethics.
- The Coordinating Principal Investigator will notify the AH&MRC Ethics Committee of his or her inability to continue as Coordinating Principal Investigator including the name of and contact information for a replacement.
- The Coordinating Principle Investigator will submit the final draft report from the research, and any publication or presentation where data or findings are presented, to the AH&MRC Ethics Committee to be reviewed for compliance with ethical and cultural criteria prior to:
 - Any submission for publication; and/or
 - Any dissemination of the report

This letter constitutes ethical approval only.

Should you have any queries about the AH&MRC Ethics Committee's consideration of your project please contact Mr Sonny Green. The AH&MRC Ethics Committee Terms of Reference, Standard Operating Procedures, membership and standard forms are available from www.ahmrc.org.au or from the Ethics Coordinator.

The AH&MRC Ethics Committee wishes you every success in your research.

Yours faithfully,

Ms Val Keed
Chairperson AH&MRC Ethics Committee

Appendix 2.2 Excerpt from collaborative Yarning session 1

The excerpt below exemplifies co-researchers working together using a relational approach to interpretation involving active listening, mutual respect, layering ideas, consensus building, and meaning-making. This collaborative Yarning session took place on 11th July 2022, in a large conference room at the University of Newcastle Department of Rural Health. The collaborative Yarning involved 8 co-researchers (6 research participants, Aunty Karen Roberts and myself)

Abbreviations used in this excerpt:

LU: Lisa Urquhart

KR: Karen Roberts

CR-1-6: Deidentified co-researchers in order of contribution to the excerpt.

The excerpt follows below:

LU: What would the tree symbolise to you? [discussing a picture of a tree]

KR: Gumbaynggirr Country.

CR-1: Rainforest, this was sort of a lot of rainforest through the gullies and round the hills and that.

LU: And how does that fit with SIS?

CR-1: Part of the land isn't it?

CR-2: It's like a family to, you've got the main tree and then all the roots meaning different parts of the family.

CR-3: Family tree

CR-4: I'd go with the family.

KR: [Spring into Shape participant] told me a story about those, remember when we was down at the BBQ.

LU: So the roots mean the family of community?

CR-2: Yeah

LU: What about the leaves?

KR: Well, we are the branches, we are branching off from Spring into Shape too.

CR-5: But by you talking like that, you are also giving us ideas.

KR: Tell me to shut up if I need to shut up. But you know what I mean?

CR-5: Jokes – there is certain people here that should just shut up!

KR: In years to come we are the branches of that tree, and the people who is previous to us from 2003 they are the branches too, because they attended Spring into Shape. For good reason for their health and their wellbeing. So you can say that we are the branches – I can say that too because I used to be a client of Spring into Shape. We're branches.

CR-4: And it doesn't matter where we've come from

KR: It doesn't matter, even if you come from out west

CR-2: We are all related one way or another.

CR-4: Branched out

CR-2: A lot of different branches have lots of different families.

KR: See Spring into Shape we become family. We're Family, even though we might'nt be blood

CR-6: We train together three, four mornings a week

KR: We work together

CR-3: We're family

KR: And everybody looks after each other

CR-6: We do, we always check on each other.

CR-4: And we do

CR-2: The tree grows from the dirt, the soil, we go back to it when we have gone

CR-3: That's true

KR: Even if we do another tree that is going to represent the past, the future. Its going to represent the past because some people have died on.

CR-2: Maybe an evergreen?

KR: Yeah, even something like that because its going to keep going, well we hope so that it is going to keep going. Yeah some sort of a tree, even if its not going to be the Gumbaynggirr one if Spring into Shape can try and think of a tree and put their own tree there. With branches off, Spring into Shape. And we're going to call it Spring into Shape. For past, now and future – whoever comes along after all of us. Its just an idea.

LU: And that represents family?

KR: It represents family, but it also represents Spring into Shape and the participants. Because you know like past, present and future

CR-3: Yeah

CR-6: The family of Spring into Shape.

- End excerpt -

Appendix 3.1 Statement of contribution and collaboration for Chapter 3.

By signing below, I confirm that Research Higher Degree candidate Lisa Urquhart has contributed to the following paper:

Urquhart, L., Brown, L., Duncanson, K., Roberts, K., & Fisher, K. (2020). A dialogical approach to understand perspectives of an Aboriginal wellbeing program: An extension of Habermas' Theory of Communicative Action. *International Journal of Qualitative Methods*, 19, 1-10.

Lisa Urquhart contributed to all aspects of the article, including conceptualisation, data interpretation and drafting of the manuscript. Associate Professor Leanne Brown, Dr Kerith Duncanson, Mrs Karen Roberts, and Dr Karin Fisher assisted with conceptualising the article. Mrs Karen Roberts provided cultural mentoring. Dr Karin Fisher assisted with qualitative methodology. Dr Karin Fisher, Associate Professor Leanne Brown, Dr Kerith Duncanson assisted with project conduct and manuscript review in line with their capacity as PhD supervisors. All authors approved the final manuscript.

Ms Lisa Urquhart		19/10/23
PhD candidate	Signature	Date

Associate Professor Leanne Brown		13/12/23
PhD supervisor	Signature	Date

Dr Kerith Duncanson		08/12/2023
PhD supervisor	Signature	Date

Mrs Karen Roberts		19/10/23
Cultural mentor and co-author	Signature	Date

Dr Karin Fisher		17/11/23
PhD supervisor	Signature	Date

Appendix 4.1 Statement of contribution and collaboration for Chapter 4

By signing below, I confirm that Research Higher Degree candidate Lisa Urquhart has contributed to the following paper:

Urquhart, L., Fisher, K., Duncanson, K., Roberts, K., Munro, S., Gibbs, C., & Brown, L. (2021). First Nation Peoples' nutrition and exercise group programmes: Transforming success through the lifeworld. *International Journal of Qualitative Studies on Health and Well-being*, 16(1), 1-16.

