



# ABORIGINAL PARTICIPATORY ACTION RESEARCH: AN INDIGENOUS RESEARCH METHODOLOGY STRENGTHENING DECOLONISATION AND SOCIAL AND EMOTIONAL WELLBEING

*Discussion Paper and Literature Review*

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# ACRONYMS AND ABBREVIATIONS



<b>AIATSIS</b>	Australian Institute of Aboriginal and Torres Strait Islander Studies
<b>APAR</b>	Aboriginal Participatory Action Research
<b>CBPR</b>	Community-based Participatory Research
<b>CSEWB</b>	Cultural, Social and Emotional Wellbeing (CSEWB) Program
<b>FST</b>	Feminist Standpoint Theory
<b>FWB</b>	Family Wellbeing Program
<b>IKS</b>	Indigenous Knowledge Systems
<b>IRM</b>	Indigenous Research Methodology
<b>IST</b>	Indigenous Standpoint Theory
<b>KELHP</b>	Kimberley Empowerment, Leadership and Healing Project
<b>NEP</b>	National Empowerment Project
<b>NHMRC</b>	National Health and Medical Research Council
<b>PAR</b>	Participatory Action Research
<b>SEWB</b>	Social and Emotional Wellbeing
<b>SEWB Framework</b>	<i>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing Framework, 2017–2023</i>
<b>SHRG</b>	Social Health Reference Group
<b>SMSC</b>	Stories of Most Significant Change
<b>WHO</b>	World Health Organization

# INTRODUCTION



This discussion paper explicates the concepts and application of a critically reflexive and transformative Indigenous Research Methodology (IRM) — Aboriginal Participatory Action Research (APAR) — designed to centre and increase Indigenous voice and ‘epistemic self-determination’ in Indigenous research and psychology. The intent is to justify and legitimate Indigenous knowledges and methodologies as authentic, rightful, valued, and critical components of transformative research in Indigenous contexts to build self-determination in communities, strengthen Indigenous social and emotional wellbeing (SEWB) and Australian Indigenous psychology. This is an urgent and crucial project, given Aboriginal and Torres Strait Islander communities are seeking individual, family, and collective solutions to psychological distress and high suicide rates, which are the legacy of complex forms of trauma and dispossession inflicted by a genocidal settler culture. This paper describes how by extending and Indigenising conventional Participatory Action Research (PAR) principles, protocols and practice, APAR has been successfully applied to achieve Indigenous voice and epistemic self-determination, strengthen community SEWB and contribute to the development of a distinctive Indigenous psychology. Each of these outcomes are evident in three innovative Indigenous mental health and wellbeing strength-based empowerment projects: the Kimberley Empowerment, Leadership and Healing Project (KELHP) (Dudgeon et al. 2012); the subsequent National Empowerment Project (NEP) (Dudgeon et al. 2014a), and the Cultural, Social and Emotional Wellbeing (CSEWB) Program (Mia et al. 2017).

However, this discussion paper is not simply arguing that APAR is a version of, or an Indigenised form of, a Western research method: rather, the theory and practice of PAR comes from Indigenous de-colonial community capacity building practices and principles which were documented in the developing world during the 1970s (Hall & Tandon 2017a, 2017b, 2018). The Indigenous foundations of PAR are frequently erased in the literature in the field. Indeed, both PAR and the principles of holistic participatory community development which underpin the primary health care movement have occluded Indigenous origins (Pols 2018; Amrit 2006; Fee, Cueto & Brown 2008). For example, the historically important *Declaration of*

*Alma-Ata* (WHO 1978) which instigated the international primary health care movement was influenced by the community-controlled holistic Indigenous health care systems which were discussed in Newell’s 1975 edited collection *Health by the People* (Newell 1975). An outcome of the WHO/UNICEF Study of Alternative Approaches to Meeting Basic Health Needs of Populations in Developing Countries, this groundbreaking book focused on the de-colonising, community self-determination of rural Indigenous communities and their successful improvement of the conditions of everyday life. In Australia, the Indigenous primary health care self-determination movement began in 1971 with the establishment of the Aboriginal Medical Service in Redfern, Sydney, New South Wales. Significantly, this Indigenous model of care also “pre-dates and exemplifies the application of the Alma Ata Declaration on primary health care endorsed by the World Health Organization” (WHO 1978 cited in Bell et al. 2000 p.75). Likewise, participatory IRM’s have long been practised in Australia outside the academy and well before the academy named them as such.

To reiterate the focus of this paper: the emergence of distinctive APAR principles, processes and protocols within Australia driven by Indigenous people is explored in order to demonstrate how this IRM has contributed to the conceptualisation of Indigenous SEWB and Indigenous psychology. As an Australian IRM which generates knowledge by and for Indigenous people to restore or strengthen SEWB in individuals, families and communities, APAR is proposed as an important contribution to a strength-based Indigenous psychology — including community, social, clinical psychology and schools of psychology — which promotes empowerment, self-determination, and decolonisation approaches to research methodologies (Dudgeon & Walker 2015). As a community-based IRM, APAR generates a transformative strength-based psychology by and for Indigenous people, which is guided by a dynamic community empowerment praxis. This is evident in the community-based projects that have developed Indigenous specific indicators, screening and assessment tools and Indigenous healing therapies. Before the specific features of APAR are examined, it is useful to situate this IRM in relation to both Indigenous Australians and the global resurgence of Indigenous research in mental health.

To examine these complex and interrelated ideas this paper is organised into five sections.

**Section One: Key Indigenous Wellbeing Paradigms, Discourses and Disciplines** examines Indigenous SEWB and Indigenous Psychology focusing on key Indigenous wellbeing paradigms, discourses, and disciplines.

**Section Two: Indigenous Research Paradigms and Methodologies** explores Indigenous Standpoint Theory, Indigenous Knowledge Systems, Indigenous Research Methods and Methodologies and decolonising research and psychology.

**Section Three: Participatory Action Research** explores the emergence of PAR, the strengths and opportunities, and the challenges and criticisms.

**Section Four: Aboriginal Participatory Action Research** discusses what distinguishes APAR from PAR, and the role of APAR in contributing to Indigenous SEWB and Indigenous Psychology drawing on three community empowerment projects, KEHLP, NEP and CSEWB.

**Section Five: Indigenous Epistemology, Ontology, Axiology and Methodology – APAR** describes APAR's Indigenous epistemology, ontology, axiology and methodology covering Indigenous specific methods, guiding principles, research protocols and ethical guidelines.





# SECTION ONE: KEY INDIGENOUS WELLBEING PARADIGMS, DISCOURSES AND DISCIPLINES



This section suggests that epistemic self-determination is central to Indigenous wellbeing concepts, discourses, and paradigms as well as the discipline of Indigenous psychology. Epistemic self-determination underpins the reclamation, reconstitution, and articulation of the corpus of Indigenous knowledge systems and methodologies to achieve this.

The failure of governments to address significant inequities in the mental health and wellbeing outcomes of Indigenous Australians compared with the wider populations requires immediate and far-reaching changes to existing mental health and wellbeing programs and services. Encouragingly, the critical need to support Indigenous epistemic self-determination is acknowledged in the development of national policy frameworks in mental health, suicide prevention and SEWB and the *Gayaa Dhuwi* Declaration, and replicated within jurisdictional policies in many states in Australia. These policies and frameworks, mentioned in this paper, acknowledge the importance of traditional and contemporary Indigenous knowledges and experience in determining the solutions to improve SEWB outcomes going forward. In addition, peak medical, allied health and psychology associations and boards have recognised the need for cultural and clinical processes and practices that acknowledge Indigenous holistic and relational conceptions of health and SEWB in the diagnosis, treatment and management of mental health and wellbeing issues.

Critically, the effective implementation of these policies requires a commitment to decolonisation through the integration of Indigenous Research Methodologies (IRMs), the SEWB paradigm and the formal recognition of Indigenous psychology. This

section details the conceptual elements of Indigenous SEWB and Indigenous psychology. Section Two examines Indigenous knowledge construction as a collective process centring Indigenous voices (people-as-producers-of-knowledge) through the application of a critically reflexive, qualitative and transformative IRM, in order to extend the concepts and assert a moral and ethical need for the recognition of these distinctive Indigenous methodologies and disciplinary paradigms within the academy and wider institutions. This is essential for Indigenous people to be self-determining and flourishing communities within Australia.

## ***Indigenous Social and Emotional Wellbeing***

Indigenous SEWB is “an emerging multifaceted Indigenous health discourse which is becoming increasingly prominent within Australian mental health policy and practice” (Dudgeon et al. 2017a p. 317). Comprised of seven inter-related domains — body, mind and emotions, family and kinship, community, culture, Country, and spirituality — SEWB is a holistic, strength-based discourse and framework articulated by Gee et al. (2014) and further explored by Dudgeon and Walker (2015) as a decolonising strategy to interrupt “those aspects of psychology that are inimical to Aboriginal wellbeing” (p.276). As they point out: “acknowledging this holistic conception of Indigenous health is a crucial point of departure for decolonising psychology” (p. 277). As the following diagram depicts the domains or elements that comprise the SEWB model help to describe the connections between “a whole person, and, by extension, their family and community” (Katz et al. 2013 p.12).

**Figure 1: Social and Emotional Wellbeing Framework depicting the interplay of social and historical determinants (Gee et al. 2014)**



Figure 1 above shows that “the SEWB of individuals, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality...” (Gee et al. 2014 p. 58). This SEWB paradigm, based on an Indigenous holistic conception of health and wellbeing where the social, emotional and cultural wellbeing of the whole community comprises a distinct set of wellbeing domains and principles, and culturally informed practices that “differ in important ways with how the term is understood and used within Western health discourse” (Gee et al. 2014 p.57).

The SEWB model acknowledges the multiple and interrelated social, cultural, historical, and political determinants of Indigenous mental health and wellbeing. The determinants impact individuals differently at different transition points across the life course. They include risk factors associated with marginalization, exclusion, forced removal from family and Country, assimilation, racism and discrimination. These determinants also include protective factors such as active engagement in cultural practices related to Country and community self-determination associated with a sense of connection to Country and

kin for individual and collective identity (Australian Health Ministers’ Advisory Council 2017; Salmon et al. 2018; Zubrick et al. 2014). These unique cultural protective factors are a source of strength and resilience for Indigenous communities. Programs and services that strengthen Indigenous self-determination and governance, support traditional cultural practices, and enhance these protective factors are crucial to Indigenous SEWB (Kelly et al. 2009).

### **Indigenous Psychology**

Indigenous psychology has been described as “an intellectual movement across the globe, driven by an indomitable spirit to challenge the hegemony of knowledge and information in psychology” (Sundararajan et al. 2017 p.65). An editorial in the journal, *Australian Psychologist* by Dudgeon (2017) describes Indigenous psychology as “a powerful new discipline which was recognised at a global level with the establishment of the Task Force for Indigenous Psychology in the Society for Humanistic Psychology, Division 32, American Psychological Association in 2010.” (p.252). In that editorial, Indigenous psychology was described as a reaction against Western psychology



hegemony, and the need for Indigenous people to use their own practices for local solutions; to recognise their culture within psychological constructs; and to “use Indigenous philosophies and concepts to generate theories of a global discourse” (p.252). In the Australian context there is also a strong focus on decolonising the discourse of colonial psychology and restoring and building a strength-based Indigenous psychology in consultation with communities across Australia (Dudgeon et al. 2014c; Dudgeon & Walker 2015). These strategies are crucial to address the impacts of colonisation.

Indigenous Australians are the custodians of one of the Earth’s oldest, equitable, and sustainable cultures, a culture that has been traced back 55,000 years (Nagle et al. 2017). Prior to the British invasion in 1788 — “one of the greatest appropriations of land in world history” (Reynolds 2013 p. 248) — an estimated 250 Indigenous nations thrived on the continent (Green & Minchin 2014). However, with invasion came waves of genocidal violence and social engineering which traumatised surviving generations of men, women, and children, dispossessing them of land and culture in a vast attempt to extinguish Indigenous resistance and rights. Although Aboriginal and Torres Strait Islanders live in a country — *their Country* — whose exceptional wealth is derived from abundant natural resources, like many colonised Indigenous people, they now endure levels of poverty, social and economic disadvantage typical of displaced subaltern communities in developing nations (Quayle 2017). Furthermore, this entrenched inequality is compounded by subsequent chronic health and mental health inequities that are manifested in some of the world’s highest suicide rates among children and young people (AIHW 2019; Dudgeon et al. 2018).

Several studies and peak international health organisations, along with the disciplines of Indigenous and cross-cultural psychology and psychiatry, have demonstrated that the chronic mental health of Indigenous peoples across the world is a result of the ongoing assault of colonisation (Hartman et al. 2019; Kirmayer et al. 2000, 2014; Marmot 2011; Sherwood 2013). The cultural and social determinants of Indigenous mental health are identified in the proximal and distal effects of colonial violence and oppression (Fisher et al. 2019; O’Donnell & MacDougall 2016). Indeed, findings in the field of stress neurobiology have established that the compounding stress of colonial oppression and racism leads to allostatic loads which undermine Indigenous mental health (McEwen et al. 2012; McEwen & Wingfield 2003; Sarnyai et al. 2016).

Moreover, a pervasive and pernicious racism within the colonial mental health system has all too often functioned to disavow the traumatic impacts of these

structural factors while pathologising and stigmatising Indigenous peoples and their cultures. As one of the founding Australian Indigenous mental health leaders, Pat Swan, argued in her seminal 1988 monograph *200 Years of Unfinished Business*, the suppression and marginalisation of Aboriginal knowledge systems causes “a huge gap between service provider and user. As a result, mental distress in the Aboriginal community goes unnoticed, undiagnosed, and untreated.” (Swan cited in National Aboriginal Health Strategy Working Party 1989 pp. 171–72).

One of the consequences of this failure is a significant mental health gap between Indigenous and non-Indigenous Australians. Statistical evidence of higher levels of suicide, self-harm, and psychological distress points to a substantial national crisis (Dudgeon et al. 2016a). Indigenous peak bodies in Australia seek to close this mental health gap by working towards self-determination in the mental health system and addressing the cultural and social determinants of Indigenous mental health through state and federal policy interventions (Dudgeon et al. 2016b; Lowitja Institute 2020). A key component of this form of self-determination is the building of Indigenous knowledge systems, in particular those knowledge systems which have long supported the flourishing and survival of individuals, families and communities (Dudgeon et al. 2017b).

Strength-based Indigenous psychology interrupts colonial discourses that have historically pathologised Indigenous difference based on a biological determinist view supporting genetic, racialised and cultural deficit models. This has occurred by building and articulating an IRM which has demonstrated that collective self-determination and empowerment have a positive impact on Indigenous health and wellbeing (Dudgeon et al. 2014a; Dudgeon & Walker 2015; Daniel et al. 2006; Marmot 2011; Wallerstein 1992, 1993, 2006).

This paper demonstrates that IRMs that acknowledge the value of lived experience in informing Indigenous Knowledge Systems (IKS) can make important contributions to knowledge production in the social sciences including psychology on their own terms. These strategies include producing new knowledges and discourses underpinned by an Indigenous conceptual framework of SEWB, which “challenge mainstream psychological conceptions”; providing “a range of Indigenous-led strategies and solutions,” “tools and methods to support critical reflexivity,” equalise power relations and disrupt White privilege to contribute to Indigenous psychology and decolonise psychiatry, and other mental health disciplines (Dudgeon & Walker 2015 p.288).

## SECTION TWO: INDIGENOUS RESEARCH PARADIGMS AND METHODOLOGIES



This section examines key elements of Indigenous Standpoint Theory (IST) and Indigenous Knowledge Systems (IKS) to inform emergent Indigenous Research Methodologies (IRMs). In addition, it discusses Indigenous research methods, tools, principles and protocols which serve to challenge and adapt colonial research methods of inquiry and knowledge production paradigms and decolonise structural systems and discourses which continue to oppress Indigenous peoples.

It also considers the roles of IRM, IST, IKS and IRMs not just as part of a broader Indigenous paradigm but to explore their important contributions to Indigenous SEWB and Indigenous psychology and community development and empowerment strategies underpinned by self-determination.

### **Indigenous Standpoint Theory**

Indigenous Standpoint theorists adopt a critical approach to consider Indigenous research methodologies. These theorists adopt different positions with respect to research resistance, compliance, and insider/outsider perspectives as experienced by Indigenous researchers within the academy. Both Indigenous and non-Indigenous researchers are required to engage in self-reflexive work to map their relationality to formulate a critical personal-political standpoint for Indigenous research.

The development of IST was strongly influenced by Feminist Standpoint Theory (FST). “At its core, FST is a political theory or strategy aimed at understanding how power works by learning from the standpoint(s) of the less powerful” (Martin et al. 2002 p.670 cited in Ardill p.328). According to Ardill, FST is a political strategy ‘crucial for designing effective projects of social transformation’. Similarly, Sprague (2001), states that

*Standpoint theory is not a theory – it is a political stance and a methodological strategy It poses political questions for each scholar: whose questions do we ask; from whose lives, needs, and interests do we begin; whose ordering of experience do we take seriously; to whom are we responsible to communicate; when has a question been adequately answered? (p.534)*

Collins (1997) suggests standpoint theory is concerned with ‘the commonality of experiences and perspectives that emerge for groups differentially arrayed within

hierarchical power relations’ (p.377). Nakata (1998) describes IST as an approach to knowledge production which is highly useful for Indigenous people to negotiate the ‘cultural interface’ – the contested domain of competing Indigenous and Western knowledge systems. Minniecon and colleagues (2007) integrate IST together with the cultural interface to explore how power operates in the construction of knowledge to marginalise Indigenous knowledge systems and to transform that power so that Indigenous epistemologies and voices are prioritised (pp. 23–4). They challenge non-Indigenous dominance over Indigenous knowledge systems and demand recognition that ‘Whiteness’ has been oppressive. A paradigm shift in research requires that Indigenous people have the right and resources to identify their own research priorities, determine the research questions and secure community support. An Indigenous research paradigm requires Indigenous control over research so that questions are “framed differently: priorities are ranked differently: problems are defined differently: and Indigenous people participate on different terms” (Tuhiwai Smith 1999 p.193).