Lisa Urquhart contributed to all aspects of the study including conceptualisation, literature searching and selection, data curation, data analysis, and drafting of the manuscript. Dr Karin Fisher, Dr Kerith Duncanson, Mrs Karen Roberts, Mr Simon Munro, Mr Clinton Gibbs, and Associate Professor Leanne Brown assisted with conceptualising the study and data analysis. Mrs Karen Roberts provided cultural mentoring. Dr Karin Fisher, Associate Professor Leanne Brown, Dr Kerith Duncanson assisted with project conduct and review of the manuscript in line with their capacity as PhD supervisors. All authors approved the final manuscript.

<u>Miss Lisa Urquhart</u>		<u>19/10/23</u>
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<u>Dr Karin Fisher</u>		<u>17/11/23</u>
PhD supervisor	Signature	Date

<u>Dr Kerith Duncanson</u>		<u>08/12/23</u>
PhD supervisor	Signature	Date

<u>Mrs Karen Roberts</u>		<u>19/10/23</u>
Cultural mentor and co-author	Signature	Date

<u>Mr Simon Munro</u>		<u>3/10/2023</u>
Co-author	Signature	Date

<u>Mr Clinton Gibbs</u>		<u>5/10/2023</u>
Co-author	Signature	Date

<u>Associate Professor Leanne Brown</u>		<u>13/12/23</u>
PhD supervisor	Signature	Date

Appendix 4.2 Supplementary Box 1 terminology

Supplementary Box 1: Selected terminology used in our literature interpretation.

First Nations: The authors have used this term to respectfully refer to people who identify as First Peoples from nations, lands, and territories around the world, and wish to acknowledge their diverse and rich cultures.

Australian Aboriginal: The authors have used this term to respectfully refer to First Peoples from the mainland of Australia.

Torres Strait Islander: The authors have used this term to respectfully refer to First Peoples who are from the Torres Strait Islands of Australia.

Maori: The authors have used this term to respectfully refer to First Peoples who are from the Islands of Aotearoa New Zealand.

Indigenous Canadian: The authors have used this term to respectfully refer to First Peoples who are from Canada.

American Indian: The authors have used this term to respectfully refer to First Peoples who are from the USA.

Alaskan Native: The authors have used this term to respectfully refer to First Peoples who are from Alaska, USA.

Native Hawaiian: The authors have used this term to respectfully refer to First Peoples who are from the Hawaiian Islands, USA.

Sources: National Museum of the American Indian (2021), Simeone (2020), Australian Institute of Aboriginal and Torres Strait Islander Studies (2018), Eckermann et al. (2010), Keith et al. (2017), Taonui (2017)

References:

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Appendix 4.3 Supplementary 2: Systematic search strategy

Table 1: PICO search strategy

Population	‘Aboriginal’ OR ‘Indigenous’ OR ‘First Nation’ OR ‘Indian’ OR ‘Maori’ OR ‘Inuit’ OR ‘Eskimo’ OR ‘Sami’ OR ‘Metis’ OR ‘Pima’ OR ‘Australian Aboriginal’ OR ‘Torres Strait Islander’ OR ‘Native’ OR ‘Oceanic Ancestry Group’ OR ‘Koori’ OR ‘Goori’ OR ‘Tiwi’ OR ‘American native continental ancestry group’
Intervention	(‘Nutrition’ OR ‘diet’ OR ‘cooking’ OR ‘food intake’ OR ‘exercise’ OR ‘physical activity’ OR ‘fitness’ OR ‘lifestyle’ OR ‘wellness’ OR ‘wellbeing’ OR ‘health education’ OR ‘lifestyle’ or ‘holistic’ or ‘self-management’) OR ((‘community’ or ‘peer’ or ‘elder’ or ‘health worker’ or ‘culture’) within three words of (‘based’ or ‘led’ or ‘group’ or ‘support’ or ‘manage’ or ‘develop’ or ‘implement’ or ‘design’ or ‘run’ or ‘evaluated’ or ‘ran’ or ‘program’ or ‘circle’ or ‘activity’ or ‘intervention’ or ‘course’ or ‘project’ or ‘session’ or ‘directed’)) OR ((‘aboriginal’ or ‘indigenous’ or ‘first people’ or ‘first nation’) within three words of (‘ways of knowing’ or ‘ways of being’ or ‘ways of doing’ or ‘ways of learning’)) OR ((‘aboriginal’ or ‘indigenous’ or ‘first people’ or ‘first nation’) within three words of (‘ontology’ or ‘epistemology’ or ‘pedagogy’ or ‘axiology’)).
Comparator	Not applicable
Outcome	(‘diabetes’ OR ‘hyperglycaemia’ OR ‘glucose intolerance’ OR ‘metabolic syndrome’ OR ‘Obesity’ OR ‘hypertension’ OR ‘cardiovascular disease’ OR ‘weight loss’ OR ‘kidney disease’ OR ‘chronic disease’ OR ‘high cholesterol’)