According to Sprague (2001) the need to overcome and transform existing research approaches presents a political challenge which requires researchers and scholars to adopt and use theoretical standpoints strategically “to construct knowledge that exposes and undermines the social relations that now divide us” (p.535). Bird (2008) argues that “white Australians have a responsibility to expose the role of their white privilege in the trauma of colonisation and a responsibility to First Australians to redress these wrongs” (cited in Ardill 2013 p.337).

### **Indigenous Knowledge Systems**

Western knowledge systems are underpinned by the dominant values, principles and ethics which guide governmental policies and disciplinary practices. The grand narratives of colonial nation states have served as mechanisms to perpetuate a false narrative about a vast and unclaimed territory ‘terra nullius’ which has fuelled and sustained an epistemic erasure of the trauma, destruction and oppression being imposed on and experienced by Indigenous peoples globally and in Australia. This section argues that the acknowledgement and integration of IKS within the broader Australian social and political society are critical to Indigenous SEWB.



IKS have been defined as the knowledge and knowledge systems that are unique to a given culture or society (Ellen & Harris 1996). “IKS are always local – based in and rooted to a particular place and set of experiences and generated by the people living in those places. IK is often transmitted orally, or through imitation and demonstration” and “based on practice and has results that are beneficial to the community” (Tharakan 2015 p.53). IKS are local and community-based, they serve to facilitate community communication and decision-making. They provide the socio-cultural information necessary for “community survival and flourishing within the community’s local environmental, geographical, and cultural context” (Tharakan 2015 p.53). IKS are dynamic, constantly evolving, influenced by a community’s pragmatic, creative and experimental responses to the internal and external social, political, cultural and environmental stressors they experience, as well as the information and inputs into existing processes and practices they receive within a community.

A central tactic used by the colonisers was the suppression of existing IKS, including complex forms of philosophy, language, law, astronomy, ecology, medicine, agriculture, geography, and therapeutic knowledges. Outlawed and marginalised, IKS, which had enabled communities to thrive for thousands of years, were replaced by oppressive epistemologies of White supremacy. As Foley (2003) points out:

*Divisions of alien ownership traversed both the physical landscape and the Indigenous mind, as western approaches to knowledge replaced Indigenous pedagogies and epistemology. The result was the entrapment of our psychic and our thought processes in a cruel educational vacuum that we now call civilization. (p.26)*

Eager to make discoveries about who they saw as “a Stone-Age people” (Kiloh 1975 p.2) numerous experts from Europe invaded communities, subjecting them to intrusive and dehumanising forms of research such that Aboriginal people became “the most studied people in the British Empire” (Anderson 2014 p.128; Povinelli 2002). Much of this research was conducted by psychologists, anthropologists and biomedical and social scientists “influenced by the dominant evolutionary views of social Darwinism and social evolution”, which resulted in “a long history of bio-psychological explanations providing scientific legitimacy to dominant social values” (Dudgeon et al. 2014d p.40). Drawing on the work of Indigenous scholars Nakata (1998) and Rigney (1999, 2001), Wright (2011) argues that research has “been used to oppress Indigenous people and de-legitimise Indigenous ontology and epistemology” (p.26). This process has been referred to variously as ‘epistemic injustice’ (Fricker 2007 p.1), ‘epistemic violence’ (Spivak 1988)

and ‘epistemic erasure’ (Garcia, 2019). As discussed in the introduction, one of the aims of this paper is to overturn/resist the devastating, debilitating and disempowering impacts of this process on Indigenous SEWB through the application of APAR in Indigenous research to reassert an Indigenous voice and Indigenous epistemic self-determination. As the Noonuccal social scientist, Martin and Mirraboopa (2003) observe:

*...until recently research conducted in Aboriginal lands was done without the permission, consolation or involvement of Aboriginal people. The same is especially true of research conducted on or about Aboriginal people generating what I call terra nullius research. In this research, we are present only as objects of curiosity and subjects of research, to be seen but not asked, heard, or respected. (p.204)*

### **Indigenous research methods/ methodologies**

According to Evans et al. (2014) a fundamental goal of IRMs distinguishes them from Western systems of knowledge production by “facilitating Indigenous people to develop knowledge and speak for and of themselves about any and all elements of the worlds they inhabit” (p.181). It was only during the late nineties that the intellectual sovereignty of Indigenous research was discussed within the social sciences (Nakata 1998; Rigney 1999; Smith 1999), and the discourse of IRM emerged from within the academy which, as a colonial institution, has historically marginalised and suppressed Indigenous research. Latulippe (2015) suggests that Indigenous research methods and methodologies that centre Indigenous voice can facilitate

*distinct ways of knowing and being, and offer a viable basis from which to contemplate the historically, geographically, and spiritually embedded nature of Indigenous self-determination, which is central to the study of Indigenous knowledge. (p.10)*

This is paramount to establishing an Indigenous psychology.

Globally, the rise of Indigenous research methods and methodologies in recent years has shifted research beyond an acknowledgement of, or inclusion of Indigenous ways of knowing, towards a self-determining research praxis (Absolon & Willett 2005; Cochran et al. 2008; Evans et al. 2014; Dawson 2017). IRM’s are founded on cross-disciplinary research conducted by Indigenous scholars in challenging the ways in which colonisation was legitimised and sustained by colonial research practices and epistemologies (Alfred 2005; Deloria 1998; Evans et al. 2014; Kovach 2009; Moreton-Robinson & Walter 2009; Nakata 1998; Rigney 1999;

Smith 1999). As Coburn (2013) writes:

*Indigenous research is a form of resistance to centuries of colonial domination. As such, Indigenous research is part of a much broader political, economic, cultural and spiritual project of Indigenous resurgence. (p.52)*

Strong reciprocity between Indigenous researchers and the broader Indigenous community have resulted in transformative cultural impacts. Indigenous research is now central to the debates and theories which have formed the ‘de-colonial turn’ (Maldonado-Torres 2007) in Australia, New Zealand, Africa, North and South America, Canada and other nations, shaping social justice movements, guiding a plethora of policies, as well as contributing to the resurgence of Indigenous cultural autonomy, an Indigenous public sphere, and Indigenous creative industries.

Evans and colleagues (2014) suggest that ironically the struggle to have Indigenous methodologies acknowledged “as Indigenous through specifically Indigenous knowledge production” is seen as an oppositional tactic “rather than a self-constituting process.” These authors suggest that many Indigenous scholars and their communities regard the emergence and purpose of a distinct Indigenous research paradigm as “the expression and practice of distinct Indigenous research methodologies to reflect, enact, and revitalize those Indigenous knowledge systems themselves” (p.179). As Cameron et al. (2014) point out, research with Indigenous participants using an IRM involves the production of new knowledge, capacity building and community healing (Le & Gobert 2015). This is consistent with Tuhiwai Smith (1999) who suggests that self-determination requires “individual and collective processes of mobilisation, healing, decolonisation, and transformation” (p.116).

Based on the findings of a systematic literature review on Indigenous research methods and methodologies, Dawson et al. (2017) state that the key distinction between Western and Indigenous research methods resides in both the research purpose and process. Indigenous research needs to be conducted in collaboration with Indigenous peoples in order to “reveal knowledge”, “decolonize”, “rebalance power, and provide healing”. Data collection needs to be culturally relevant, “create relationships and support autonomy” (p.12). Privileging Indigenous over Western ways of knowing in project design and implementation (Hall et al. 2015); including Elders as knowledge holders (Lavallée 2009; O’Reilly-Scanlon et al. 2004), and acknowledging context when working with Indigenous peoples and communities (King 2015) are crucial components of Indigenous research methodologies, methods and frameworks connected by the goals of self-determination and decolonisation (McIvor 2010).

“Unlike Western research methods, Indigenous research methods require that all components in the process embody the values of the Indigenous group involved” (Dawson et al. 2017 p.15). The authors conclude that while “using an Indigenous method necessitates an Indigenous methodology”, an Indigenous methodology can be used with Western methods (e.g. surveys) (p.15). Researchers need to consult with community members and collaborators “to determine methods and frameworks that prioritise Indigenous ways of knowing throughout all stages of the project” (p.15).

Dawson et al. (2017) identified five themes in the literature: General Indigenous Frameworks, Western Methods in an Indigenous Context, Community Based Participatory Research, Storytelling, and Culture-Specific Methods (p.2). They noted that in all five themes, each Indigenous research method had the following components:

- a) *Contextual reflection, situating researchers and the Indigenous Peoples with whom they are collaborating in the research process.*
- b) *Inclusion of Indigenous peoples in the research process in a way that is respectful and reciprocal as well as decolonizing and preserves self-determination.*
- c) *Priorisation of Indigenous ways of knowing. (p.15)*

The systematic review findings by Dawson and colleagues (2017) showed that while some articles discussed Indigenous research methods in combination with PAR (Evans et al. 2009), community-based participatory research (CBPR) (Cameron et al., 2014) or Indigenous data collection methods (i.e. yarning) (Roe et al. 2012), most did not offer a clear definition. Only one study by Makomenaw (2012) provided a definition as: “one where the researcher understands the role of Indigenous history, culture, language, and self-determination in the lives of Indigenous Peoples” (p.4).

More broadly, IRMs can be situated within the emerging and dynamic “knowledge-democracy movement” (Hall & Tandon 2017 p.17), a global resurgence of subjugated knowledges which are being articulated within the context of ongoing Indigenous struggles for self-determination (Korten 2006; Gregorčič 2015). That the world’s IKS have been subjected to a lengthy history of oppression and dispossession is well known (Hart 2010; Wilson 2008). Knowledge-democracy affirms the existence of multiple epistemologies, the “thousand other ways of learning that still exist all over this planet” (Black 2014 n.p.) which have been suppressed by colonisation. In this context, reclaiming Indigenous knowledge systems is understood as a form of “cognitive justice” (de Sousa Santos 2007 p.63) and cultural survival (Rigney 1999). For example,

Indigenous ways of knowing, Indigenous ways of being and Indigenous ways of doing have been described as an Indigenous research framework within which “a relational ontology, epistemology and methodology are necessary conditions” (Martin & Mirraoopa 2003 p.214). While in New Zealand, the IRM *Kaupapa Maori* is founded on the philosophy of Maori people and “resistant strategies that embody drive for *tino rangatiratanga* (self-determination and empowerment)” (Henry & Pene 2001 p.236–37). APAR is but one of many emerging Australian IRMs (see, for example, Bessarab & Ng’andu 2010; Fredericks 2007; Martin & Mirraoopa 2003; Stronach & Adair 2014). These Australian IRMs are founded on Indigenous knowledge systems which recognises cultural diversity within Indigenous cultures in Australia but share a similar axiology of self-determination and fidelity. Wilson (2001) refers to this axiology as ‘relational accountability’ where the research methodology needs to include questions of the researcher’s role in fulfilling all relationships as integral to an Indigenous methodology (p.177). Latulippe (2015) suggest Indigenous research methodologies are “holistic, experiential, and related to place and person” (p.6). Martin and Mirraoopa (2003), for example, describe the following Indigenous research principles which “draw upon the knowledges, beliefs, behaviours, experiences and realities from the Quandamooka worldview” to provide a framework for Indigenist research:

- *Recognition of our worldviews, our knowledges and our realities as distinctive and vital to our existence and survival.*
- *Honouring our social mores as essential processes through which we live, learn and situate ourselves as Aboriginal people in our own lands and when in the lands of other Aboriginal people.*
- *Emphasis of social, historical and political contexts which shape our experiences, lives, positions and futures.*
- *Privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands.* (p. 205)

The research principles, epistemologies, ontologies, axiologies and methodologies described above align with APAR and IRMs discussed in this paper. It is the principles and methods underpinning the IRMs that make a valuable contribution to SEWB and Indigenous psychology.

## **Decolonising research and psychology**

Both IRMs and decolonisation make important contributions to Indigenous research and psychology. While IRMs centre Indigenous knowledges “with the aim of understanding the relational nuances of an

Indigenous paradigm” (Kovach 2010 p.42), decolonising Indigenous research and psychology requires a critical theoretical positioning with the aim of challenging dominant discourses and disciplines. Decolonisation is a critical standpoint within IRMs because “it seeks to interrogate the powerful social relationships that marginalize Indigenous peoples” (Nicoll 2004 cited in Kovach 2010 p.42).

Understanding the issues and complexities involved in recognising and embracing decolonisation as a strategy in research and practice, is crucial for both Indigenous and non-Indigenous researchers, practitioners and policymakers. While much has been discussed and written about decolonisation, this has occurred within an assumed understanding of what is entailed. Decolonisation in practice requires a detailed and nuanced understanding of the power relationships that are simultaneously multileveled, intersectional and reflective of historic and contemporary contestations (Darlaston-Jones 2015, 2016; Dudgeon & Walker 2015; Moreton-Robinson 2007; Smith 1999). The disciplines of critical community psychology and liberation psychology recognise the need to address the embeddedness of the dynamics of power and culture to attain epistemic justice (Adams et al. 2015; Sonn 2018). For example, Prilleltensky (2008) notes, “we need to concentrate on how power affects the experience of individuals, groups, or collectives in the form of wellness, oppression, or resistance” (p. 127). The philosophical roots of which can be traced to Fanon’s development of a critical consciousness of, and liberation from, their oppressors (1952), Foucault’s analysis of power (1991), Freire’s conscientisation (1972), and Martin-Baro’s *Liberation Psychology* (1996). The ‘truth regimes’ which emerge from the various discourses that position certain knowledge claims as superior/inferior to others frame the assumptions which underpin understandings of society and the norms on which it is based. Raising the critical consciousness of not only researchers, but the consumers of that research, and the persons and groups impacted by that research shifts the conversations and allows different knowledge bases to emerge.

For Indigenous peoples/researchers/community experts, decolonising research necessitates an explicit rejection of colonial epistemologies and truth claims because these carry with them the unspoken yet somehow tangible effect of epistemological and cultural hierarchy (Dudgeon & Walker 2015). It also requires recognising and enacting or making a commitment to Indigenous Australian cultural values and beliefs — as valuable and important, which in turn contributes to the renaissance and reclamation of cultural practices and identity. From this space, it can lead to the unpacking of the unconscious sublimation and internalised oppression (Prilleltensky & Gonick 1996) that can be





an outcome of the effects of colonisation. As Bartky's (1990) points out, psychological oppression involves the "internalization of intimations of inferiority" (p. 22).

As part of a commitment to decolonisation, both researchers and practitioners need to ensure that they do not inadvertently "contribute to practices and discourses of oppression and conformity". Prilleltensky (2008) suggests that the attainment of wellbeing entails the "simultaneous fulfillment of the three types of needs" — personal, collective and relational (p.122). He suggests:

*Personal needs (e.g. health, self-determination, meaning, spirituality, and opportunities for growth), are intimately tied to the satisfaction of collective needs such as adequate health care, environmental protection, welfare policies, and a measure of economic equality; for citizens require public resources to pursue private aspirations and maintain their health. (p.122)*

With respect to relational needs, relationality entails two sets of needs in maintaining "healthy relationships among individuals and groups": respect for diversity (to affirm people's unique identities); and collaboration and democratic participation (to "enable community members to have a say in decisions affecting their lives") (Prilleltensky 2008 p.123).

The fulfillment of these three interrelated sets of needs is crucial to wellbeing. Failure to attend any one of these sets of needs is likely to "have negative repercussions for the advancement of others." (Prilleltensky 2008 p.123). He cites an international study involving over 60,000 participants that found that poor people from different cultures and countries equally desired the presence of the three domains of wellbeing - personal, relational, and collective (Narayan et al. 2000a, 2000b). While the domains of wellbeing are culturally and historically bound and the contextual nuances differ, there is extensive evidence in Indigenous studies globally and in Australia to suggest that attending to these three domains of wellbeing is essential in order to have a fulfilling life (Martin 2008; Salmon et al. 2018; Yap & Yu 2016). This "tripartite conceptualization of wellbeing and values" (Prilleltensky 2008 p.123) broadly aligns with Indigenous conceptions of SEWB, although relational needs for Indigenous people comprise all living and nonliving elements (Arabena 2008). As Arabena (2008) states, colonisation has disrupted Indigenous people's holistic, non-hierarchical relationships with living and non-living systems impacting their health and wellbeing, and "the health and well-being of other living beings, living systems and the ecosystems" for which they are responsible (p.2). Indigenous people's health and wellbeing results from individually and collectively managing, living in balance with and being bio-spiritually connected to

their "physical, spiritual, biological, economic and social environments" (p.27). It is this Indigenous conception of SEWB that necessitates the need for distinctive Indigenous research methodologies and research methods and an Indigenous psychology.

Importantly, Prilleltensky (2008) suggests that this conceptualisation of wellness or wellbeing can be applied to understand various social and psychological problems that occur at an individual or collective level when attention is not given equally to these three sets of needs. However, the propensity for psychologists within the dominant society operating from a biomedical paradigm to focus primarily on individual needs "is often at the expense of social values such as justice, fairness, and equality; resulting in poorly equipped communities" (p.123). Marginalised groups experiencing injustice and exploitation and a lack of resources to attend to these needs are likely to experience social fragmentation, illness, suffering and oppression (Kim et al. 2000).

Within the context of promoting Indigenous SEWB there is a crucial need for both practitioners and researchers to create spaces to decolonise psychology when working with individuals, families, and communities by attending equally to their personal, relational, and collective needs. Achieving an "optimal development of wellness requires integrated sets of operations involving individuals, families, settings, community contexts, and macro-level societal structures and policies" (Cowen 1996 p.246 cited in Prilleltensky 2008 p.125). Currently, despite the evidence regarding the adverse impacts of social, historical, political, economic and structural determinants on Indigenous SEWB at individual, family and community levels, psychology and mental health practitioners and programs focus on individuals, parent-child or family relationships without regard to how the social and political determinants and contextual factors affect their lives (Dudgeon et al. 2014a).