Table 2: Medline search strategy

1. exp american native continental ancestry group/ or oceanic ancestry group/	
2. ((aborigin* or indigenous or native*) adj5 (australi* or canad* or new zealand or americ*)).mp. [mp=title, abstract, original title, name of substance word,	

subject heading word, floating sub-heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	
3. Torres Strait* Islander*.mp.	
4. (maori* or sami* or inuit* or eskimo*).mp. or Inuits/	
5. (first nation* or first people*).mp.	
6. (metis or pima* or koori* or goori* or tiwi*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	
7. 1 or 2 or 3 or 4 or 5 or 6	
8. Diabetes Mellitus, Type 2/ or diabet*.mp.	
9. Metabolic Syndrome/ or Hyperglycemia/ or high blood glucose.mp.	
10. impaired glucose tolerance.mp. or Glucose Intolerance/	
11. OBESITY/ or OBESITY, MORBID/ or OBESITY, ABDOMINAL/ or obes*.mp.	
12. cardiovascular diseases/ or exp hypertension/ or heart diseases*.mp.	
13. OVERWEIGHT/ or weight-loss.mp. or weightloss.mp. or weight loss.mp.	
14. kidney disease.mp. or Kidney Diseases/ or renal disease*.mp.	
15. chronic disease*.mp. or Chronic Disease/ or cardiometabolic.mp. or cardi* metabol*.mp.	
16. Hypercholesterolemia/ or Atherosclerosis/ or high cholesterol.mp. or Arteriosclerosis/	
17. Coronary Disease/ or Dyslipidemias/ or dyslipidaemia.mp. or Hyperlipidemias/	
18. 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17	
19. Health Education/ or Diet/ or Health Promotion/ or (nutrition education or nutrition* intervention).mp. or Feeding Behavior/	
20. (nutrition* or healthy eating or diet* or food* or food intake*).mp.	
21. exp Healthy Diet/ or exp Life Style/	
22. Cooking/ or cook*.mp. or healthy eating*.mp.	
23. EXERCISE/ or exercise.mp.	
24. (physical activit* or physical inactivit* or fit* or sedentary).mp.	

25. (walk* or gym* or train*).mp. or WALKING/	
26. (wellness or well-ness or well ness or health* or wellbeing or well-being or lifestyle or life-style or life style or holistic or self manag* or self-manag*).mp.	
27. 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26	
28. ((communit* or peer* or elder* or health work* or cultur*) adj3 (base* or led* or group* or support* or manag* or develop* or implement* or design* or run* or eval* or ran* or program* or circle or activit* or intervent* or course* or project* or session* or direct*)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	
29. ((aborigin* or indigenous or first people* or first nation*) adj3 (ways of knowing or ways of being or ways of doing or ways of learning)).mp.	
30. ((aborigin* or indigenous or first nation* or first people*) adj3 (ontolog* or epistemolo* or pedagog* or axiolog*)).mp.	
31. 28 or 29 or 30	
32. 7 and 18 and 27 and 31	

Appendix 5.1 Statement of contribution and collaboration for Chapter 5.

By signing below, I confirm that Research Higher Degree candidate Lisa Urquhart has contributed to the following paper:

Urquhart, L., Roberts, K., Gibbs, C., Fisher, K., Brown, L. J., & Duncanson, K. (2022). Experiences of co-designing research about a rural Aboriginal well-being program: Informing practice and policy. *Australian Journal of Rural Health, 30*(6), 703-892.

Lisa Urquhart contributed to all aspects of the study including conceptualisation, drafting ethics application, data collection, data curation, data analysis, and drafting of the manuscript. Mrs Karen Roberts, Mr Clinton Gibbs, Dr Karin Fisher, Associate Professor Leanne Brown, and Dr Kerith Duncanson assisted with conceptualising the study and data analysis. Mrs Karen Roberts provided cultural mentoring. Dr Karin Fisher, Associate Professor Leanne Brown, and Dr Kerith Duncanson assisted with drafting the ethics application, project conduct, and review of the manuscript in line with their capacity as PhD supervisors. All authors approved the final manuscript.

Ms Lisa Urquhart		19/10/23
PhD candidate	Signature	Date

Mrs Karen Roberts		19/10/23
Cultural mentor and co-author	Signature	Date

Mr Clinton Gibbs		5/10/2023
Co-author	Signature	Date

Dr Karin Fisher		17.11.23
PhD supervisor	Signature	Date

Associate Professor Leanne Brown		13/12/23
PhD supervisor	Signature	Date

Dr Kerith Duncanson		08.12.2023
PhD supervisor	Signature	Date

Appendix 5.2 Supplement 1: co-design practice to policy

Supplement 1: Co-designing Aboriginal health research – mapping practice to policy

Policy reference informing our co-designed research	Our planned research activity	Our actual research activity	Co-reflections	Relation to model	Model highlighting principles and actions for community, researchers and/or policymakers
NH&MRC Keeping Research on Track II (National Health and Medical Research Council, 2018b) Levels of Aboriginal participation Aboriginal people skills development Meaningful research methods Acknowledge contributions.	Literature review with AHS co-researchers. Planned to read and respond to articles and grey literature. Deemed not feasible as method did not fit with diverse knowledges and ways of understanding.	Yarning about literature using quotes and themes as topics for discussion rather than whole articles which allowed yarning to flow freely for transformation of understanding.	Staffing and timeline changes meant the original plan was not feasible or appropriate. Yarning that drew on co-researcher rich life experiences informed a transformative literature interpretation. Diverse local knowledges were central to informing results.	Yandaarray (Walking together) to navigate complexities – flexible, strengths-based, relational. Duguula Nguraljili (Sharing together) to employ diverse knowledges – culturally safe, respectful, shared, strengths-based. Duguula Gayirray (Yarning together) to make power dynamics transparent – communicative, respectful, culturally safe.	Aboriginal health co-designed research needs to be flexible. Explicit need to make methods suitable for individuals and groups, consider communication differences and travel distances in rural settings. Revise contributor guidelines for publication to explicitly acknowledge different types of knowledges e.g., cultural. Revise author requirements for identification of First Nations People on an author list

Policy reference informing our co-designed research	Our planned research activity	Our actual research activity	Co-reflections	Relation to model	Model highlighting principles and actions for community, researchers and/or policymakers
Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (National Health and Medical Research Council, 2018a) Actively engaging participants and communities in negotiations about the meanings of the research topic and the methods of research.	Ongoing collaborative meetings and genuine community engagement about the research. Formal and informal meetings with AHS[†] manager, program coordinators, local Elder's group, and program participants.	Co-researchers invited to participate and assist at community events – i.e., NAIDOC[‡] week, Elder's Christmas party, Elder's Olympics. Invited to collaborate with AHS staff in other areas. Development of social and collegial relationships.	Relationships form the basis for engaging with community. Research forms part of community negotiations and discussions, along with social, therapeutic, and collaborative yarning.	Relationship between Community and co-researchers Yandaarray (Walking together) to navigate complexities – flexible, strengths-based, relational. Invigorating a shared spirit.	Co-designed research and community are relational and cannot be separated. Reflexively revise expectations of timing of research to ensure time to build relationships. For example – apply principles of Dadirri. (Ungunmerr, 1988) Develop reporting requirements about collaboration and communication beyond 'research' activities.