There is a tendency for psychology to focus on counselling, therapy, or person-centred prevention to achieve wellbeing with varying degrees of success. Few psychologists cross traditional interdisciplinary boundaries to work with healers or engage in system-level thinking to promote structural and societal change to address the overarching legacies of colonisation which have controlled and constrained the fulfilment of the personal, collective and relational needs of many Indigenous individuals, families and communities. In part this is due to the failure or inability of mainstream Australians to recognise how the 'grand narratives' support the existing political, social and economic power structures reinforcing "neo-colonial 'ways of knowing, ways of being and ways of doing'" (Moreton-Robinson 2010 cited in Howard 2015 p.303). Recognition of the societal and disciplinary responsibility to





acknowledge and attend to these three sets of needs in clinical and therapeutic encounters is critical to the decolonisation of psychology.

It is necessary to understand that the psychological and political dimensions of oppression are built on asymmetric power relations exemplified by domination, subordination, and resistance (Prilleltensky 2008). Oppression occurs when dominant groups exercise their power over others (the oppressed) by denying them access to resources, denigrating and negating their ways of being and instilling negative self-images. To resist the oppressor, to achieve liberation and wellbeing the oppressed need to engage in a process of conscientisation (Freire 1972). Fanon (1963) offered a narrative of liberation that links notions of repression, oppression, alienation and domination of the colonial past and present to a future of freedom through processes of consciousness and resistance in order to overcome internal and external sources of oppression. Liberation to pursue wellness or wellbeing refers to “the process of meeting personal, relational, and collective needs” (Prilleltensky 2008 p.128). Liberation involves understanding and addressing both the external and internal forces as dynamics of oppression which serve to deprive individuals or groups of their “personal (e.g. self-determination) collective (e.g. distributive justice) and relational (e.g. democratic participation) wellness” (Prilleltensky 2008 p.127).

Liberation occurs through a process conscientisation, whereby marginalised populations “become aware of the dominant social and political forces affecting their lives and of their own ability and rights to overcome oppression” (Freire 1972). This conscientisation can involve therapy at an individual level; or participation in broad social movements (for example the freedom rides in the early 1970s and the Black Lives Matter marches for social justice occurring now); or at a family and collective level through PAR and/or community development and empowerment education as in the case of the KELHP, NEP, CSEWB and FWB programs described in Section Three. Each of these programs provided a means for people to connect with other Indigenous people experiencing similar circumstances and to gain an understanding of the social, political and historical determinants (or external forces) impacting on their SEWB.

The degree of critical awareness attained by individuals or communities depends on the extent to which psychological mechanisms (internalised oppression) conceal the political and social sources of oppression. Both psychologists and researchers need to have the skills and cultural competence to facilitate trauma-informed and culturally secure processes to support individuals and groups to recognise how internalised psychological oppression may have obscured their ability to recognise external political oppression.

Shifting discussions to a strength-based opportunity rather than centring on the deficits at individual and collective levels can help to shift self-blame and shame discourses and alleviate depression. Recognising that personal suffering, grief and loss, lack of self-worth and hope and even suicide ideation may have distal and proximal links to pervasive systems of colonial domination and exclusion can in itself be liberating as is evident in participant reports in Indigenous healing programs (Powell et al. 2014; Wanganeen et al. 2014). Each of the empowerment, wellbeing and healing programs discussed in this paper provide elements of psychopolitical education that has enabled participants to recognise how existing conditions of injustice and inequality in Australia due to oppressive colonial practices and policies have worked to diminish their SEWB. These programs are designed to enable individual and communities to identify the issues and determine the solutions to enhance SEWB and reduce suicide (Dudgeon et al. 2016a).

Some of the practices and discourses of community and liberation psychology offer potential to decolonise research and practice in psychology. Drawing on a psychopolitical conceptualisation described above to understand the operations of power, wellness, oppression, and liberation provides the basis to enable individuals and groups to effectively change their world (Prilleltensky 2008). Further as Moane (1999) points out, liberation psychology disrupts oppression “by identifying processes and practices which can transform the psychological patterns associated with oppression and facilitate taking action to bring about change in social conditions” (p.180).

At one level, the goals, practices, and principles underpinning community and liberation psychology align with Indigenous psychology. Psychologists and researchers committed to addressing issues in psychology and mental health to enhance Indigenous SEWB need to be prepared to reflect on and analyse the effects of their own practices. They also need to engage in strategies and tactics to equalise power, overcome oppression, facilitate liberation, and acknowledge and attend to the personal, collective and relational needs of the people they are working with in their everyday practice. To achieve this, practitioners need to have a critical awareness of how power operates in wellness, oppression, and liberation within the personal, relational, and collective domains and assess their activities against “epistemic and transformational validity” (Prilleltensky 2008 p.130). It also requires genuine reflection on and acknowledgement of the impacts of colonisation on Indigenous Australians. However, citing Foucault’s suggestion that “being a reflexive subject” can minimise “oppression and domination” (1988 p.18), Moreton-Robinson (2010) asks, “how can one be reflexive about knowledge that

one does not know?” (p.20). This involves a genuine commitment by practitioners to understanding how individual and community SEWB and relationships are affected by power inequalities at all levels of analysis to facilitate consciousness raising and social transformation.

The three community empowerment and healing studies (KELHP, NEP and CSEWB) discussed in Section Three affirm that when participants learn about the social and political determinants of colonial oppression and its impacts on Indigenous SEWB, they are motivated to strengthen and heal their personal, relational, and collective domains. Such processes acknowledge their lived experiences, knowledges and understandings of being colonised. Many become active agents of social change in their communities. These programs highlight the transformative potential between decolonizing research and practice. The processes described above demonstrate how it is possible to facilitate conscientisation which mobilises action to take back cultural truths and to value these as the key to SEWB, liberation, and empowerment. This transformational potential is also evident in the study by Indigenous scholar Bronwyn Fredericks (2009; 2010) into how Aboriginal women’s interactions with health services impact on their lives, health, and empowerment.

For non-Indigenous peoples, decolonisation requires the same understanding of the historical truths but also the unpacking and recognition of the unearned power and privilege associated with the legacy of the coloniser (Darlaston-Jones 2015, 2016; Walker et al. 2014). In order for non-Indigenous practitioners and researchers to decolonise their practice and minimise potential for harm it is necessary to recognise that they are embedded in the ‘Whiteness’ which has simultaneously privileged non-Indigenous people and adversely impacted the lives and experiences of Indigenous Australians since colonisation (Moreton-Robinson 2009). The discourse of ‘Whiteness’ is embedded in identity and power relations of differential advantage and entitlement that indirectly contribute to the authority of the grand narratives and the legitimisation of scientific knowledge. In order, to decolonise their practice the reflective practitioner needs to deeply reflect on how they exercise their knowledge and White privilege within their work and relationships (Green et al. 2007). In practice, this becomes a personal journey of how each person understands their positionality relative to that colonial history and how they enact their contemporary privilege at an unconscious and conscious level.

Reflexive practice can be a way of knowing, being and doing through “examining our decisions, our judgements our diagnosis at times in the midst of action” (Yanow 2009 p.591 cited in Howard 2015 p.404). Explicitly, this is a process of identifying and deconstructing White power and privilege and recognising the unearned nature of this power. Such a process can be unsettling and contentious but is important to ensure practice is grounded in a genuine respectful relatedness with Indigenous people with whom they are working (Green et al. 2007; Howard 2015). This journey of individual decolonisation can lead to a critical consciousness of the issues and factors influencing the lives of practitioners and researchers and the individuals and groups with whom they work so that they can enact a personal commitment to transform existing social and political inequities (Freire 1970).

Non-Indigenous decolonisation however needs to go further than the individual level of conscientisation and must include the relational aspects of workplaces, schools, friends and family, neighbourhoods and the policies and practices that are unconsciously reinforcing the cultural hierarchy established at colonisation (Darlaston-Jones 2015, 2016). This also includes the decolonisation of disciplinary knowledges and practice in the academy and across institutions (Dudgeon & Walker 2015; Nakata 2007b; Walker 2005). At the collective level, it requires making the invisible visible by understanding the norms, assumptions and practices that marginalise and disempower ‘others’ not in the dominant group and the manner in which group membership shifts at varying times to include or exclude so as to maintain the power system (Darlaston-Jones 2015, 2016; Maldonado-Torres 2007; Moreton-Robinson 2009). Working in partnership to achieve decolonisation achieves liberation for both Indigenous and non-Indigenous Australians and contributes to a reconciliation agenda with the goal of epistemological equivalence (Darlaston-Jones 2015). It is this latter element of decolonisation that is the most difficult for non-Indigenous persons to recognise and enact, being born and socialised into dominant colonial structures and benefits. Being able to see these acculturation processes requires a synergistic understanding of self and system and the manner in which these are self-reinforcing (hooks 1994; Howard 2015; Moreton-Robinson 2009). It also requires a commitment to self-reflexivity (Walker et al. 2014).

## SECTION THREE: PARTICIPATORY ACTION RESEARCH AND INDIGENOUS RESEARCH METHODS



This section briefly explores the emergence of PAR as an empowering, developmental and transformative strategy. It considers the strengths and opportunities as well as the challenges, complexities and criticisms.

### **The emergence of PAR from Indigenous world views and knowledge systems**

As noted at the beginning of this discussion paper, PAR has an Indigenous history. This history is scattered across the developing world but is most present in Latin America and India. PAR is commonly recognised as occurring within the ‘fourth generation of action research’ which emerged from the struggles for emancipation in developing nations, while the founding of the 1978 International Participatory Action Research organisation formalised an investigation into de-colonising research practices (Denzin & Lincoln 2007). Moreover, Indigenous peoples’ collective participation in creating holistic and sustainable health systems is the dominant theme in the findings of the WHO/UNICEF Study of Alternative Approaches to Meeting Basic Health Needs of Populations in Developing Countries collected in *Health for the People* (Newell 1975). A latent description of PAR informs the summary of this book where Newell writes the following:

*It needs to be emphasised that in all the examples described in this book the new system of primary health care was either linked with the indigenous system or attempting to play a role having some of the same social qualities that the existing systems has. [...] Each country or area started with the formation, reinforcement, or recognition of a local community organisation. This appeared to have five relevant functions. It laid down the priorities; it organised community action for problems that could not be resolved by individuals (e.g. water supply or bail sanitation); it ‘controlled’ the primary health care service by selecting, appointing, or legitimizing the primary health worker; it assigned in financing services; and it linked health action with wider community goals. (Newell 1975 p.193)*

Although these forms of PAR devoted to primary health care were new to the West, they were not new to Indigenous people. Indigenous knowledge systems facilitate participatory practices which strengthen the health of the culture and the community. For example, the health systems of the Mayans Chimaltenango

people of Guatemala and the complexities of the ancient Indigenous Ayurvedic health systems in rural India, (both featured in Newell’s book) were grounded in strong cultural continuity. The Mayans are described as having “held tenaciously to their culture and with a high degree of success. This demands that work with them is done on their own terms, for they have little appetite to copy modern cultures” (Newell 1975 p.32). Not only did Indigenous people have a “preference for care from those of their own culture” but for their own cultural health practices (p.41).

In relation to the Indigenous history of PAR, the role of the Colombian sociologist, Orlando Fals Borda is also important, in particular his engagement with Indigenous leaders, activists and Indigenous knowledge systems in the building of core PAR principles, a dominant one of which is the idea that people are knowledge producers and hold epistemic privilege over their lived experiences. Not only did PAR originate in the global South but it emerged from the comprehensive principles and practices of Indigenous people developed across time for the purpose of creating holistic, sustainable and healthy communities through a process of collective consultation and collective action (Erasmie & Dubell 1980; Fals Borda 1985, 2006). To recognise this is to recognise that participatory IRMs, although not named as such, have existed within Indigenous communities as part of the communitarian governance process of IKS, enacting strengths-based ways of knowing, doing and being which enabled community survival. As a decolonial process of reflection and strategic action, PAR was also understood by early proponents such as Fals Borda as an approach which was capable of interrogating the master narrative of science (including psychological sciences) by deploying the epistemic privilege (and epistemic self-determination) of those who had lived experience and recognised common or folk knowledge as valid and resistant. In this context, Fals Borda (1981) theorised a ‘science with society’ which recognises that popular wisdom or folklore knowledge is marginalised by the dominant scientific system in order to contain and repress insurrectionary thinking (epistemic erasure). “Thus, for example”, writes Fals Borda:

*...the knowledge of a peasant healer is unacceptable to a medical doctor. And its unacceptability stems from the fact that it ignores and surpasses the medical doctor’s institutional schemes whose abstract prescriptions play like*

*chips in a large exploitation game, aiming at an accumulation of capital and at enjoying the lucre from his medical profession. (p.7)*

At the time of writing terms such as Indigenous research methods, Indigenous psychology and Indigenous knowledge systems were not in circulation, however Fals Borda's immersion in the counter-colonial struggles of Indigenous people in Latin America means that he was articulating what can now be retrospectively understood as expressive of an Indigenous world view.

### **Strengths and opportunities**

PAR has been widely promoted as an empowering and effective way in working with Indigenous people in achieving better outcomes in health, education, and community building. Community-based Participatory Research (CBPR), PAR and other participatory approaches are recommended by key Indigenous bodies as appropriate approaches within Indigenous research and although there are differences in frameworks, they share the "underlying goal of collaboration, research equality, and community control" (Drawson et al. 2017 p.6). Israel et al. (2013) describes a set of principles found to be "moderately applicable to Indigenous CBPR/PAR principles". These principles are as follows:

- a) *Recognizes community as a unity of identity.*
- b) *Builds on strengths and resources of the community.*
- c) *Facilitates collaborative partnerships in all phases of the research.*
- d) *Integrates knowledge and action for mutual benefits of all partners.*
- e) *Promotes a co-learning and empowering process that attends to all social inequalities.*
- f) *Involves a cyclical and iterative process.*
- g) *Addresses health from both positive and ecological perspectives.*
- h) *Disseminates findings and knowledge gained to all partners. (Israel et al. 2013 pp.6-7)*

PAR has been described a "new paradigm science" that rejects the oppressions and shortcomings of positivistic science that postulates a unified and fixed reality that can be objectively observed and measured by impartial scientists; positing instead an equal role for those intended to benefit from the research and recognition of the value of their knowledge and experience. (Wadsworth 1998). Drawing upon constructivist, critical theory, and feminist paradigms, which emphasise the socially constructed nature of scientific knowledge, CBPR and PAR aim to address these shortcomings (Israel et al. 2013).

PAR is action oriented and context bound with potential to empower the lives of the people being researched. Many PAR advocates challenge the surveilling and controlling elements of mainstream research over information collection and knowledge production; emphasising the transformative potential of the PAR paradigm by facilitating communities to be active agents within the research and to have control over the research agendas and outcomes (Baum et al. 2006; Wallerstein 1992, 1993, 2006). PAR draws heavily on Freire's epistemology that critical consciousness is a manifestation of critical reflection and action on the world - creating a praxis where individuals recognise their situation as "an historical reality susceptible of transformation" (Freire 1972 p.58). PAR has been posited as a way to make research meaningful for Indigenous people to address issues of importance to them by bridging the gap between research and practice (Evans et al. 2014). Baum et al. (2006), Hecker (1997), and Israel et al. (1998) all justify PAR as an appropriate research methodology to use in Indigenous contexts as PAR principles facilitate Indigenous control and empowerment. PAR aims to reduce the negative effects of conventional research upon Indigenous communities (Baum et al. 2006) and create "conditions that facilitate people's control over the determinants of their health" (Cargo & Mercer 2008 p.325). PAR is argued as means to establish genuine and mutually reinforcing partnerships between the researcher and the researched underpinned by 'cultural humility and cultural safety' (Cargo & Mercer 2008 p.327).

There are several examples of studies in health where PAR was chosen by researchers as the most culturally appropriate theoretical framework and research approach to conduct research in Indigenous settings. In almost every case the primary reason was to empower marginalised groups to conduct research into their own situations, define the research problems and generate knowledge through the information collection and analysis, and engage in action and change (Hecker 1997). Hecker (1997) confirmed that their study using PAR in a health service setting in the Northern Territory provided a catalyst for action and positive changes and sustained changes in the health service and greater empowerment for health workers (p.787).

### **Challenges and criticisms**

Several writers, however, have pointed out the challenges and criticisms of PAR. For example, a study by Kendall et al. (2011) revealed "a lack of exposure, training, and preparation for community-based participatory action research in Australia" and the failure of the universities to recognize "the additional time and effort required on the part of PAR researchers", leading to tokenistic engagement and poor implementation (p.6).



Although many social science scholars position PAR as a best practice research approach for Indigenous people, the dominant narrative often carries with it an unspoken/unquestioned assumption that PAR is a Western research practice, albeit one which is the most accommodating of Indigenous knowledge systems (Evans et al. 2014) and Indigenous terms of reference (Oxenham 1999). The incorporation of Indigenous knowledge systems are often argued to “compliment or enrich a PAR methodology” (Caxaj 2015 pp.1–2, emphasis added), while PAR is read as “quite significant to the *inclusion* of indigenous epistemology in the discourses of research” (Sinclair 2007 p. 27, emphasis added). However, a systematic review of IRM by Dawson et al. (2017) describes PAR as a “Western” approach which fails to take account of *the distinctive elements that comprise Indigenous knowledge systems* (p. 15, emphasis added).

Section Four explores how these distinctive elements of an IRM underpinned and extended the PAR approaches applied in three empowerment projects (KELHP NEP and CSEWB). Although not specifically articulated as APAR at the time, it is important that these elements which affirm APAR as an IRM are carefully elaborated to improve research with Indigenous communities in the future.

However, it is prudent — given the oppressive historical relationship between Indigenous people and Western knowledge systems (Moreton-Robinson 2004, Nakata 2007a) — to consider how the assertion of PAR as a best practice approach for researching with Indigenous communities, without a conscious acknowledgement of the distinctive elements of IRMs, risks a subtle colonisation of Indigenous knowledge systems. An epistemological hierarchy (between a benevolent but more powerful and legitimate Western research paradigm and less powerful and less valid Indigenous knowledge) is also concealed by claims that a PAR which generate and integrate Indigenous knowledge systems and identify and address locally based issues is a form of decolonised PAR (Evans et al. 2014). While the claim by Evans and colleagues is reasonable, this paper asserts that applying a distinctive APAR comprising a range of non-negotiable elements described here is fundamental to achieve Indigenous SEWB, and to facilitate empowerment, healing and self-determination. Another challenge, as Israel and colleagues (1998) point out, is that the scientific community and funding bodies are often sceptical about the validity, reliability, and objectivity of community based research and evaluation findings despite their potential relevance and cultural appropriateness to improve community outcomes.

It is evident, however, that the broader social, political, economic, institutional (ie. governmental and academic), and cultural issues (ie. systemic racism and

epistemic violence for marginalised groups — based on age, gender, class, location) continue to challenge the potential of PAR to implement the principles necessary to meet its empowering and transformative claims in both mainstream and Indigenous research settings. Notwithstanding this challenge, it is suggested that APAR provides an opportunity to transcend the obfuscations and scepticism inherent in this shared space, by asserting the validity, utility and efficacy of utilising an IRM to privilege Indigenous knowledges and experiences to inform policy and practice in the delivery of mental health and SEWB services and programs. Increasingly, government policies and funding bodies are recognising and acknowledging the importance of lived experience, locally based knowledge and Indigenous governance and sovereignty in their policy statements. See, for example, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing Framework, 2017–2023* (SEWB Framework). This provides a powerful impetus to be able to clearly articulate what distinguishes APAR from PAR as a strong IRM, and one that governments can require all researchers and commissioning bodies to insist upon in all future research and evaluation.

As Israel et al. (2017) note, “challenges notwithstanding, community-based research offers a means to reduce the gap between theory, research, and practice” when working with marginalized communities, who generally have “limited access to resources and decision-making processes” (p.194). PAR emphasises the generation and incorporation of local community knowledge and experiences into strategies to facilitate community and social change. However, social and economic inequalities, differences in beliefs, racism, and the unquestioning legitimization of dominant knowledges all have implications for the research process, including the construction and dissemination of Indigenous knowledges and the identification of effective strategies for change.

This masking of the sovereignty of Indigenous knowledge systems in the name of decolonised research methods can become a form of conscious or unconscious “settler harm reduction” (Tuck & Yang 2012 p.21). As Stocker et al. (2016) caution, “knowledge partnerships and attempts at hybridity often carry the implicit presumption that Western knowledge systems are superior to Indigenous knowledge systems” (p. 861). Moreover, Hall and Tandon (2017), argue that the Indigenous origins of PAR have been occluded: “*it is forgotten that participatory research came most powerfully from the Indigenous communities, from women working against violence, and injection drug users, all doing their own research*” (p.7, emphasis added).

As a decolonising, or anti-colonial practice, PAR represents an important break from the imperial history of research on and about Indigenous people in Australia who have been subjected to a lengthy, intrusive and racist inspection (Anderson 2014; Dudgeon et al. 2014d; Fals Borda 1991; Swan 1988; Swan & Raphael 1995). PAR is dedicated to equitable distribution of research, the development of a grounded, community-based analysis, and the actualisation of community-based solutions to social justice issues (Dudgeon et al. 2017a; Cox et al. 2014; Wadsworth 1998). Praxis is directed by the situated socio-political knowledge of community experts-by-experience, and not by a research agenda designed by experts from outside local knowledge communities (Caxaj & Berman 2014; Fals Borda & Rahman 1991; Freire 1998; Hall et al. 1982; Horton et al. 1998; McGuire 1987; Park et al. 1993). According to Radermacher and Sonn (2007) PAR is significant “for its ability to develop an alternative system of knowledge production... that is of direct use to a community, as well as raising consciousness amongst those involved” (p.62).

The relationship between PAR and Indigenous knowledges as mentioned in Section One is commonly recognised as occurring within the ‘fourth generation of action research’ which emerged from the struggles for emancipation in developing nations, while the founding of the 1978 International Participatory Action Research organisation formalised an investigation into decolonising research practices (Denzin & Lincoln 2007).

It is important to note that the KEHLP, NEP and CSEWB community research projects all described the benefits of using PAR as a culturally appropriate research methodology. In an article, *Facilitating Empowerment and Self-Determination Through Participatory Action Research: Findings From the National Empowerment Project*, Dudgeon et al. (2017b) acknowledged PAR “as an equitable and effective method for engaging Indigenous people and communities in research processes” and “an important and appropriate way in which Indigenous people can engage in knowledge production that is culturally valid and meaningful to their lives” (p.1).

Although not stated, the reference to discernible elements of an IRM affirms that a distinctive APAR was emerging. The article by Dudgeon et al. (2017b), details the application of the PAR approach led by Aboriginal community-based researchers “offering unique insights” into how the PAR research process

gave communities a voice and supported important change processes at individual and community levels (p.1). As the authors stated, the employment of “20 *Aboriginal co-researchers in the design, delivery, and analysis of research with their communities* highlights how important change processes are facilitated by participatory action-oriented and *community-led research underpinned by principles of Aboriginal self-determination*” (p.1 emphasis added). The article also explores how the NEP implemented PAR “together with *Indigenous research methods and principles* to respond to high levels of dysfunction and disengagement in participating communities”. They highlight “the complexities and challenges associated with facilitating social change processes using PAR”, emphasising the need for the researchers to *prioritize relationally acquired knowledge* and the role of “insiders” by privileging participant’s experiences, knowledge, and contributions ( p.2, emphasis added). Drawing on research by Boyes-Watson and Pranis (2012), and Kindon, Pain and Kesby (2007), Dudgeon et al. (2017b) suggest that implemented well, PAR “*balances power differentials within the research process by ensuring the views and experiences of all participants are recognized and valued*” (p.2 emphasis added).

Elsewhere, Dudgeon et al. (2010) asserted that PAR approaches “can facilitate genuine engagement, equity, equality, and better outcomes” for the participants when they prioritize participants’ roles in social change processes in community, policy and program sectors (p.2). They also recognize the potential of PAR for communities to engage “in *knowledge production that is culturally valid and meaningful to their lives*” as a means of “challenging dominant discourses and reclaiming Indigenous knowledges and knowledge acquisition processes as an intrinsic aspect of self-determination and cultural revitalization” (p.2 emphasis added). They also note the alignment with Indigenous research values of the importance of community benefits and Indigenous reciprocity. Elsewhere the team wrote:

*The NEP is built around the use of localized PAR processes to support communities to identify key factors negatively impacting on their lives as well as strategies for promoting well-being and building resilience.* (Dudgeon et al. 2017b p.1)

What is evident in this paper is that under Indigenous leadership each of the three projects had developed an APAR approach that through a process of critical reflection is now fully articulated.



There are other instances of highly successful programs in Australia where PAR has been adopted as a culturally appropriate method to engage with Aboriginal communities without attempting to integrate the program development and implementation within an IRM although many key elements of Indigenous best practice are evident. An example of this is the creation of the Family Wellbeing (FWB) Program in 1993 which facilitated empowerment for Stolen Generation people (Campbell et al. 2007) and used a psychosynthesis personal growth model “which involves harmonising the physical, emotional, mental and spiritual aspects of life through learning and applying practical techniques to everyday living” (Tsey et al. 2007 p.S36). The program utilises a continuous action learning cycle to support participants to reflect on their lives (McCalman et al. 2018). A recent review of 25 years of the FWB seeking to understand the factors that influence its spread and success acknowledges that its effectiveness and evolution is due to shifting policies and funding opportunities, Indigenous leadership and

the integration of both Indigenous and non-Indigenous knowledge systems (McCalman et al. 2018). Over the past 24 years the FWB has been implemented in some 60 sites around Australia involving over 3,500 participants over 24 years old. Although the FWB was developed by Indigenous people in partnership with the South Australian government and local Aboriginal health service, the research approach was not distinguished as an IRM. Using empowerment theory, the FWB trained Aboriginal community researchers to work with communities to identify issues impacting their wellbeing, although PAR was only used in Queensland. Referring to the factors that contributed to program success McCalman et al. (2018) note that they involved the integration and negotiation of both Aboriginal and Western knowledge systems at the cultural interface which were explored along “a continuum between Aboriginal and Western structural conditions” which influenced the program outcomes (p.12).



## SECTION FOUR: ABORIGINAL PARTICIPATORY ACTION RESEARCH



APAR is positioned here as a transformative and critically self-reflexive IRM rather than simply a Western PAR which can accommodate Indigenous knowledge systems (although this has been a useful and important aspect). This difference is important for several reasons, not the least being that APAR aligns with the guiding principles of Indigenous self-determination, empowerment and cultural recognition delineated in a founding text of the Australian Indigenous mental health movement, the *Ways Forward* report (Swan & Raphael 1995).

APAR is explicated in four ways as shown in figure 2 below: first, the *Indigenous epistemology*, or knowledge construction, which governs APAR is described in the context of building a distinct Aboriginal knowledge framework within the Indigenous mental health movement and Indigenous therapeutic knowledge systems within Australia. Second, the *Indigenous ontology*, the nature or way of being, which grounds APAR is described in relation to SEWB — an emerging holistic Indigenous health and mental health discourse. Third, the *Indigenous axiology* or way of doing, encompassing a set of values or axiological foundations of APAR are examined — in particular, the Indigenous research ethics, protocols, and guidelines that are aligned with principles developed as part of a decolonising Indigenous mental health reform. And fourth, APAR as a distinctive *Indigenous Research Methodology* which has been developed by, with, and for, Indigenous peoples is described. It is argued that the Indigenous epistemology, ontology, and axiology described below are all integral components that both differentiate PAR and APAR and distinguish APAR as an IRM.

### **What distinguishes APAR from PAR in the research projects**

One of the distinguishing features of APAR is it is informed by Indigenous Standpoint Theory which has been developed by Indigenous social scientists in consultation with Elders and community members over the last two decades (Foley 2003; Moreton-Robinson 2004; Nakata 1998). By recognising the sovereign knowledge of Indigenous people, IST engages in the restoration of Indigenous knowledge systems which have undergone what Hall and Tandon (2017) refer to as ‘epistemicide’.

Engaging with IST situates APAR as a critical, reflexive, and transformative IRM providing an Indigenous authoritative voice and knowledges, underpinned by Indigenous research principles and values and governance/sovereignty. These distinctive elements are particularly evident in three Indigenous empowerment projects: KELHP (Dudgeon et al. 2012), NEP (Dudgeon et al. 2014a) and CSEWB (Mia et al. 2017). The APAR processes applied in these three empowerment projects confirms the critical importance of facilitating, acknowledging, validating, and articulating Indigenous knowledges and experiences to strengthen individual, family and community SEWB and self-determination. In the three Indigenous empowerment projects in which APAR was used to promote SEWB and mental health, an Indigenous standpoint on psychological distress and suicide was facilitated by co-researchers through a rigorous self-reflexive process over several waves of community consultation. For example, adopting an Indigenous standpoint, the KEHLP team used a PAR methodology and employed Indigenous researchers asserting that:

*Identifying the risk and protective factors that contribute to the social and emotional wellbeing of Aboriginal communities, and its opposite, community distress and suicide, requires an in-depth knowledge of the historic, cultural and economic risk factors at play in each community and are best known and understood by community residents themselves. (Dudgeon et al. 2012 p.14)*

The project team clearly recognised the critical need of community everyday experiences in generating Indigenous knowledges about SEWB and the factors promoting or affecting SEWB as well as gaining an understanding of what SEWB meant for individuals and communities. The team also acknowledged the need to have Elders, broad community representation, gender and age balance as well as considering cultural and geographic differences. The team were also conscious of the need to engage with community leaders recognising that:

*while external change agents might be able to catalyze action or help to create spaces for people to undertake a change process, empowerment can occur only as communities create their own momentum, gain their own skills, and advocate for their own changes. (Dudgeon et al. 2012, p.14)*



The main elements of the APAR process identified in the three projects were:

- 1) the involvement of Aboriginal co-researchers in supporting communities to collectively identify risk and protective factors,
- 2) the enactment of a research process that respected Indigenous people as experts-by-experience of their own mental health, their families, and communities,
- 3) Indigenous leadership and governance and the establishment of local Indigenous community reference groups,
- 4) localised knowledge generation,
- 5) community level feedback and dissemination,
- 6) the enactment of the NHMRC Indigenous core values, and,
- 7) the implementation of nine guiding principles.

### **Community co-researchers**

The engagement and development of community co-researchers was an integral part of APAR. It ensured that, in each of the sites across Australia, Aboriginal researchers identified the key issues impacting on communities and facilitated community-led solutions to bring about change (Cox et al. 2014; Dudgeon et al. 2017a). This process aligned with the National Health and Medical Research Council (NHMRC) ethical guidelines for conducting research with Indigenous peoples which stress the necessity of ongoing involvement throughout all phases of the research including the design, analysis, evaluation, data collection, reporting, and dissemination of findings so that the principle of Indigenous self-determination is enacted through the entire research process (NHMRC 2003). The involvement of Indigenous co-researchers contributes to “the co-constructions of narratives without silencing, co-opting, or distorting community voices” (Madison 2008 p.294). Madison acknowledges the delicate balance in ensuring Indigenous people are listened to as well as the need to honour “the significance of community stories” and enhance “the connections and networks of meaning among communities” (p.294). The production of community site reports developed with community co-researchers was an important mechanism for honouring of stories and strengthening local and national networks (Cox et al. 2014; Dudgeon et al. 2017a).

### **Evaluation**

The evaluation of NEP and CSEWB is an integral part of establishing APAR as an IRM. In 2017 a comprehensive and rigorous evaluation with Queensland communities who had participated in the CSEWB program was conducted by an external Indigenous expert and

members of the NEP team in consultation with community co-researchers. The results of the evaluation, including the methodology involved in this process, were published in peer reviewed journals in 2017 (Oxenham 2017; Mia, et al. 2017). The evaluation identified a range of elements that affirmed the community-led PAR as an IRM including the seven elements listed above.

### **The role of APAR in contributing to Indigenous Psychology and SEWB**

As part of the APAR process, Indigenous community researchers used respectful, reciprocal and relational processes to elicit complex therapeutic knowledges about the individual and community SEWB needs and aspirations, generating an epistemic self-determination — encompassing both a self-determining Indigenous psychology and a strength-based psychology of Indigenous self-determination. This process of self-determination — in which Indigenous people both ‘diagnose’ the aetiology of psychological distress and suicide and, importantly, identify strength-based solutions from an Indigenous standpoint — is aligned with the guiding principle of self-determination in the Indigenous mental health movement.

This research approach can be distinguished from qualitative mental health research which seeks to harness the “*intricate complexities*” of lay knowledge of mental illness and “attitudes towards seeking professional help” among Indigenous people to refine cross-cultural understandings of mental illness and expand access to services (Opare-Henaku & Utsey 2017 p.506 emphasis added). Such qualitative studies have facilitated lay knowledge by asking Indigenous participants open ended questions about mental illness: “Are there any special words you use for mental illness in this area? Can you tell me what you know about [mental illness label]? How would you describe people with [mental illness label]?” (Opare-Henaku & Utsey 2017 p.506). While such research makes useful contributions to cross-cultural psychology; it is not a strength-based IRM approach which engages with the social and cultural determinants of Indigenous mental health. Consider, for example, a key question using APAR in the KEHLP and NEP projects: “What do we need to do to make ourselves, our families, and our communities stronger?” (Dudgeon et al. 2012 p.118; Dudgeon et al. 2014a p.9). Framing the question in this way enabled KEHLP and NEP participants to identify a range of strategies and resources that could strengthen their own and their families’ SEWB (Dudgeon et al. 2017b).

In the KEHLP study, the community findings confirmed that “opportunities that enable people to exercise control over their lives, to use their skills, to engage

in supportive social interactions and to be able to set goals and experience a variety of opportunities” were regarded as important influences on positive SEWB and mental health (Dudgeon et al. 2012 p.16). In order to address suicide risk factors, communities highlighted the need for

*empowerment and healing strategies that enable people to take greater control over their life and responsibility for their situation; to become strong culturally and spiritually and establish more equitable power relations. (Dudgeon et al. 2012 p.16)*

Across the three communities where KEHLP consultations took place, it was evident that communities had identified the importance of personal, relational and collective needs in order to attain positive SEWB. People spoke of needing to ‘build self first’ and to ‘make ourselves strong’, to focus on ‘rebuilding family’, to learn ‘how to talk to one another again’, and to ‘share and care for one another and people in their communities’ (p.17). These findings confirmed the importance of restorative and healing measures to promote empowerment and strengthen SEWB.

A further point about the relationship between lay and expert knowledge in the context of strength-based Indigenous psychology and IRMs is worth noting. Traditional Western hierarchical divisions between lay and expert psychological knowledge have an implicit top-down approach in which lay knowledge is examined for accuracy of mental health literacy (Jorm et al. 1997) in order to improve lay mental health literacy through public promotion strategies governed by experts (Jorm 2000). Such research assumes the superiority of expert over lay knowledge. In contrast, Indigenous psychology affirms Indigenous peoples’ collective cultural understandings of SEWB and has a dialogical strength-based relationship to IKS or epistemologies vital to cultural survival. SEWB, as discussed earlier, is a discourse of wellbeing which has been collectively created, articulated and formulated in Aboriginal health and mental health policy and practice (Swan & Raphael 1995) and further validated by Indigenous communities through a rigorous Indigenous participatory process over the past 15 years. Self-determination, in other words, extends to the construction of mental health concepts. As described in the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-2018 – Proud and Strong*:

*Aboriginal and Torres Strait Islanders have understood social and emotional wellbeing for thousands of years. It is an intricate part of cultural practices, spiritual beliefs and connection to land and sea. [...] Based on the views of Aboriginal*

*and Torres Strait Islander Queenslanders, this Action Plan defines social and emotional wellbeing as being resilient, being and feeling culturally safe, having and realising aspirations and being satisfied with life”. (QMHC 2016 p.6)*

This strength-based position is also central to APAR and to the three empowerment projects discussed here using APAR. Moreover, unlike qualitative studies conducted with Indigenous people about their perceptions of ‘mental illness’ these three APAR studies focused on identifying the risk and protective factors influencing Indigenous SEWB. The APAR applied in the NEP emerged from the findings of community-led consultations in three communities in the Kimberley, which were conducted by the KEHLP team between 2010 and 2011 in response to the rise of suicides in the region (Dudgeon et al. 2012).