Policy reference informing our co-designed research	Our planned research activity	Our actual research activity	Co-reflections	Relation to model	Model highlighting principles and actions for community, researchers and/or policymakers
Closing the Gap (<i>National Agreement on Closing the Gap</i>, 2020) Driving their own development by making evidence-based decisions on the design, implementation and evaluation of policies and programs for their communities to develop local solutions for local issues.	Community and AHS and Local health service co-designed program delivered for 17 years. Co-designed research project to understand success of local program.	Co-researchers invited by AHS to explore success of long-standing program. Elders and cultural mentor driving knowledge development about local program.	Community knowledges in partnership with AHS have successfully built and maintained wellbeing program that benefits community.	Duguula Nguraljili (Sharing together) to employ diverse knowledges – culturally safe, respectful, shared, strengths-based. Duguula Gayirray (Yarning together) to make power dynamics transparent – communicative, respectful, culturally safe. Yandaarray (Walking together) to navigate complexities – flexible, strengths-based, relational.	Revise acknowledgment and remittance of expertise and evidence-base which does not fit within dominant ways of knowing. Strengthen longer term funding commitments to support successful rural programs to continue and grow.

Policy reference informing our co-designed research	Our planned research activity	Our actual research activity	Co-reflections	Relation to model	Model highlighting principles and actions for community, researchers and/or policymakers
NSW Aboriginal Health Plan 2013-2023 (The New South Wales Ministry of Health, 2012) Strategic Direction 6: Strengthening performance monitoring, management, and accountability	Co-researchers develop research agreement between AHS and University as part of ethics submission. The agreement outlined how the project would be undertaken and monitored to ensure accountability.	Co-researchers complete monitoring requirements outlined in the research agreement. Monitoring and accountability extended through community accountability e.g., ‘showing up,’ being present and yarning about how the research will work, changing processes to work for community.	Our accountability extended beyond institutional structures and involved many community members through yarning and building two-way understanding to co-create a research project to support local Aboriginal health.	Duguula Nguraljili (Sharing together) to employ diverse knowledges – culturally safe, respectful, shared, strengths-based. Duguula Gayirray (Yarning together) to make power dynamics transparent – communicative, respectful, culturally safe. Yandaarray (Walking together) to navigate complexities – flexible, strengths-based, relational.	Revise accountability frameworks to ensure rural community voice is represented beyond institutional structures. Ensure a wider representation of accountability (local rural Aboriginal community processes and western formalised) is incorporated by co-researchers into monitoring, management of research.

†Aboriginal Health Service

‡National Aborigines and Islanders Day Observance Committee.

- National Agreement on Closing the Gap*. (2020). The Australian Government, Retrieved from <https://www.closingthegap.gov.au/national-agreement>
- National Health and Medical Research Council. (2018a). *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*.
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-

Appendix 5.3 Acknowledgment of language knowledge holders

Acknowledgements: The authors wish to thank Steve Morelli, Birrugan Dunn-Velasco, and Tyson Ferguson for providing wisdom and Gumbaynggirr language to title the co-design practice model. Thank you for permission to celebrate Gumbaynggirr words and culture in this article.

Appendix 5.4 Yarning timing and locations

This appendix shows temporal and spatial aspects of research. Research Yarning with participants (individual Yarning) and co-researchers (collaborative Yarning) informed interpretation of understanding in chapters 5-7 of this thesis. A list of individual and collaborative Yarning is provided in Table A5.4.1, Photos of some of the Yarning locations are provided in Figures A5.4.1-A5.4.3.

It is important to note that COVID lockdowns were implemented in New South Wales, Australia, for most of 2020 and July-October of 2021.

Table A5.4.1: List of temporal and spatial aspects of each individual and collaborative Yarning sessions.

Individual Yarning	Date	Time in minutes	Location
1	8/05/2019	50	Coffs Harbour Jetty Foreshores – picnic table
2	14/06/2019	47	Boambee Reserve – picnic table
3	22/08/2019	45	Galambila Aboriginal Health Service – clinic room
4	9/10/2019	41	Galambila Aboriginal Health Service – clinic room
5	8/11/2019	62	Coffs Harbour Yacht Club (Café)
6	16/01/2020	59	Boambee Reserve – picnic table
7	14/04/2021	75	Sawtell Beach Surf Club – picnic table
8	11/06/2021	41	Coffs Harbour Jetty Foreshores – picnic table
9	1/09/2021	47	Telephone (due to COVID)
10	25/10/2021	39	Galambila Aboriginal Health Service – clinic room
11	2/12/2021	58	Boambee Reserve – picnic table
12	13/12/2021	27	Galambila Aboriginal Health Service – clinic room

Individual Yarning	Date	Time in minutes	Location
13	5/05/2022	62	Boambee Reserve – picnic table
14	10/06/2022	59	Galambila Aboriginal Health Service – Staff office
15	7/07/2022	56	Galambila Aboriginal Health Service – clinic room
Collaborative Yarning	Date	Time in minutes	Location
1	11/07/2022	180*	University of Newcastle Department of Rural Health Coffs Harbour – conference room
2	13/07/2023	180*	University of Newcastle Department of Rural Health Coffs Harbour – conference room

* Approximate time only, collaborative Yarning was a half-day event.