### **Kimberley Empowerment Leadership and Healing Program**

The long-term goal of KEHLP was to strengthen Aboriginal peoples’ SEWB by facilitating their capability and capacity to take charge of their lives and strengthen their communities. The Project objectives were to:

- *Bring together lessons from available research and existing programs on the importance of leadership, empowerment and healing to enhance Aboriginal peoples’ social and emotional wellbeing;*
- *Identify the level of need for empowerment, healing and leadership programs for different groups in three communities across the Kimberley region through community consultation;*
- *Define community-based understandings of leadership, empowerment and healing, and determine how this would be translated into a community-based program through community consultation;*
- *Develop the foundations for culturally appropriate and responsive non-accredited community-based programs as well as accredited training to empower Aboriginal people in the Kimberley; and*
- *Identify and negotiate with potential stakeholders for further phases of the study to work in an integrated manner and to avoid duplication.*  
(Dudgeon 2012 p.21)

The community consultations confirmed that the factors that strengthen and protect Aboriginal SEWB include: “connection to land, culture, spirituality, ancestry, and family and community” (Dudgeon et al. 2012 p.48). The community practice of a strength-based Indigenous psychology of SEWB was identified by participants as an important holistic protective factor (Dudgeon et al. 2017b).

Throughout the research consultations Indigenous participants related how the high levels of psychological distress and suicide were caused by the entrenched cross-generational effects of colonisation which had disrupted the protective domains of SEWB. People argued that the building up of empowering self-determination in communities would “increase resilience and decrease the psychological distress shown to strongly predict suicide ideation” (Dudgeon et al. 2014a p.9).

These KELHP findings were consistent with consultations of the 2004 Social Health Reference Group (SHRG) for the National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group that developed the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Well Being 2004–2009*. The SHRG found that SEWB was adversely impacted by

*a broad range of problems that can result from unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage.* (Social Health Reference Group 2004 p. 9)

This preliminary research confirmed the importance of Aboriginal people identifying the issues and strategies for restoring well-being and nurturing their young people within their communities. The KEHLP study also demonstrated that community participation in research

*can be an end in itself through which people are empowered as they develop their skills, knowledge, and confidence to improve and gain control over the conditions that affect their lives.* (Dudgeon et al. 2017b p.2)

## **The National Empowerment Program (NEP)**

The main goal of the NEP was to:

*continue to utilize localized PAR processes, informed by Indigenous research principles, to enable communities to collectively identify:*

- i. factors that impact negatively on the social and emotional well-being of individuals, families, and the community itself (risk factors), and*
- ii. strategies that could work to strengthen the cultural, social, and emotional well-being of individuals, families, and the community (protective factors).* (Dudgeon et al. 2017b p.2).

Referring to the research methodology Dudgeon and colleagues (2014a) describe the NEP Project as community driven using an inclusive PAR process which

involves all community members and stakeholders working together in examining issues and problems of concern in order to bring about changes. They do this by critically reflecting on the historical, political, cultural, economic, geographic and other contexts.

The authors make the point that PAR is not just research, which is hoped will be followed by action. It is action, which is researched, changed and re-researched, within the research process by participants. It aims to be a genuinely democratic or non-coercive process whereby those to be helped, determine the purposes and outcomes of their own inquiry (Wadsworth 1998). The NEP team described PAR as an effective research approach to ensure cultural reclamation and privilege Aboriginal people and their experiences.

The implementation of the NEP had three distinct phases: community consultations, program development and program delivery. The NEP team consulted with an average of 42 participants in each of 11 sites across Australia resulting in 457 people being consulted. Some 64 per cent of participants were female, and 36 per cent male, ranging in age from 36 years and older. Local Aboriginal co-researchers from each site were trained and involved in all phases of the project implementation. A thematic analysis was undertaken on the outcomes of workshops, and the dominant themes identified and returned to participants and co-researchers for corroboration (Dudgeon et al. 2014a). Both the NEP and the research methodology aimed to facilitate the sixth goal of the Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013) to “make high quality resources, information, methods to support suicide prevention for Aboriginal and Torres Strait Islander peoples across all contexts and circumstances” (Dudgeon et al. 2014a p.19).

Reflecting on the research with their communities, the community co-researchers identified that both the PAR research process and the yarning research method (Bessarab & Ng’andu 2010) enabled the participants “the freedom to discuss a range of issues and experiences, many of which were deeply personal” as well as providing “a rare opportunity for individual self-reflection to consider their own issues” (Dudgeon et al. 2017b p.6). This process enabled participants “to recognize the interconnectedness of their lives and *issues and their relationships to their family and community*” (Dudgeon et al. 2017b p.6, emphasis added). The project information feedback and dissemination process through the production of community level NEP site reports was described as “empowerment in action” privileging Aboriginal knowledges and experience (Dudgeon et al. 2017b p.6).

The production of site reports demonstrated genuine commitment to articulating and honouring Aboriginal



people's lived experiences and privileging Aboriginal knowledges. The dissemination of the reports "back to communities has played a critical role in validating the views and insights" of community participant's, with their voices comprising the research outcomes. The site reports represent

*a significant body of knowledge about Aboriginal people's conceptions of health and SEWB and the constraints many encounter. Importantly, they also present a positive, strengths-based discourse on Indigenous social and emotional well-being.* (Dudgeon et al. 2017b p.8).

The community NEP reports also

*make an important contribution to the evidence base regarding both the community driven research approach established to empower and support communities and the content of community-based programs aimed at improving Indigenous mental health and well-being.* (Dudgeon et al. 2017b p.8)

As such, they remain an important tool for use by communities, government stakeholders and service providers and researchers (Dudgeon et al. 2017b p.8).

A predominant theme that emerged across all sites was "the importance of culture and the focus on cultural renewal as a profound source of strength and healing to individuals, families, and the community" (Dudgeon et al. 2017b p.8 ). Critical success factors underpinning the NEP processes included: Indigenous leadership across all aspects and stages of the research; the support, training, mentoring and capacity building for community researchers; and, empowering Indigenous participants to define "their own experiences, needs, and ways of representing themselves" (Dudgeon et al. 2017b p.10).

As reported by Dudgeon et al. (2017b) Aboriginal co-researchers identified key success factors of the research approach which contribute to articulating essential elements of an IRM as:

- *developing Indigenous project principles, attending training (capacity building);*
- *facilitating local workshops and discussions;*
- *reporting and sharing the findings with local groups, key stakeholders and program and service providers.* (p.6)

Their comments all highlight the importance people attached to meeting personal, relational and collective needs linked to SEWB, healing and empowerment, advocacy and social change:

- *The program has helped me to make positive changes*

*in my life, has brought my family closer together.* (Community Researcher 2)

- *The important things about being involved with NEP professionally and personally is being proactive in the community, being involved in culture, in family, friends, work mates.* (Community Researcher 4)
- *Being part of the NEP FAMILY is also healing for me.* (Community Researcher 7)
- *It's given me skills to educate the wider community and enabled me to showcase what issues affect Aboriginal and Torres Strait peoples and how organisations and government bodies can support what we are trying to do for our people.* (Community Researcher 3). (p.7)

The community-driven PAR methodology established in the NEP, informed by Indigenous research principles developed with local communities and adherence to the six core values in the NHMRC research ethics guidelines (2003) had evolved as a distinctive IRM. Key IRM elements were that the research process:

- *privileged the views of communities and enabled participants to attain a critical consciousness that they "were best placed" to identify factors impacting on their SEWB as well actions needed to benefit their communities.*
- *"empowered individuals by enhancing their ability to exert greater control over their lives—an important outcome in and of itself."*
- *facilitated the acquisition of high quality, valid and useful data, which led to better outcomes.*
- *recognised cultural diversity and the need for interventions to prevent suicide and increase SEWB needed to "be created within or adapted to local contexts by community members themselves."* (p.10)

As one of the community researchers commented the NEP had a "greater success factor because it is community developed owned and delivered and it empowers our people to be leaders in their own communities/this being one of the major ingredients to successful outcomes" (Dudgeon et al. 2017b p.7).

While still not articulated at the time Section Five provides both a context for APAR and specific examples of how APAR epistemology, ontology, axiology, and methodology were expressed and enacted through the NEP. Drawing on NEP reports, evaluations and journal articles published on the Project, this section presents APAR as an IRM which has developed/emerged to address the distinctive health and wellbeing needs acknowledged and recognised through the Indigenous mental health movement in Australia (Dudgeon et al., 2014d) and globally (Kirmayer et al. 2011).





## Cultural, Social, Emotional Wellbeing Program

The CSEWB Program evolved from the consultations and recommendations of the NEP. The program aims to:

*promote positive cultural, social and emotional wellbeing and mental health, build resilience and prevent psychological distress and suicide, and address community identified problems such as family violence and substance misuse. Empowerment and creating strong supportive relationships between participants are also objectives of the program. (Mia et al. 2017 p.34)*

The CSEWB Program, which spans 12 months, delivered as three, six-week block, was funded by the Queensland government and conducted in Kuranda and Cherbourg communities between 2014 and 2016. The evaluation reviewed the extent to which and how the CSEWB program 'contributed to strengthening the cultural, social, and emotional wellbeing of participants, their families and communities' (Mia et al. 2017 p.34)

With respect to the CSEWB program the evaluators noted that:

*The methodology reflects the collaborative, culturally appropriate and community-centred nature of the NEP and the CSEWB program, ensuring the privileging of Indigenous knowledge. Therefore, the methodology utilised various principles and practices necessitated by an Aboriginal Knowledge Framework (Oxenham 2017), Participatory Action Research (PAR); (Dudgeon, Scrine et al., 2017), and the application of cultural protocols. (Mia et al. 2017 p.38)*

While not specifically articulated as APAR, it is evident Indigenous epistemologies and axiologies underscored the methodology. Moreover, the following quote from the evaluation confirms that the research process revitalised and reaffirmed Indigenous ontologies:

*The CSEWB program provided participants with a new way of looking at the world. It enabled them to better assess what is happening around them, at individual, family and community levels. Participant's individual growth included changes*

*to their own, and their family's lives, and the ability to use this information to further empower themselves, their families, and communities. These outcomes are reminiscent of the successes of the Family Wellbeing Program over the last two decades with a similar focus on individual, family and community empowerment. (Kinchin et al. 2015; Tsey & Every 2000 cited in Mia et al. 2017 p.43)*

The evaluation clearly showed that the research embedded as it was as an IRM *within a broader Indigenous paradigm had indeed established a distinctive APAR* that evolved and moved beyond from the very best principles underpinning PAR. The evaluation concludes:

*The CSEWB program has enabled participants to address a multitude of complex and challenging issues impacting on their own, their families, and their communities' cultural, social, and emotional wellbeing. The ability to address such issues also allows participants to embark on their individual and collective healing journeys. (Mia et al. 2017 p.44)*

The evaluation firmly ties the interrelated concepts of self-determination, capacity building, empowerment and healing together as essential elements for a decolonising Indigenous research paradigm (Smith 1999). Significantly, the adoption of APAR as a distinctive Indigenous research methodology facilitated individual and community 'conscientisation' (Freire 1970) through collective community identification of the historical, socio-political and cultural aetiology of Indigenous intergenerational and cumulative trauma, distress and suicide and an understanding of the causes of disrupted SEWB (Dudgeon et al. 2014a, 2014b; Dudgeon et al. 2017b; Mia et al. 2017). This in turn resulted in the development of community-based healing practices and programs for restoring the SEWB of individuals, families, and communities by addressing the social and cultural determinants of Indigenous health (Dudgeon et al. 2012; Cox et al. 2014; Dudgeon et al. 2017a). In this sense, the use of APAR has contributed to validating a community created strength-based Indigenous psychology of SEWB (Dudgeon & Walker 2015).

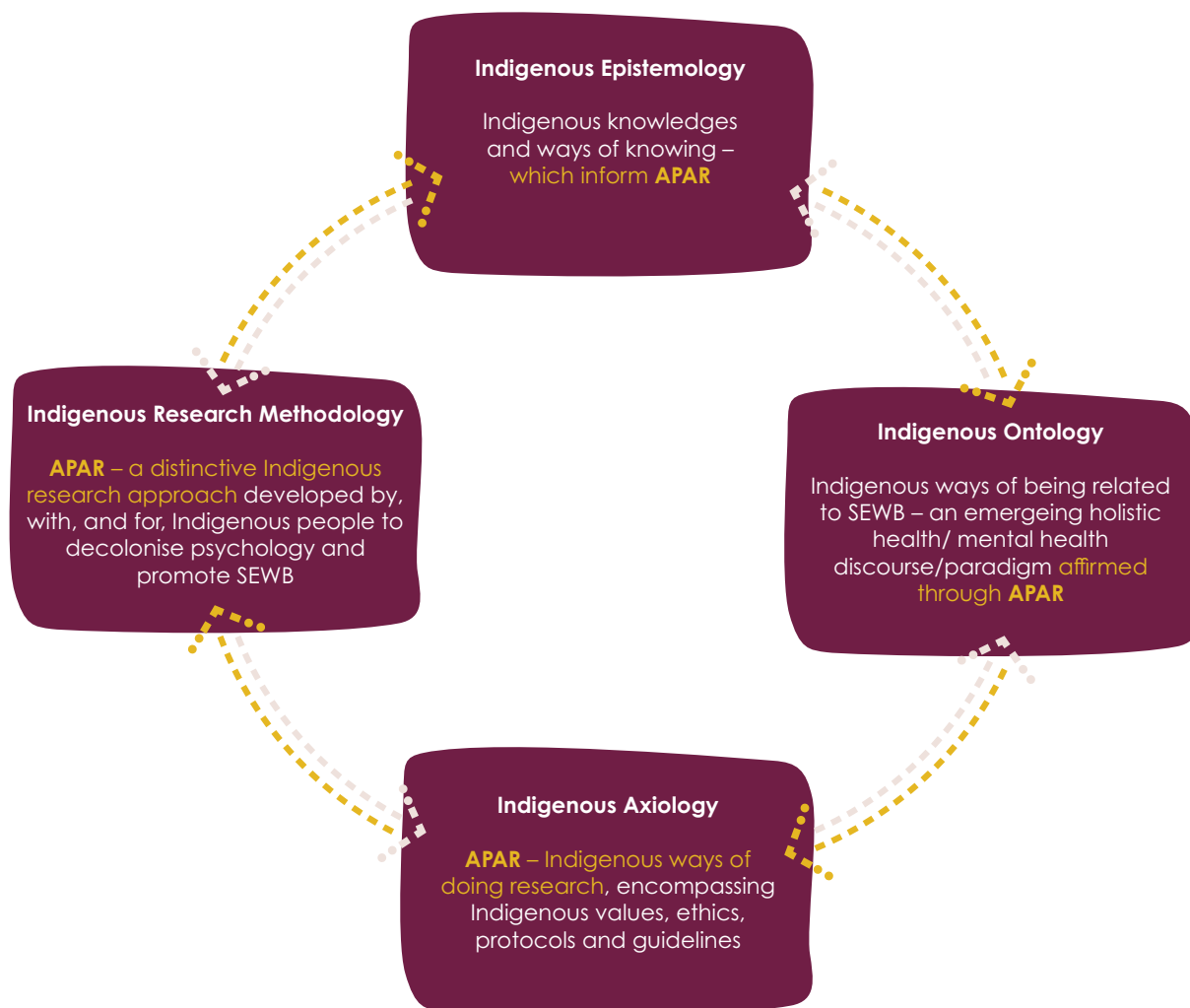
## SECTION FIVE: INDIGENOUS EPISTEMOLOGY, ONTOLOGY, AXIOLOGY AND METHODOLOGY – APAR



The four over-lapping elements — epistemology, ontology, axiology and methodology — are key features of an overarching Indigenous research paradigm encompassing Indigenous methodologies, methods, Indigenous knowledge systems, values and beliefs and ways of being and doing (Wilson 2008). As Wilson (2001) notes, an important distinction between Indigenous and Western research paradigms resides in the relationality

of Indigenous research practice in contrast to the individuality of dominant paradigms irrespective of their research assumptions. Importantly this concept of Indigenous relationality (*the relationship to the physical and spiritual* (Dodson 1977); *the harmonised inter-relations which constitute cultural well-being* (Swan & Raphael 1995) also informs key differences in thinking about Indigenous SEWB and Indigenous Psychology.

**Figure 2: The four interconnected components of APAR**



## APAR Epistemology — Indigenous therapeutic knowledge systems

Both globally and in Australia there is growing recognition and acknowledgement that Indigenous epistemologies originate from distinct value systems that are predicated on relationships with and to their Indigenous lands. (Latulippe 2015). There is a shared epistemic perspective amongst Indigenous groups “that everything is alive, inherently rooted in mutually reciprocal and interactive relationships.” (Latulippe 2015 p.2).

For example, in Australia, it is widely affirmed by Indigenous people that a sacred custodial relationship *with* the land or Country is a vital source of wellbeing. As Dodson (1977) observes:

*To understand our law, our culture and our relationship to the physical and spiritual world, you must begin with the land. Everything about Aboriginal society is inextricably woven with, and connected to, the land. Culture is the land, the land and spirituality of Aboriginal people, our cultural beliefs or reason for existence is the land. You take that away and you take away our reason for existence. We have grown the land up. We are dancing, singing and painting for the land. We are celebrating the land. Removed from our lands, we are literally removed from ourselves. (p.39)*

The therapeutic epistemologies (philosophies about healing) which inform the knowledge systems that underpin APAR can be traced back to a strong and complex connection with Country which has been formed over a lengthy pre-invasion time and continues to evolve dynamically today. Such is the strength of this connection that a disrupted relationship to Country has been recognised to be the aetiology of specific forms of Indigenous distress and trauma, longing for, “crying for, or being sick for country” (Vicary & Westerman 2004 cited in Kelly et al. p.23).

One key understanding of the epistemological foundation of Indigenous therapeutic knowledge systems is the Indigenous philosophy of radical interconnectedness or a dynamic reciprocity between the human and the more-than-human, the seen and unseen, the past, present and future, which is often termed “holism”. Indigenous therapeutic philosophies are often argued to be holistic (Lutschini 2005). Indigenous understandings of health and wellbeing are:

*...holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the “whole body” but in fact is steeped in the harmonised inter-relations which constitute cultural well-being. These inter-relating factors can be categorised as largely spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist. (Swan & Raphael 1995 p. 19)*

This complex and holistic understanding of health, mental health or wellbeing has been refined (and practiced) during the centuries prior to invasion. It is an expression of Indigenous culture which is central to Indigenous psychology, and the flourishing of people and culture. Indigenous philosophy, as Grieves argues, is the basis of a deep wellbeing, “Aboriginal spirituality provides a philosophical baseline for Indigenous knowledges development in Australia” (Grieves 2009 p.10).

APAR is based on an Indigenous knowledge framework governed by a set of specific research protocols, principles, and ethics (Dudgeon et al. 2017a; Oxenham 2017). As Dudgeon et al. (2017b) point out:

*These protocols encompass: human rights and social justice; community ownership; community capacity building; resilience focus; building empowerment and partnerships; and respect for local knowledge. The Indigenous knowledge framework is underpinned by (a) a community-based approach, (b) holistic perspectives, (c) Aboriginal and Torres Strait Islander diversity, (d) self-determination, and (e) acknowledging a history of colonisation. (p.318)*

APAR facilitates an Indigenous knowledge of the oppressive forces that shape people’s lives. It helps identify the oppressive discourses, both past and present, and the impacts of racism and colonisation throughout individuals’ and communities’ lives. APAR has the potential to empower, assist in healing, and reclaiming culture and strengthened cultural identity. As a form of self-determination, it also elevates Aboriginal and Torres Strait Islander knowledges. This leads to a validated sense of understanding of family, community, culture, and spirituality from Indigenous perspectives.

The epistemological foundation of APAR in an important sense reflects the aims of the Indigenous mental health movement and is also an expression of the knowledge systems this movement has restored and produced. The Indigenous knowledge systems within the Indigenous mental health movement have grown from (a) a de-colonial critique of the ways in which Western discourses of mental health colonise Indigenous people and (b) the restoration of traditional therapeutic epistemologies.

### **APAR Ontology — Indigenous social and emotional wellbeing**

The ontological ground of APAR is founded on the Indigenous model of wellbeing, SEWB. Self-determination in mental health means:

*participation in the development of definitions of wellbeing, that are informed by Indigenous world views, participation in the development of the measuring frameworks that assess the progress of achieving wellbeing, and participation in the design and implementation of the policies and programs that are put in place to achieve Indigenous wellbeing.* (Gooda 2010 n.p.)

As Napier et al. (2017) conclude in their potentially paradigm shifting analysis of the centrality of culture in health and mental health, “new models of wellbeing and care should be identified and nourished across cultures” (p.1608). Such models are emerging from within Indigenous communities across the world. For example, *Being Alive Well* or *miyupimaasisiun*, is a Cree model (Adelson 2000); *Te Whetu* The Star (Mark & Lyons 2010), *Whare Tapa Maori* The Four-Sided House (Durie 2001), and *Te Wheke* The Octopus (Pere 1995) are Maori models; the Matsigenka of the Amazon jungles near Peru have a holistic spiritual and earth-based model (Izquierdo 2005). Many Native American people have a model of wellbeing of four interconnected elements of the spiritual, emotional, mental, and physical based on traditional medicine wheel teachings (Canales 2004; Matthews 2002; Rountree & Smith 2016); and for the Anishinabek First Nations people’s wellbeing is also holistic and eco-centric (Wilson 2003).

In Australia, a strong multi-sectorial commitment to self-determination within Indigenous communities has also led to the reclamation and development of models of wellbeing. In a Human Rights speech on social justice and wellbeing, Aboriginal and Torres Strait Islander Social Justice Commissioner, Mick Gooda (2010) said that:

*If the nature of wellbeing was understood from an Indigenous perspective in the first instance, there is greater scope for incorporating the strengths*

*as well as the disparities faced by Aboriginal and Torres Strait Islander communities. There is also greater scope for addressing the disparity in ways that build on the strengths of the community, and are inclusive of other elements of our world view, including our cultural aspects, the connection to land, family and community.* (para 23)

This overarching worldview of the connectedness of culture, spirit, land and Country alluded to by Dodson is evident in the conceptions of health and SEWB articulated by Indigenous Australian communities throughout Australia (Dudgeon & Walker 2015; Gee et al. 2014; Salmon et al. 2018; Yap & Yu 2016). Indigenous Australian communities have different but related concepts of wellbeing. For example, *Ngarlu* or *Liyan* is an Indigenous concept of wellbeing developed by the late Joseph (Nipper) Roe, a Karajarri and Yawuru man who applied this model as part of his work as a counsellor in Broome. Wendy Casey—his niece—has guardianship to use the concept of the Aboriginal Inner Spirit (Ngarlu) or Lian in the *Strong Spirit Strong Mind* model developed for mental health practitioners, program and services providers and policy makers “as a holistic way of working with Aboriginal clients to deal with emotional, spiritual and social problems.” (Casey 2014 p.449). This model articulates “the importance of strengthening the Inner Spirit to enhance good decision making and support behavioural change, not only at an individual level, but also with family and community” (Casey 2014 p.449). Roe’s work highlights the links between Inner Spirit, the mind and the body and cultural beliefs, connection to Country and SEWB and how this connectedness (or disruptions to it) influences one’s thinking, feelings, behaviour and decision making. Similarly, researchers working with the Yawuru community to explore how to measure SEWB describe *Ngarlu* or *Liyan* as “a driver of emotional, spiritual and physical health” emphasising “the connectedness between the individual’s inner spirit and the collective group, and shows how the connectedness between the individual’s inner spirit, body and country are one and the same” (Yap & Yu 2016 p.28). Here wellbeing is derived from *Mabu Liyan*, the Yawuru concept for good life (Yap & Yu 2016 p.8). Another Indigenous concept is *Karunpa*, which comes from the people of the central desert:

*Kurunpa is the foundation of vitality and is critical to the physical, emotional and spiritual wellbeing on Aboriginal men, it exists in physical, emotional and spiritual form which can be injured, manipulated, moved, lost, felt, seen, found, and relaxed, Kurupa goes beyond metaphor, it is not only a feeling, or a means of expressing distress, it is the vessel of life force itself.* (Brown et al. 2012 n.p.)



Other similar Indigenous concepts of wellbeing are *Mwarre*, *Punyu*, and *Wankaru* (Anderson 1999; Bradley et al. 1997; Devanesen 2000), although these concepts of wellbeing have not been the subject of detailed scholarly exploration.

As a national model of wellbeing which is flexible enough to accommodate cultural diversity within Indigenous communities, SEWB brings together a collective Indigenous knowledge of ontology, or being. The Australian Indigenous mental health movement have advocated for national recognition of SEWB through key mental health policies. The concept of Indigenous SEWB was first proposed in 1989 by the National Aboriginal and Islander Health Organisation (NAIHO), which defined Aboriginal health as:

*The social, emotional, and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.*  
(National Aboriginal Health Strategy Working Party 1989 p.9)

Challenging the dominant biomedical discourse this emerging SEWB paradigm has served to both decolonise White mental health policy and practice (Dudgeon & Walker 2015), and re-centre Indigenous therapeutic epistemologies as the foundation of praxis and theory. In brief, healthy connections to the seven inter-related domains of the body, mind and emotions, family and kinship, community, culture, Country, and spirituality support thriving individuals, families, and communities. The experience and expression of the domains of SEWB can vary across the life span and between communities (Dudgeon et al. 2014a).

The SEWB model and seven domains have been fully articulated in Gee et al. (2014) and previously validated with Indigenous people when presented by Professor Pat Dudgeon to, and endorsed by, over 300 Indigenous participants during a national and state conference in 2012. The Australian Indigenous Psychologists Association (AIPA) have also contributed to the development of the SEWB discourse (Gee et al. 2014; Kelly et al. 2009) and the model was further validated by community consultations that culminated in the development of the renewed framework for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (Social Policy Research Centre 2013). Importantly, the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (Australian Department of Health and Ageing 2013) highlights the continuity of culture and the need to improve SEWB with the impact of a range of stressors recognised as impairing

wellbeing. Both the nine guiding principles and the framework of SEWB are foundational concepts in the seminal text *Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing: Principles and Practice* (Dudgeon et al. 2014c).

### **APAR Axiology – Indigenous psychology research ethics**

This section discusses the ethics, values, and principles underpinning APAR drawn from exemplars within the respective KEHLP, NEP and CSEWB projects. APAR is informed by a range of ethical and practice standards developed for different purposes to achieve specific outcomes. APAR is also informed by and aligns with a range of ethical and practice standards developed by peak ethics groups such as the NHMRC who have developed Indigenous specific standards to achieve specific beneficial outcomes for Aboriginal peoples involved in the research and ultimately for all Aboriginal people (NHMRC 2018; Dudgeon et al. 2010). In addition, the core aims of APAR also support the addition of principles and standards by Aboriginal researchers that are context and project specific. For example, Aboriginal co-researchers involved in the NEP developed a set of principles to guide the project implementation and the way the project team worked with individuals, families, and communities. These principles encompassed “human rights and social justice; community ownership; community capacity building; empowerment and partnership; and respect for local knowledge” (Dudgeon et al. 2017a p.318). Dudgeon et al. (2017b), citing PAR proponents Baum et al. (2014) and Israel et al. (1998), acknowledge how these principles:

*strongly align with PAR principles and processes which recognize and respect the identity, knowledge, and experiences of the community and build on the strengths and resources; facilitate a collaborative, equitable partnership in research through an empowering and power-sharing process that address social inequalities; facilitate co-learning and capacity building among partners; attain a balance between data generation and intervention; focus on the local relevance of policy and programs and generate perspectives that attend to multiple determinants of health; involve all partners in the dissemination of results; and commit to sustainability.* (p.4)

Clearly, while there is an acknowledged convergence here with PAR, what distinguishes APAR is that the axiological framework has been developed in extensive consultation with Elders, community members and other experts for mental health and SEWB and aligns with NHMRC Indigenous ethical principles.



## APAR Methodology

As illustrated in the three empowerment projects discussed in Section Four the APAR methodology is complex and has many layers of Indigenous governance and reciprocity. As Caxaj (2015) writes, Indigenous-based approaches involve “reframing and reorienting research toward Indigenous control, ownership, and self-definition (Poulani Louis 2007). In this sense, PAR principles provide a strong framework to build decolonizing, storied narratives through meaningful partnership with communities” (p.10). PAR processes

often blur the distinctions between methodological and ethical research activities related to building trust, respect, and enhanced understandings. For instance, ethical protocols and methods which include yarning or Aboriginal storytelling are an important aspect of Indigenous research methods and Indigenous methodologies. They foster collaborative respectful partnerships with non-Indigenous researchers (Bessarab & Ng’andu 2010; Geia et al. 2013) as well as help create a robust APAR framework that is accountable to community priorities.





## GUIDING PRINCIPLES



The development and provision of mental health and SEWB programs, services and practices are guided by nine principles first articulated in the 1989 *National Aboriginal Health Strategy* (National Aboriginal Health Strategy Working Party 1989). These principles were further developed in *Ways Forward* (Swan & Raphael 1995), and underpinned the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009* (Social Health Reference Group 2004), and the renewed SEWB Framework after extensive community consultations.

These principles also underpin the *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing: Principles and Practice* (Dudgeon et al. 2014c). Embedded in these principles is the recognition of the Indigenous right to self-determination, the impact of colonisation on Indigenous wellbeing, and the importance of a holistic connection to the seven domains of SEWB (Dudgeon et al. 2017b). These principles embody a holistic and whole-of-life view of health held by Aboriginal and Torres Strait Islander peoples. These principles outlined in Table 1 below, extracted from (Dudgeon et al. 2014c p.xxiv):

**Table 1: Nine Guiding Principles of Social and Emotional Wellbeing**

1	Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. That Land is central to wellbeing.
2	Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
3	Culturally valid understandings must shape the provision of services and must guide assessment, care, and management of Aboriginal and Torres Strait Islander peoples' health problems generally, and mental health problems in particular.
4	It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have inter-generational effects.
5	Human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health, (versus mental ill health). Human rights relevant to mental illness must be specifically addressed.
6	Racism, stigma, environmental adversity, and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
7	The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
8	There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural, or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.
9	It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

## Research protocols and guidelines

Ethics guidelines in Indigenous contexts provide a set of principles to ensure research is safe, respectful, responsible, high quality, of benefit to Indigenous individuals and communities and the research outcomes. According to the Australian Institute of Aboriginal and Torres Strait Islander Studies, (AIATSIS 2012) guidelines, research in Indigenous communities must abide by 14 principles. These 14 principles are grouped under six broad categories of: rights, respect and recognition; negotiation, consultation, agreement and mutual understanding; participation, collaboration and partnership; benefits, outcomes and giving back; managing research: use, storage and access; and reporting and compliance (p.3). They are as follows:

### Rights, Respect and recognition

1. *Recognition of the diversity and uniqueness of peoples, as well as individuals, is essential*
2. *The rights of Indigenous peoples to self-determination must be recognised*
3. *The rights of Indigenous peoples to their intangible heritage must be recognised*
4. *Rights in the traditional knowledge and traditions cultural expressions of Indigenous people must be respected, protected, and maintained*
5. *Indigenous knowledge, practice and innovations must be respected, protected, and maintained*

### Negotiation, consultation, agreement and mutual understanding

6. *Consultation, negotiation, and free, prior and informed consent are the foundations for research with or about Indigenous peoples*
7. *Responsibility for consultation and negotiation is ongoing*
8. *Consultation and negotiation should achieve mutual understanding about the proposed research*
9. *Negotiation should result in a formal agreement for the conduct of a research project*

### Participation, collaboration and partnership

10. *Indigenous people have the right to full participation appropriate to their skills and experiences in research projects and processes*

## Benefits, outcomes and giving back

11. *Indigenous peoples involved in research, or who may be affected by research, should benefit from, and not be disadvantaged by, the research project*
12. *Research outcomes should include specific results that respond to the needs and interests of indigenous people*

### Managing research: use, storage and access

13. *A plan should be agreed for managing use of, and access to, research results*
14. *Research projects should include appropriate mechanism and procedures for reporting on ethical aspects of the research and complying with these guidelines (AIATSIS 2012 pp.4–18).*

In 2000, the NHMRC adopted additional criteria for Indigenous research grants focused on the sustainability of interventions, the benefits of research, the transferability of findings into policy or practice, and the evaluation by the community of the utility of research findings (NHMRC 2000). In 2003, the NHMRC Indigenous research guidelines were revised and updated in 2007.

These guidelines required researchers to develop research proposals that were ethically defensible against Indigenous values. The document clearly outlined six values generated by Australian Indigenous communities: (a) spirit and integrity, (b) reciprocity, (c) respect, (d) equality, (e) survival and protection, and (f) responsibility. (Kendall et al. 2011 p.1721) The 2007 Ethical Guidelines were further reviewed after extensive consultation in 2017 and the six values were revised to include (a) spirit and integrity, (b) cultural continuity, (c) equity, (d) reciprocity, (e) respect, and (f) responsibility (NHMRC 2018 p.2). These six core values aim to ensure all research undertaken with Aboriginal and Torres Strait Islander people and communities:

- respects the shared values of Aboriginal and Torres Strait Islander Peoples
- is relevant for Aboriginal and Torres Strait Islander priorities, needs and aspirations
- develops long-term ethical relationships among researchers, institutions and sponsors
- develops best practice ethical standards of research. (NHMRC 2018 p.3)



# CONCLUSION



This discussion paper has documented the transformative potential in adopting and constantly refining IRM and methods underscored by both an APAR approach and commitment to Indigenous knowledge systems. We have shown how the guiding principles for SEWB are consistent with the principles articulated and implemented by co-researchers involved in NEP. Critical to decolonisation, APAR enabled the inclusion of Indigenous voices through storytelling and yarning strategies as well as the co-construction of meaning making about the issues, solutions and strengths experienced by individuals, families, and communities in each of the community sites, facilitating a strengths-based SEWB discourse, which in turn contributes to Indigenous psychology. We have demonstrated how the principles of interconnectedness and collectivism, underpin the distinctive ontologies of SEWB, shaping how individual stories are experienced, expressed, framed, and understood. The principles of APAR provided culturally safe spaces to ensure that individuals could share their stories. Moreover, the sharing of these stories in groups was important in building and 'restorying' relationships and networks of support, and strengthening individual, families and communities.

Bringing the stories together in community reports to be shared back to both initial participants and broader communities enabled further knowledge exchange and conversations, ongoing analyses and more comprehensive understandings to promote greater

advocacy for governmental and wider community accountability to address Indigenous identified needs and priorities. The adoption of APAR has been shown to be highly effective in implementing the NEP goals and objectives across diverse communities in Australia. Each of the sites have participated in cyclical acts of *iterative reflexivity* that have enabled participants to mobilise at a community level around the local mapping and analysis, findings and recommendations to address many of the social determinants identified in community consultations. At the same time the stories of most significant change (SMSC) (Davies & Dart 2005) collected in some communities has enabled individuals to take steps towards effective positive changes in their own lives to strengthen their families' and communities' SEWB (Mia et al. 2017). The opportunity for participants to share their individual and collective stories helps contribute to Indigenous knowledge production as well as a community created Indigenous psychology of SEWB, including a social and cultural determinants approach to mental health which is decolonial. It also contributes to both enacting and evaluating the methodological validity, ethical accountability, and distinctiveness of APAR principles and approach. Further research will provide much needed evidence of the links between APAR, decolonising strategies and discourses and Indigenous ontologies of SEWB and Indigenous psychology to build community and researcher collaborations to influence policy and programs.