Figure A5.4.1: Example location of where individual Yarning took place – Coffs Harbour Jetty Foreshores picnic table.



Figure A5.4.2: Another example location of where individual Yarning took place – the second location at Coffs Harbour Jetty Foreshores.



Figure A5.4.3: Conference centre at the University Department of Rural Health Coffs Harbour set up for Collaborative Yarning on 11/07/22.

Appendix 6.1 Statement of contribution and collaboration for Chapter 6.

By signing below, I confirm that Research Higher Degree candidate Lisa Urquhart has contributed to the following paper:

Urquhart, L., Roberts, K., Duncanson, K., Brown, L., & Fisher, K. (2023). Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy. *Australian Journal of Health Promotion*, Early view, 1-13.

Lisa Urquhart contributed to all aspects of the study, including conceptualisation, drafting ethics application, data collection, data curation, data analysis, and drafting of the manuscript. Mrs Karen Roberts, Dr Kerith Duncanson, Associate Professor Leanne Brown, and Dr Karin Fisher assisted with conceptualising the study and data analysis. Mrs Karen Roberts provided cultural mentoring. Dr Karin Fisher, Associate Professor Leanne Brown and Dr Kerith Duncanson assisted with drafting the ethics application, project conduct, and review of the manuscript in line with their capacity as PhD supervisors. All authors approved the final manuscript.

Ms Lisa Urquhart		19/10/23
PhD candidate	Signature	Date

Mrs Karen Roberts		19/10/23
Cultural mentor and co-author	Signature	Date

Dr Kerith Duncanson		08.12.23
PhD supervisor	Signature	Date

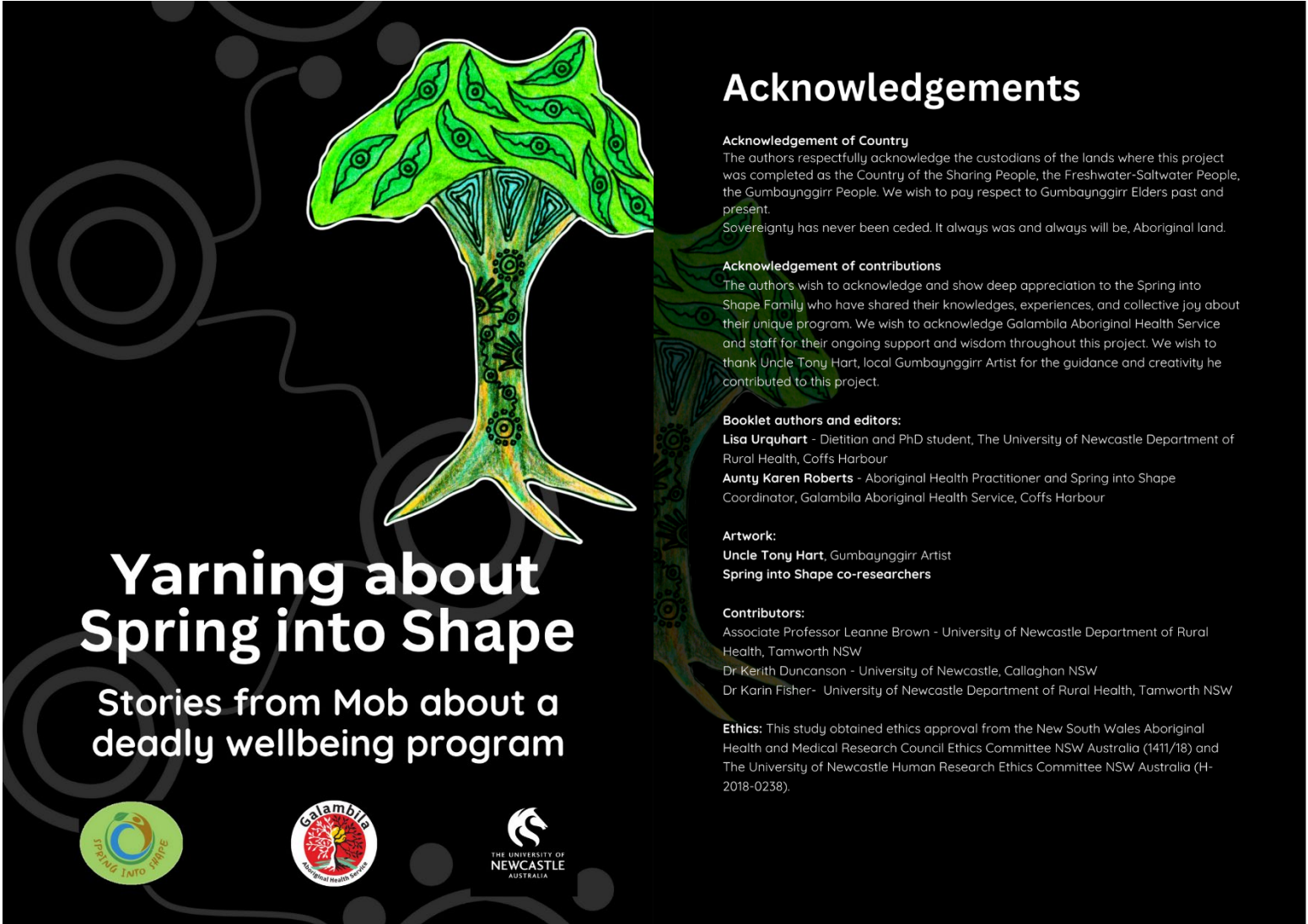
Associate Professor Leanne Brown		13/12/23
PhD supervisor	Signature	Date

Dr Karin Fisher		17.11.23
PhD supervisor	Signature	Date

Appendix 6.2 Collaborative Yarning t-shirt



Appendix 6.3 Yarning about Spring into Shape booklet



Yarning about Spring into Shape

Stories from Mob about a
deadly wellbeing program



Acknowledgements

Acknowledgement of Country

The authors respectfully acknowledge the custodians of the lands where this project was completed as the Country of the Sharing People, the Freshwater-Saltwater People, the Gumbaynggirr People. We wish to pay respect to Gumbaynggirr Elders past and present.