## REFERENCES



- Absolon K. & Willett C. 2005, Putting ourselves forward: Location in Aboriginal research. In L. Brown & S. Strega (eds), *Research as resistance: Critical, Indigenous, and anti-oppressive approaches*, pp. 97–126, Canadian Scholars Press, Toronto.
- Adams G., Dobles I., Gómez L.H., Kurtiş T. & Molina L.E. 2015, Decolonizing psychological science: Introduction to the special thematic section, *Journal of Social and Political Psychology*, vol. 3(1): 213–38, DOI:10.5964/jspp.v3i1.564
- Adelson N. 2000, *“Being Alive Well”: Health and the politics of Cree well-being*, University of Toronto Press, Toronto.
- Alfred T. 2005, *Wasàse: Indigenous Pathways of Action and Freedom*. Broadview Press, Ontario.
- Amrith S.S. 2006, *Decolonizing International Health: India and Southeast Asia, 1930–65*, Palgrave, New York.
- Anderson R.B. 1999, *Economic development among the Aboriginal peoples of Canada; hope for the future*, Captus Press, Ontario.
- Anderson W. 2014, Hermannsburg, 1929: Turning Aboriginal ‘primitives’ into modern psychological subjects, *Journal of History of Behavioural Sciences*, vol. 50(2): 127–47.
- Ardill A. 2013, Australian Sovereignty, Indigenous Standpoint Theory and Feminist Standpoint Theory: First Peoples’ sovereignties matter, *Griffith Law Review*, vol. 22(2).
- Arabena, K. 2008, *Indigenous Epistemology and Wellbeing: Universe referent citizenship*, Discussion Paper Number 22, Australian Institute of Aboriginal and Torres Strait Islander Studies Research, Canberra.
- Australian Health Ministers’ Advisory Council 2017, *National strategic framework for Aboriginal and Torres Strait Islander peoples’ mental health and social and emotional wellbeing 2017–2023*, Department of the Prime Minister and Cabinet, Canberra.
- Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 2012, *Guidelines for ethical research in Australian Indigenous Studies*, AIATSIS, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2019, *Understanding Indigenous welfare and wellbeing*, AIHW, Canberra.
- Ayala B. 2018, Epistemic Self-Determination: Alternative techniques to combat Indigenous erasure, Philosophy Honors Seminar, Portland State University, Portland.
- Bartky S.L. 1990, *Femininity and domination: Studies in the phenomenology of domination*, Routledge, New York.
- Baum F., MacDougall, C. & Smith, D. 2006, Participatory action research *Journal of Epidemiology and Community Health*, vol. 60(10): 854–7.
- Bell K., Couzos S., Daniels J., Hunter P., Mayers N. & Murray R. 2000, Aboriginal Community Controlled Health Services. In Commonwealth, Department of Health and Aged Care (ed.), *General Practice in Australia*, Canberra Australia, pp. 74–104.
- Bessarab D. & Ng’andu B. 2010, Yarning about yarning as a legitimate method in Indigenous research, *International Journal of Critical Indigenous Studies*, 3(1): 37–50.
- Bird G. 2008, The White Subject as Liberal Subject, *Australian Critical Race and Whiteness Studies Association e-Journal*, vol. 4(2).
- Black C. 2014, A thousand rivers: What the modern world has forgotten about learning and children, Schooling the World website: <http://schoolingtheworld.org/a-thousand-rivers/>



- Boyes-Watson C. & Pranis K. 2012, Science cannot fix this: The limitations of evidence-based practice, *Contemporary Justice Review*, vol. 15: 265–75.
- Brown A., Scales U., Beaver W., Richards B., Rowley K. & O’Dea K. 2012, Exploring the expression of depression and distress in Aboriginal men in central Australia: A qualitative study, *BMC Psychiatry*, vol. 12 (97).
- Cameron B.L., Plazas M.D.P.C., Salas A.S., Bearskin R.L.B. & Hungler K. 2014, Understanding inequalities in access to health care services for Aboriginal people: A call for nursing action, *Advances in Nursing Science*, vol. 37(3): E1–E16, DOI: <https://doi.org/10.1097/ans.0000000000000039>
- Campbell D., Pyett P., McCarthy L., Whiteside M. & Tsey K. 2007, Community development and empowerment—A review of interventions to improve Aboriginal health. In I. Anderson, F. Baum & M. Bentley (eds), *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health*, Cooperative Research Centre for Aboriginal Health, Darwin.
- Canales M. K. 2004, Taking care of self: Healthcare decision making of American Indian women, *Health Care for Women International*, vol. 25: 411–435.
- Cargo M. & Mercer S. 2008, The value and challenges of participatory research: Strengthening its practice, *Annual Review of Public Health*, vol. 29: 325–50.
- Casey W. 2014, Strong Spirit Strong Mind Model – Informing Policy and Practice. Chapter 26 in P. Dudgeon, H. Milroy & R. Walker (eds) 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2<sup>nd</sup> edition, Department of the Prime Minister and Cabinet, Australian Government, Canberra, pp. 449–58.
- Caxaj, C. S. 2015, ‘Indigenous storytelling and participatory action research: Allies toward decolonization? Reflections from the Peoples’ International Health Tribunal, *Global Qualitative Nursing Research*, pp. 1–12, DOI: <https://doi.org/10.1177/2333393615580764>
- Caxaj C.S., Berman H. 2014, Anticolonial pedagogy and praxis: Unraveling dilemmas and dichotomies. In P.N. Kagan, M. C. Smith, P.L. Chinn (eds), *Philosophies and practices of emancipatory nursing: Social justice as praxis*, Routledge, New York, pp.175–87.
- Cochran P.A., Marshall C.A., Garcia-Downing C., Kendall E., Cook D., McCubbin L. & Gover R.M.S. 2008, Indigenous ways of knowing: Implications for participatory research and community, *American Journal of Public Health*, vol. 98(1): 22–7.
- Coburn E. 2013, Indigenous research as resistance, *Socialist Studies/Etudes Socialistes*, vol. 9(1): 52–63.
- Collins P. 1997, Comment on Hekman’s “Truth and Method: Feminist Standpoint Theory Revisited”: Where’s the Power?, *Signs: Journal of Women in Culture and Society*, vol. 22(2): 375.
- Cox A., Dudgeon, P., Holland C., Kelly K., Scrine C. & Walker R. 2014, Using Participatory Action Research to Prevent Suicide in Aboriginal and Torres Strait Islander Communities, *Australian Journal of Primary Health*, DOI: <http://dx.doi.org/10.1071/PY14043>
- Darlaston-Jones D. 2015, (De)Constructing paradigms: Creating a psychology curriculum for conscientisation education, *The Australian Community Psychologist*, vol. 27(1): 38–48.
- Darlaston-Jones D. 2016, White voices Black spaces: Authenticity, legitimacy & place in a shared decolonisation project, *Psychology Aotearoa*, vol. 8(1): 26–9.
- Davies R. & Dart J. 2005, The ‘Most Significant Change’ (MSC) technique: A guide to its use. Available at: [https://www.researchgate.net/publication/275409002\\_The\\_’Most\\_Significant\\_Change’\\_MSC\\_Technique\\_A\\_Guide\\_to\\_Its\\_Use](https://www.researchgate.net/publication/275409002_The_’Most_Significant_Change’_MSC_Technique_A_Guide_to_Its_Use).
- Deloria Vine Jr. 1998, “Comfortable Fictions and the Struggle for Turf: An Essay Review of The Invented Indian: Cultural Fictions and Government Policy.” In Devon A. Mihesuah (ed.) *Native and Academics: Research and Writing About American Indians*, University of Nebraska Press, Lincoln, pp. 65–83.
- Denzin N. & Lincoln Y. 2007 (eds), *Handbook of Qualitative Research*, Sage Publications, Thousand Oaks, CA.

de Sousa Santos B. 2007, Beyond abyssal thinking: From global lines to ecologies of knowledge, *Eurozine*, vol. 33: 45–89. Available at: <https://www.eurozine.com/beyond-abyssal-thinking/>

Dodson M. 1977, Land Rights and Social Justice. In Galarrwuy Yunupingu (ed.) *Our Land Our Life: Land Rights Past, Present and Future*, University of Queensland Press, St Lucia, pp. 39–51.

Drawson A.S., Toombs E. & Mushquash C.J. 2017, Indigenous research methods: A systematic review of the literature, *Indigenous Policy Journal*, vol. 8(2): 1–25.

Dudgeon P., Kelly K. & Walker R. 2010, Closing the Gaps in and Through Indigenous Health Research: Guidelines, processes and practices, *Australian Aboriginal Studies*, Issue 2. Available at: [https://www.researchgate.net/publication/232084666\\_Closing\\_the\\_gaps\\_in\\_and\\_through\\_Indigenous\\_health\\_research\\_Guidelines\\_processes\\_and\\_practices](https://www.researchgate.net/publication/232084666_Closing_the_gaps_in_and_through_Indigenous_health_research_Guidelines_processes_and_practices)

Dudgeon P., Cox K., D’Anna D., Dunkley C., Hams K., Kelly K., Scrine C. & Walker R. 2012, *Hear our voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia – Final research report*, Centre for Research Excellence, Aboriginal Health & Wellbeing, Telethon Institute for Child Health, Perth.

Dudgeon P., Cox A., Walker R., Scrine C., Kelly K., Blurton D., Boladeras J., Bracknell C., Brennan T., Butorac A., Charles A., Collard L., Duffin W., Grogan G., Hams K., Hansen C., Holland C., Ingram D., Mascall C., Mia T., Miller D., McGuire V., Murray B., McGrady G., Peckham M., Riley B., Ryder A., Swift S. & Taylor N. 2014e, *Voices of the Peoples: The National Empowerment Project, National Summary Report 2014a: Promoting cultural, social and emotional wellbeing to strengthen Aboriginal and Torres Strait Islander communities*, The National Empowerment Project, University of Western Australia, Perth. Available at: [http://media.wix.com/ugd/396df4\\_51dac3e704c844bd8b17bdf4f8dd1f6d.pdf](http://media.wix.com/ugd/396df4_51dac3e704c844bd8b17bdf4f8dd1f6d.pdf)

Dudgeon P., Walker R., Scrine C., Cox K., D’Anna D., Dunkley C., Kelly K. & Hams K. 2014b, Enhancing Wellbeing, Empowerment, Healing and Leadership. In P. Dudgeon, H. Milroy & R. Walker (eds) 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Department of the Prime Minister and Cabinet, Australian Government, Canberra, pp 437–48.

Dudgeon P., Milroy H. & Walker R. (eds) 2014c, *Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, 2nd edition, Department of the Prime Minister and Cabinet, Australian Government, Canberra.

Dudgeon P., Rickwood D., Garvey D. & Gridley H. 2014d, A history of psychology in Aboriginal and Torres Strait Islander mental health. In P. Dudgeon, H. Milroy & R. Walker (eds) 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Department of the Prime Minister and Cabinet, Australian Government, Canberra, pp. 39–54.

Dudgeon P. & Walker R. 2015, Decolonising Australian psychology: Discourses, strategies, and practice, *Journal of Social and Political Psychology*, vol. 3(1): 276–97.

Dudgeon P., Milroy J. Calma T., Luxford Y., Ring I., Walker R., Cox S., Georgatos G., Holland C. 2016a, *Solutions that work - What the evidence and our people tell us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*, Department of Prime Minister and Cabinet, Australian Government, Canberra.

Dudgeon P., Calma T., Brideson T. & Holland C. 2016b, The Gayaa Dhuwi (Proud Spirit) Declaration – A call to action for Aboriginal and Torres Strait Islander leadership in the Australian mental health system, *Advances in Mental Health*, vol. 14(2): 1–14.

Dudgeon, P. 2017, Australian Indigenous Psychology, *Australian Psychologist*, vol. 52(4): 251–54.

Dudgeon P., Bray A., D’Costa B. & Walker R. 2017a, Decolonising Psychology: Validating Social and Emotional Wellbeing, *Australian Psychologist*, vol. 52(4): 316–25.

Dudgeon P., Scrine C., Cox A. & Walker R. 2017b, Facilitating Empowerment and Self-Determination through Participatory Action Research: Findings From the National Empowerment Project, *International Journal of Qualitative Methods*, DOI: <https://doi.org/10.1177/1609406917699515>



- Dudgeon P., Darlaston-Jones D. & Bray A. 2017c, Teaching Indigenous psychology: A conscientisation, de-colonisation, and psychological literacy approach to curriculum. In C. Newnes, & L. Golding (eds), *Teaching Critical Psychology and Psychiatry*, Routledge, New York. pp.123–47.
- Dudgeon P., Ring I., Leyendekkers G., McClintock K., Laewson-Te Aho K., King M., King A., Skawen:nio Morse G. Connolly M. & Stoor, J.P.A. 2018, *Global Overview: Indigenous Suicide Rates*, University of Western Australia, Perth.
- Durie M. 2001, *Muri Ora: The dynamic of Maori health*, Oxford University Press, Auckland.
- Ellen R. & Harris H. 1996, *Concepts of indigenous environmental knowledge in scientific and development studies literature: A critical assessment*, East-West Environmental Linkages Network Workshop 3, University of Kent at Canterbury, United Kingdom.
- Erasmie T. & Dubell F. (eds) 1980, *Research for the People, Research by the People: An Introduction to Participatory Research*, University of Linköping, Linköping.
- Evans M., Hole R., Berg L.D., Hutchinson P. & Sookraj D. 2009, Common insights, differing methodologies: Toward a fusion of Indigenous methodologies, participatory action research, and White studies in an urban Aboriginal research agenda, *Qualitative Inquiry*, vol. 15(5): 893–910., DOI: <https://doi.org/10.1177/1077800409333392>
- Evans M., Miller A., Hutchinson P. & Dingwall C. 2014, De-colonising research practices: Indigenous methodologies, Aboriginal methods, and knowledge/knowing. In P. Leavy (ed.), *Oxford Handbook of Qualitative Research*, DOI: 10.1093/oxfordhb/9780199811755.013.019, pp. 179–91
- Fals Borda O. 1981, Science and the common people, *Journal of Social Studies*, vol. 11: 2–21.
- Fals Borda O. 1985, *Knowledge and People's Power: Lessons with Peasants in Nicaragua, Mexico and Columbia*, Indian Social Institute, New Delhi.
- Fals Borda O. 1991a, Action and knowledge: Breaking the monopoly with participatory action research, In O. Fals Borda & M.A. Rahman (eds), *Some Basic Ingredients*, Apex Press, pp. 3–12, DOI: 10.3362/9781780444239.001
- Fals Borda O. & Rahman M.A. 1991b, *Action and knowledge: Breaking the monopoly with participatory action-research*, Apex Press, New York.
- Fals Borda O. 2006, The North-South convergence: A 30-year first-person assessment of PAR, *Action Research*, vol. 4(3): 351–58, DOI:10.1177/1476750306066806
- Fanon F. 1952, *Black skin, White Masks*. Grove Press, New York.
- Fanon F. 1963, *The Wretched of the Earth*. Grove Weidenfeld A division of Grove Press, New York.
- Fee E., Cueto M. & Brown T.M. 2008, WHO at 60: Snapshots from its first six decades, *American Journal of Public Health*, vol. 98(4): 630–33.
- Fisher M., Baum F., MacDougall C., Newman L. & McDermott D. 2016, How the social determinants of Indigenous health became policy reality for Australia's National Aboriginal and Torres Strait Islander Health Plan, *Journal of Social Policy*, vol. 48(1): 169–189, DOI:10.1017/S0047279418000338
- Foley D. 2003, Indigenous epistemology and Indigenous standpoint theory, *Social Alternatives*, vol. 22(1): 44–52.
- Foucault M. 1988, Technologies of the Self. In L. Martin, H. Gutman & P. Hutton (eds), *Technologies of the Self: A seminar with Michel Foucault*, The University of Massachusetts Press, Amherst, pp. 16–49.
- Foucault M. 1991, *Discipline and Punish: The birth of a prison*, Penguin, London.
- Fredericks B.L. 2007, Utilising the concept of pathway as a framework for Indigenous research, *Australian Journal of Indigenous Education*, vol. 36(S1): 15–22.
- Fredericks B.L. 2009, Which way that empowerment?: Aboriginal women's narratives of empowerment, *AlterNative: An International Journal of Indigenous Scholarship*, vol. 4(2): 6–19.
- Fredericks B.L. 2010, Re-empowering ourselves: Australian Aboriginal women, *Signs: Journal of Women in Culture and Society*, vol. 35(3): 546–50.

- Freire P. 1970, *Pedagogy of the Oppressed*, Continuum Publishing Company, New York.
- Freire P. 1973, *Education for critical consciousness*, Seabury, New York.
- Freire P. 1998, *Pedagogy of Freedom: Ethics, democracy, and civic courage*, Rowman & Littlefield, Lanham, MD.
- Fricker M. 2007, *Epistemic injustice: Power and the ethics of knowing*, Oxford University Press, New York.
- Fung K. & Wong Y-L. 2007, Factors influencing attitudes towards seeking professional help among East and Southeast Asian immigrant and refugee women, *International Journal of Social Psychiatry*, vol. 53(3): 216–31.
- Garcia A. 2019, Transdisciplinarity from Marginal Spaces: Unsettling epistemic erasure of critical and decolonial scholars, Undergraduate Honors Thesis. Available at: [https://scholar.colorado.edu/concern/parent/0z708x13p/file\\_sets/7p88ch14w](https://scholar.colorado.edu/concern/parent/0z708x13p/file_sets/7p88ch14w)
- Gee G., Dudgeon P., Schultz C., Hart A., Kelly K. 2014, Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy & R. Walker (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Department of the Prime Minister and Cabinet, Australian Government, Canberra, pp. 55–68.
- Geia L.K., Hayes B. & Usher K. 2013, Yarning/Aboriginal storytelling: Towards an understanding of an Indigenous perspective and its implications for research practice, *Contemporary Nurse*, vol. 46(1): 13–17.
- Gooda M. 2010, *Social justice and wellbeing*, AIATSIS Seminar, Series 2010, Indigenous Wellbeing, Canberra. Available at: <https://www.humanrights.gov.au/news/speeches/social-justice-and-wellbeing-2010>
- Grieves V. 2009, *Aboriginal Spirituality: Aboriginal Philosophy, The Basis of Aboriginal Social and Emotional Wellbeing*, Discussion Paper No. 9, Cooperative Research Centre for Aboriginal Health, Darwin.
- Green D. & Minchin L. 2014, Living on climate-changed country: Indigenous health, well-being, and climate change in remote Australian communities, *Eco-health*, vol. 11: 1–10.
- Green M., Sonn C. & Matsebula J. 2007, Reviewing whiteness: Theory, research and possibilities, *South African Journal of Psychology*, vol. 37(3): 389–419.
- Gregorčič M. 2015, The producing struggles of self-organised communities- potencias. Keynote speech at the European Society for Research on the Education of Adults (ESREA) conference, Ljubljana, Slovenia. Cited in B.L. Hall & R. Tandon 2017, Decolonization of knowledge, epistemicide, participatory research and higher education, *Research for All*, vol. 1(1): 6–19. DOI: 10.18546/RFA.01.1.02
- Hall B., Gileete A. & Tandon R. 1982, *Creating knowledge: A monopoly?*, Participatory Research in Development, Participatory Research Network Series No 1., Society for Participatory Action Research in Asia, New Delhi.
- Hall B.L. & Tandon R. 2017a, Decolonizing knowledge, epistemicide, participatory research and higher education, *Research for All*, vol. 1(1): 16–19, DOI 10.18546/RFA.01.1.02
- Hall B.L. & Tandon R. 2017b, Participatory research: Where have we been, where are we going? –A dialogue, *Research for All*, vol. 1(2): 365–74. DOI: <https://doi.org/10.18546/RFA.01.2.12>
- Hall B. & Tandon R. 2018, From action research to knowledge democracy, Cartagena 1977–2017, *Revista Colombiana de Sociología*, vol. 41(1): 227–36.
- Hart M.A. 2010, Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm, *Journal of Indigenous Voices in Social Work*, vol. 1(1): 1–16.
- Hartman W.E., Wendt D.C., Burrage R.L., Pomerville A. & Gone J.P. 2019, American Indian historical trauma: Anticolonial prescriptions for healing, resilience, and survivance, *American Psychologist*, vol. 74(1): 6–19.
- Hecker R. 1997, Participatory action research as a strategy for empowering Aboriginal health workers, *Australian and New Zealand Journal of Public Health*, vol. 7:21: 7.
- Henry E. & Pene H. 2001, Kaupapa Maori: Locating Indigenous ontology, epistemology and methodology in the academy, *Organization*, vol. 8(2): 234–42.