Sovereignty has never been ceded. It always was and always will be, Aboriginal land.

Acknowledgement of contributions

The authors wish to acknowledge and show deep appreciation to the Spring into Shape Family who have shared their knowledges, experiences, and collective joy about their unique program. We wish to acknowledge Galambila Aboriginal Health Service and staff for their ongoing support and wisdom throughout this project. We wish to thank Uncle Tony Hart, local Gumbaynggirr Artist for the guidance and creativity he contributed to this project.

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Lisa Urquhart - Dietitian and PhD student, The University of Newcastle Department of Rural Health, Coffs Harbour

Aunty Karen Roberts - Aboriginal Health Practitioner and Spring into Shape Coordinator, Galambila Aboriginal Health Service, Coffs Harbour

Artwork:

Uncle Tony Hart, Gumbaynggirr Artist

Spring into Shape co-researchers

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Ethics: This study obtained ethics approval from the New South Wales Aboriginal Health and Medical Research Council Ethics Committee NSW Australia (1411/18) and The University of Newcastle Human Research Ethics Committee NSW Australia (H-2018-0238).

The authors

Aunty Karen Roberts is a proud Dunghutti woman, with family ties to the Yuin, Gidabal, Birpai, Gumbaynggirr and Bundjalung Peoples. She has been the Spring into Shape Coordinator since 2018 and is an Aboriginal Health Practitioner.

Lisa Urquhart is a non-Indigenous woman of European background. She lives and works on Gumbaynggirr Country and has supported Spring into Shape since 2017 as a dietitian. This research project is part of Lisa's PhD.

Aunty Karen and Lisa share a strong connection and friendship fostered through working together on this research project.



Picture: Lisa (left) and Aunty Karen (right)

Introduction

The aim of this booklet is to tell the Galambila community about the results of a research project. The research project called 'Yarning about Spring into Shape' began in 2017 in response to the local Aboriginal community and Galambila staff wanting to better understand why Spring into Shape is so Deadly.

The research project found that Spring into Shape is a holistic program sustained by love, culture, respect, connection and belonging. Spring into Shape participant's experiences, knowledges and culture shape the program. The participants, coordinator, health professionals and managers use communication and language for shared understanding about the program.¹

Through trusting relationships, spending time and talking together participants, community, health professionals and managers can walk alongside each other to support the holistic wellbeing of our Mob.

Spring Into Shape is a wonderful program and it does do wonders. It gets you out and it gets you communicating with other people, mingling with other people, exercising. It's really, really good. It gets you active. - Quote from Yarning

About Spring into Shape

Spring into Shape is a group Aboriginal wellbeing program which was designed by and for Mob to help manage stress in a better way.



20 week program the runs twice per year coordinated by Aboriginal Health Worker.



To attend participants need a referral from their Galambila doctor.



3 exercise sessions and 1 cooking and nutrition session per week. Transport is available.

Co-designing the research project

Aunty Karen and Lisa Yarned with community Elders, Galambila staff and Spring into Shape participants to develop the research aim and project.

Research aim: To better understand why Spring into Shape is so Deadly

Aunty Karen and Lisa Yarned with 15 Spring into Shape participants and past program coordinators.

9 Spring into Shape participants joined with Aunty Karen and Lisa as co-researchers for 2-half day collaborative Yarning sessions

Co-researchers used collaborative Yarning and artwork with help from a local Gumbaynggirr artist to develop the research findings.

Representing co-researcher findings

The artwork on this t-shirt represents our research findings about what makes Spring into Shape so Deadly. The artwork was guided by Uncle Tony Hart a local Gumbaynggirr artist.



Story of the artwork

The tree represents Spring into Shape as a family - growing, nourishing and thriving. The animals were chosen by co-researchers to represent the many different Countries and cultures included in Spring into Shape.

The love heart in Aboriginal flag colours symbolise a deep love and respect for each other.

The blue and orange colours represent the land and sea of the Gumbaynggirr People – the Freshwater, Saltwater People. The background includes waterholes and meeting places and the sun lighting the way for us all.

Spring into Shape qualities

Aunty Karen and Lisa have chosen a quote from the Yarning to highlight each of the five qualities that sustain Spring into Shape:

Love

Meeting more people, enjoying their company and enjoy doing the exercises ... it's like a family, little things amongst us, in there. I love doing that, I do.¹

Connection

... just wanted to move back up here where my people used to roam the country... And [coordinator name] is very easy to get on with ... Yeah, so then I was more eager to participate in it [the program].¹

Respect

Well, it's because of the way we are treated. Like we are treated like queens, you know, somebody important. Everybody's got respect for everybody. Nobody puts anybody down. We're all on the same level. You know, it's not like that oh, [coordinator] is better than me or, you know, [participant] is better than me; we're all on the same level. We all respect and that's a big thing, we've got a lot of respect for each other.¹

Culture

And the Spring into Shape family is everybody that is in the family, but because we're all from different cultures, we all pull together... As a family.¹

Belonging

So, you've got to think of everybody, not just yourself, 'cause it's a group exercise thingo, you know, not just one piece or person, it's for everyone.¹

What actions and people sustain Spring into Shape?

Co-researchers described actions and people that sustain Spring into Shape. The participants, community, coordinator, health professionals and managers were important to the program. They talked together for shared understanding in the wellbeing journey:

The Spring into Shape coordinator walks in two worlds monitoring and mediating between participants and health service.²

Strong Aboriginal community and program participants asserting and advocating for their program.²

Communication for shared understanding about different points-of-view for participants and health professionals to understand each other as equals in the wellbeing journey.²

Health professional and manager allies who reflect and reshape their practice to privilege Aboriginal culture, knowledge and experiences of wellbeing.²

Sharing the story of Spring into Shape

Spring into Shape is a deadly program that involves participants, community, the coordinator, health professionals and managers as partners in shaping its journey - walking alongside each other.

The research engaged the power of story, rather than numbers or statistics to highlight how deadly the program is. The knowledge shared about Spring into Shape will help to inform better health and wellbeing services for Aboriginal People and communities. We hope that sharing this story inspires more programs like Spring into Shape to enable empowerment and self determination of holistic wellbeing for our Mob.

This is how we've got to connect, to work together. I help you and you help me...Me and you already have that relationship. If everybody else had that, it would be a better world.³
Aunty Karen Roberts - Spring into Shape Coordinator

References:

1. Urquhart L, Roberts K, Duncanson K, Brown L, Fisher K. Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy. *Australian Journal of Health Promotion*. 2023.
2. Urquhart L, Roberts K, Duncanson K, Brown L, Fisher K. Sustaining an Aboriginal Wellbeing program in Australia: Insights for transformative health service practices. *Journal of Health Services Research & Policy*. 2023;Under review.
3. Urquhart L, Brown L, Duncanson K, Roberts K, Fisher K. A Dialogical Approach to Understand Perspectives of an Aboriginal Wellbeing Program: An Extension of Habermas' Theory of Communicative Action. *International Journal of Qualitative Methods*. 2020;19.

Appendix 6.4 Acknowledgement appearing in published manuscript

The authors wish to acknowledge and show deep appreciation to the Spring into Shape Family who have shared their knowledge, experiences, and collective joy about their unique program. We wish to acknowledge Galambila Aboriginal Health Service and staff for their ongoing support and wisdom throughout this project. We wish to thank Uncle Tony Hart, local Gumbaynggirr Artist for the guidance and creativity he contributed to this project. Finally, we wish to acknowledge the Gumbaynggirr Peoples as the traditional custodians of the lands on which this research took place. We pay our respects to Gumbaynggirr Elders past and present.

Appendix 7.1 Statement of contribution and collaboration for Chapter 7.

By signing below, I confirm that Research Higher Degree candidate Lisa Urquhart has contributed to the following paper, which is currently under review:

Urquhart, L., Roberts, K., Duncanson, K., Brown, L., & Fisher, K. (2023). Sustaining an Aboriginal wellbeing program in Australia: Insights for transformative health service practices. *Journal of Health Services Research & Policy* [Manuscript submitted for publication].

Lisa Urquhart contributed to all aspects of the study including conceptualisation, drafting ethics application, data collection, data curation, data analysis, and drafting of the manuscript. Mrs Karen Roberts, Dr Kerith Duncanson, Associate Professor Leanne Brown, and Dr Karin Fisher assisted with conceptualising the study and data analysis. Mrs Karen Roberts provided cultural mentoring. Dr Karin Fisher, Associate Professor Leanne Brown, and Dr Kerith Duncanson assisted with drafting the ethics application, project conduct, and review of the manuscript in line with their capacity as PhD supervisors. All authors approved the final manuscript.

<u>Ms Lisa Urquhart</u>		<u>19/10/23</u>
PhD candidate	Signature	Date

<u>Mrs Karen Roberts</u>		<u>19/10/23</u>
Cultural mentor and co-author	Signature	Date

<u>Dr Kerith Duncanson</u>		<u>18.12.23</u>
PhD supervisor	Signature	Date

<u>Associate Professor Leanne Brown</u>		<u>13.12.23</u>
PhD supervisor	Signature	Date

<u>Dr Karin Fisher</u>		<u>17.11.23</u>
PhD supervisor	Signature	Date

Appendix 7.2 Supplement 1: Methods

This supplement provides further detail to demonstrate the data collection and interpretive process that were used to interpret the findings in this study. Table 1.S. describes details of the two Phases (Phase A and Phase B) of the data collection process, including example questions that guided Yarning facilitation. Figure 1.S. diagrammatically represents our critical hermeneutic interpretive process using the two Phases, as well as data synthesis between Phases. Box 1.S. provides an example of questions that guided our critical hermeneutic interpretation, these questions were used to guide coding of the data, and to understand the individual codes in relation to our transforming horizon of understanding (Trede et al., 2008).

Table 1.S.: Yarning participants, locations, method, and example Yarning topics over two phases of the study.

	Participants	Location	Method	Example Research Yarning topics/questions [†]
Phase A text-set – Individual Yarning May 2019- July 2022^{††}	13 program participants (1 telephone, 12 face-to face) 2 past staff members (face-to-face)	Face-to-face local settings nominated by the participant, venues included Galambila Aboriginal Health Service, caf��s, or public recreation areas.	<i>[author blinded]</i> and <i>[author blinded]</i> facilitated Yarning with each individual participant ^{†††}	How does Spring into Shape support wellbeing? What are the things that help achieve wellbeing? (i.e., people, relationships, places) How important is it that Spring into Shape is linked to community, culture, and Galambila? How does Spring into Shape keep being sustained?

	Participants	Location	Method	Example Research Yarning topics/questions [†]
Phase B text-set – Collaborative Yarning July 2022	Session 1: 8 Co-researchers (6 program participants, KR and LU)	Large conference room at the University of Newcastle	Collaborative Yarning ^{†††} using quotes and images inspired by Phase A. Significant images included a tree, Spring into Shape logo and local Aboriginal artwork symbols for meeting place, people, and journeys.	How does this concept represent [<i>program blinded</i>]? What is missing? What needs to be included for Spring into Shape to work? What gets in the way?
	Session 2: 7 Co-researchers (5 program participants, KR and LU)	Department of Rural Health, Coffs Harbour ^{††††}	Co-researchers and local artist co-developed a collaborative collage.	How does Spring into Shape foster wellbeing? How do resources and governance influence the program? How is Spring into Shape different from other health programs?

[†]Example Research Yarning topics and questions only. Both phases also involved family and social Yarning to develop trust and relationships, and therapeutic Yarning to explore and re-think personal health experiences, as well as cross-cultural Yarning to work together for transformed understanding (see Box 2) (for further detail see: Bessarab & Ng'andu, 2010; Walker et al., 2014).

^{††} COVID-19 precautions prevented Yarning for 14 months.

^{†††} All Yarning participants were offered transport and refreshments

^{††††} Location chosen in collaboration with co-researchers because of appropriate size, availability, accessibility, and privacy.

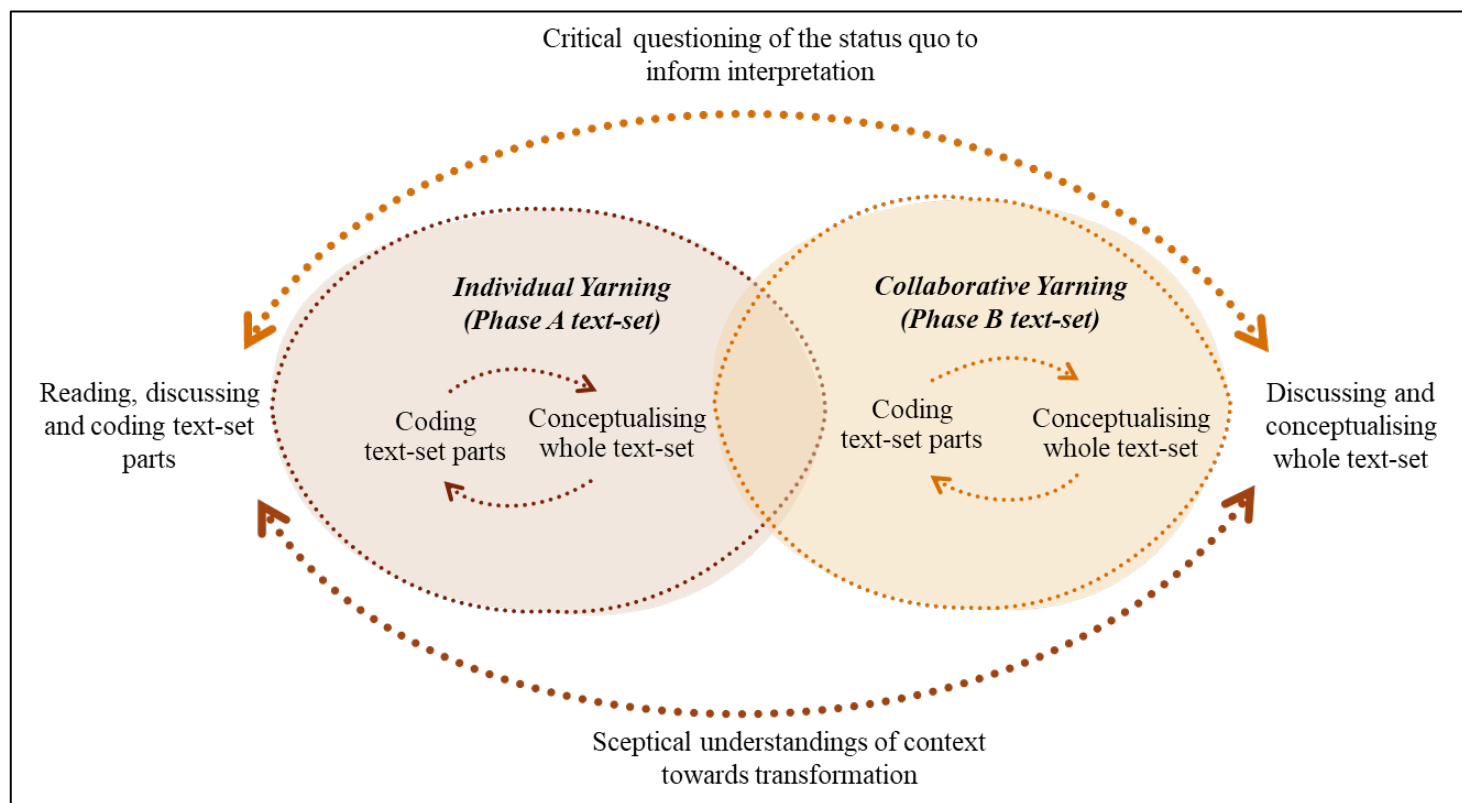


Figure 1.S.: Cycle of our hermeneutic process for interpretation for and between Phase A text-set and Phase B text-set using questions (Box 1), which can be imagined as a cycles within cycles towards a transformed understanding (Trede et al., 2008). This process was underpinned by respect, communication, and relationality to privilege Aboriginal Knowledges and Ways of Doing

Source: Bessarab & Ng'andu, 2010; Martin & Mirraboopa, 2003; Wilson, 2008.

Box 1.S.: Sample of *critical questioning about program dynamics the status quo* which prompted interpretation cycles between ‘the parts’ and ‘the whole’ for Phase A, Phase B, and between both Phases, depicted in Figure 1.S.

What are the experiences in an Aboriginal group wellbeing program?

How is language used in the context of an Aboriginal wellbeing program?

How do participants and health professionals reach shared understanding and coordinate actions? What gets in the way? How could it be otherwise?

How is power represented within the program?

What are the power relations? How could it be different?

What maintains the status quo? What disrupts the status quo?

What is hidden? What are the assumptions? What is the intent?

Whose voices are represented? How do we know?

What notions transform our understanding of what sustains an Aboriginal group wellbeing program?

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