- Horton K., Kohl J. & Kohl H. 1998, *The Long Haul: An autobiography*, Doubleday, New York.
- Hooks B. 1994, *Teaching to Transgress: Education as the Practice of Freedom*, Routledge, New York.
- Howard R. 2015, Towards a decolonizing practice: a qualitative inquiry informed by non-Indigenous and Aboriginal and Torres Strait Islander stakeholders working together, PhD thesis, James Cook University. Available at: <https://researchonline.jcu.edu.au/41587/a>
- Israel B., Shultz A.J., Parer E.A. & Becher A.B. 1998, Review of community- based research: Assessing partnership approaches to improve public health, *Annual Review of Public Health*, vol. 19: 173–202.
- Israel B.A., Eng E., Schulz A.J. & Parker E.A. (eds) 2013, *Methods for Community-based Participatory Research for Health*, 2<sup>nd</sup> edition, Jossey-Bass, San Francisco, CA.
- Israel B., Schulz A.J., Parker E.A., Becker A.B., Allen A.J., Guzman J.R. & Lichtenstein R. 2017, Critical issues in developing and following CBPR principles. In N. Wallerstein, B. Duran, J. G. Oetzel & M. Minkler (eds), *Community-based participatory research for health: Advancing social and health equity*, Wiley Inc., San Francisco, CA.
- Izquierdo C. 2005, When “health” is not enough: Societal, individual, and biomedical assessments of wellbeing among the Matsigenka of the Peruvian Amazon, *Social Science and Medicine*, vol. 61: 767–83.
- Jorm A.F., Korten A.E., Jacomb P.A., Christensen H., Rodgers B. & Pollitt P. 1997, ‘Mental health literacy’: A survey of the public’s ability to recognise mental disorders and their beliefs about the effectiveness of treatment, *Medical Journal of Australia*, vol. 166(4): 182–86.
- Jorm A.F. 2000, Mental health literacy: Public knowledge and beliefs about mental disorders, *The British Journal of Psychiatry*, vol. 177: 394–401.
- Katz I., Raven M., Griffiths A., Gorring B., Kinane S. 2013, *Development of a renewed Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework*, Discussion Paper, Social Policy Research Centre. Available at: [https://www.arts.unsw.edu.au/sites/default/files/documents/10057\\_Discussion\\_Paper\\_FA\\_WEB.pdf](https://www.arts.unsw.edu.au/sites/default/files/documents/10057_Discussion_Paper_FA_WEB.pdf)
- Kelly K., Dudgeon P., Gee G. & Glaskin B. 2009, *Living on the Edge: Social and Emotional Well-being and Risk and Protective Factors for Serious Psychological Distress among Aboriginal and Torres Strait Islander People*, Discussion Paper No. 10, Cooperative Research Centre for Aboriginal Health, Darwin.
- Kendall E., Sunderland N., Barnett L., Nalder, G. & Matthews C. 2011, Beyond the rhetoric of participatory research in indigenous communities: Advances in Australia over the last decade, *Qualitative Health Research*, vol. 21(12): 1719–28. DOI: 10.1177/1049732311418124
- Korten D. 2006, *The great turning: from empire to earth community*, Kumarian Press, Bloomfield, CT.
- Kiloh L. G. 1975, Psychiatry among the Australian Aborigines, *The British Journal of Psychiatry*, vol. 126: 1–10.
- Kim J., Millen J., Irwin A. & Gershon, J. (eds). 2000, *Dying for growth: Global inequality and the health of the poor*, Common Courage Press, Monroe, ME.
- Kindon S., Pain R. & Kesby M. 2007, *Participatory action research approaches and methods. Connecting people, participation and place*, Routledge, Abingdon, England.
- Kirmayer L.J., Brass G.M. & Tait C.L. 2000, The mental health of Aboriginal peoples: transformations of identity and community, *Canadian Journal of Psychiatry*, vol. 45(7): 607–16.
- Kirmayer L.J., Dandeneau S., Marshall E., Phillips M.K. & Williamson K.J. 2011, Rethinking resilience from Indigenous perspectives, *Canadian Journal of Psychiatry*, vol. 56(2): 84–91.
- Kirmayer L.J., Gone J.P. & Moses J. 2014, Rethinking historical trauma, *Transcultural Psychiatry*, vol. 51(3): 299–319.
- Kovach M. 2009, *Indigenous Methodologies: Characteristics, conversations, and contexts*, University of Toronto Press, Toronto.
- Latulippe N. 2015, Bridging Parallel Rows: Epistemic Difference and Relational Accountability in Cross-Cultural Research, *International Indigenous Policy Journal*, vol. 6(2).

- Laveaux D. & Christopher S. 2009, Contextualizing CBPR: Key principles of CBPR meet the Indigenous research context, *Pimatisiwin*, vol. 7(1): 1.
- Lewis J.P. & Boyd K. 2012, Determined by the Community: CBPR in Alaska native communities building local control and self-determination, *Journal of Indigenous Research*, vol. 1(2). Available at: <https://digitalcommons.usu.edu/kicjir/vol1/iss2/6>
- Lowitja Institute 2020, *We Nurture Our Culture For Our Future, and Our Culture Nurtures Us*, prepared for the Close the Gap Steering Committee, Lowitja Institute, Melbourne.
- Lutschini M. 2005, Engaging with holism in Australian Aboriginal health policy – A review, *Australian New Zealand Health Policy*, vol 2: 15. DOI: <https://doi.org/10.1071/HP050215>
- Madison D.S. 2008, Narrative poetics and performative interventions. In N.K. Denzin, Y.S. Lincoln, L.T. Smith (eds), *Handbook of Critical and Indigenous Methodologies*, Sage Publishing, pp. 407–28. Thousand Oaks, CA
- Makomenaw, M. A. 2012, Welcome to a new world: experiences of American Indian tribal college and university transfer students at predominantly white institutions. *International Journal Of Qualitative Studies In Education (QSE)*, vol. 25(7): 855–66, DOI:10.1080/09518398.2012.720732
- Maldonado-Torres N. 2007, On the Coloniality of Being, *Cultural Studies*, vol. 21(2–3): 240–70, DOI: <https://doi.org/10.1080/09502380601162548>
- Mark G.T. & Lyons A.C. 2010, Maori healers' view on wellbeing; The importance of mind, body, spirit, family, and land, *Social Science and Medicine*, vol. 70: 1756–64.
- Martin-Baro I. 1986/1996, Toward a liberation psychology (A. Aron, Trans.). In A. Aron & S. Corne (eds), *Writings for a liberation psychology*, 2nd edition, Harvard University Press, Cambridge, pp. 17–32
- Martin P., Reynolds J. & Keith S. 2002, Gender Bias and Feminist Consciousness Among Judges and Attorneys: A Standpoint Theory Analysis, *Signs Journal of Women in Culture and Society*, vol. 27(3): 665–7.
- Martin K & Mirraboopa B. 2003, Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist re-search, *Journal of Australian Studies*, vol. 27(76): 203–14, DOI: <https://doi.org/10.1080/14443050309387838>
- Martin G. 2008, Editorial, On social and emotional wellbeing and Indigenous Australians, *Australian eJournal for the Advancement of Mental Health*, vol. 7(3): 130-34
- Matthews D.D. 2002, *Alternative Medicine Sourcebook*, Omnigraphics Inc., USA.
- McEwen B.S. & Wingfield J.C. 2003, The concept of allostasis in biology and biomedicine, *Human Behaviour*, vol. 43: 2–15.
- McEwen B.S., Eiland L., Hunter R.G. & Miller M.M. 2012, Affiliations, Stress, and Anxiety: Structural plasticity and epigenetic regulation as a consequence of stress, *Neuropharmacology*, vol. 62(1): 3–12.
- McCabe R. & Priebe S. 2004, Explanatory models of illness in schizophrenia: Comparison of four ethnic groups, *The British Journal of Psychiatry*, vol. 185(1): 25–30, DOI: 10.1192/bjp.185.1.25
- McCalman J., Bainbridge R., Brown C., Tsey K. & Clarke A. 2018, The Aboriginal Australian family wellbeing program: A historical analysis of the conditions that enabled its spread, *Frontiers in Public Health*, vol. 6(26), DOI: 10.3389/fpubh.2018.00026
- McGuire R. 1987, *Participatory action research: International contexts and consequences*, State University of New York Press, New York.
- Mia T., Dudgeon P., Mascall C., Grogan G., Murray B. & Walker, R. 2017, An evaluation of the national empowerment project cultural, social, and emotional wellbeing program. *Journal of Indigenous Wellbeing Te Mauri – Pimatisiwin*, vol. 2(2), pp. 33–48.
- Minniecon D., Franks N. & Heffernan M. 2007, Indigenous Research: Three researchers reflect on their experiences at the interface, *Australian Journal of Indigenous Education*, vol. 36(S1), DOI: <https://doi.org/10.1017/S132601110000466X>

- Moreton-Robinson A. 2000, *Talkin' Up to the White Woman: Aboriginal Women and Feminism*, University of Queensland Press, St Lucia, Qld.
- Moreton-Robinson A. 2004, Whiteness, epistemology, and Indigenous representation. In A. Moreton-Robinson (ed.), *Whitening race: Essays in social and cultural criticism*, Aboriginal Studies Press, Canberra.
- Moreton-Robinson A. (ed.) 2007, *Sovereign Subjects: Indigenous Sovereign Matters*, Allen & Unwin, Crows Nest, Sydney NSW.
- Moreton-Robinson A. & Walter M. 2009, Indigenous methodologies in social research. In M. Walker (ed.), *Social Research Methods*, Oxford University Press, Australia & New Zealand.
- Nagle N., van Oven M., Wilcox S., van Holst Pellekaan S., Tyler-Smith C., Xue Y., Ballantyne K.N., Wilcox L., Papac Luka, Cooke K. van Oorschot R.A.H., McAllister P., Williams L., Kayser M., Mitchell R.J. & The Genographic Consortium. 2017, Aboriginal Australian mitochondrial genome variation - an increased understanding of population antiquity and diversity, *Scientific Reports*, vol. 7, DOI: <https://doi.org/10.1038/srep43041>
- Nakata M. 1998, Anthropological texts and Indigenous standpoints, *Australian Aboriginal Studies*, vol. 2: 3–12.
- Nakata M. 2007a, The Cultural Interface, *Australian Journal of Indigenous Education*, vol. 26(S1): 7–14, DOI: <https://doi.org/10.1017/S1326011100004646>
- Nakata M. 2007b, *Disciplining the savages: Savaging the disciplines*, Aboriginal Studies Press, Canberra.
- National Aboriginal Health Strategy 1989, *A report of the National Aboriginal Health Strategy Working Party (NAHS)*, AGPS, Canberra.
- National Health and Medical Research Council (NHMRC) 2003, *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander Health research*, NHMRC, Canberra.
- National Health and Medical Research Council (NHMRC) 2018, *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*, NHMRC, Canberra.
- Narayan D., Chambers R., Kaul Shah M. & Petesch, P. 2000, *Voices of the poor: Crying out for change*, Oxford University Press, New York.
- Narayan D., Patel R., Schafft K., Rademacher A. & Koch-Schulte S. 2000, *Voices of the poor: Can anyone hear us?*, Oxford University Press, New York.
- Newell K.W. 1975, *Health by the People*, World Health Organization, Geneva.
- O'Donnell K. & MacDougall C. 2016, Social determinants of health of Australia's First Peoples, In H. Keleher & C. McDougall (eds), *Understanding Health*, Oxford University Press, Melbourne, pp. 176–96.
- Olafsdottir S. & Pescosolido B. A. 2011, Constructing illness: How the public in eight Western nations responds to a clinical description of 'schizophrenia', *Social Science and Medicine*, vol. 73: 929–38.
- Opare-Henaku A. & Utsey S.O. 2017, Culturally prescribed beliefs about mental illness among the Akan of Ghana, *Transcultural Psychiatry*, vol. 54(4): 502–22.
- Oxenham D. 1999, *Aboriginal Terms of Reference: The concept at the Centre for Aboriginal Studies*, Discussion Paper no 27, pp 1-33, Curtin Indigenous Research Centre, Perth.
- Oxenham D. 2017, *The National Empowerment Project Phase Three Evaluation Report (2014–2016)*, The University of Western Australia, Perth.
- Park P., Brydon-Miller M., Hall B. & Jackson T. (eds) 1993, *Voices of Change*. Ontario Institute for Studies in Education, Toronto.
- Pere R. 1995, *Te wheke: A celebration of infinite wisdom*, 2<sup>nd</sup> edition, Ao Ako Global Learning New Zealand Ltd, Gisborne, New Zealand.
- Pols H. 2018, *Nurturing Indonesia: Medicine and decolonisation in the Dutch East Indies*, Cambridge University Press. United Kingdom



- Poulani Louis R. 2007, Can you hear us now? Voices from the margin: Using Indigenous methodologies in geographic research, *Geographical Research*, vol. 45: 130–39.
- Povinelli E. 2002, *The cunning of recognition: Indigenous alterities and the making of Australian multiculturalism*, Duke University Press, Durham, NC.
- Powell T., Ross R., Kickett D. & Donnelly J. 2014, Red Dust Healing: Acknowledging the Past, Changing the Future. Chapter 27 in P. Dudgeon, H. Milroy & R. Walker (eds) 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Department of the Prime Minister and Cabinet, Australian Government, Canberra, pp. 459–74.
- Prilleltensky I. & Gonick L. 1996, Politics change, oppression remains: On the psychology and politics of oppression, *Political Psychology*, vol. 17: 127–47.
- Prilleltensky I. 2008, The role of power in wellness, oppression, and liberation: The promise of psychopolitical validity, *Journal of Community Psychology*, vol. 36(2): 116–36, DOI: <https://doi.org/10.1002/jcop.20225>
- Puszka S., Dingwall K., Sweet M. & Nagel T. 2016, E-Mental health innovations for Aboriginal and Torres Strait Islander Australians: A qualitative study of implementation needs health services, *JMIR Ment Health*, vol. 3(3): e43, DOI: <https://doi.org/10.2196/mental.5837>
- Quayle A. 2017, Narrating oppression, psychosocial suffering and survival through the Bush Babies Project, PhD Thesis, Victoria University. Available at: <http://vuir.vu.edu.au/34839/1/QUAYLE%20Amy%20-%20Thesis.pdf>
- Queensland Mental Health Commission (QMHC) 2016, *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–2018 - Proud and Strong*, QMHC, Brisbane.
- Radermacher H. & Sonn C. 2007, Towards getting it right: Participatory action research (PAR) with an advocacy organization, *The Australian Community Psychologist*, vol. 19(1): 62–73.
- Rigney L.I. 1999, Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles, *Wicazo sa review*, vol. 14(2): 109–21.
- Rigney L.I. 2001, A first perspective of Indigenous Australian participation in science: Framing Indigenous research towards Indigenous Australian intellectual sovereignty, *Kaurna Higher Education Journal*, vol. 7: 1–13.
- Rountree J. & Smith A. 2016, Strength-based well-being indicators for Indigenous children and families: A literature review of Indigenous communities' identified well-being indicators, *American Indian and Alaska Native Mental Health Research*, vol. 23(3): 206–20, DOI: 10.5820/aian.2303.2016.206
- Salmon M., Doery K., Dance P., Chapan J., Gilbert R., Williams R. & Lovett R. 2018, *Defining the undefinable: Descriptors of Aboriginal and Torres Strait Islander peoples' cultures and their links to health and well-being*, Aboriginal and Torres Strait Islander health team, Research School of Population Health, Australian National University, Canberra.
- Sarnyai Z., Berger M. & Javan I. 2016, Allostatic load mediates the impact of stress and trauma on physical and mental health of Indigenous Australians, *Australasian Psychiatry*, vol. 24(1): 72–75.
- Sheikh S. & Furnham A. 2000, A cross cultural study of mental health behaviour and attitudes towards seeking professional help, *Social Psychiatry and Psychiatric Epidemiology*, vol. 35: 326–33.
- Sinclair R. 2007, Participatory Action Research and Aboriginal Epistemology., *Teaching and Learning*, vol. 4(2): 26–28.
- Smith L.T. 1999, *Decolonizing Methodologies: Research and Indigenous peoples*, Zed Books, London.
- Social Health Reference Group 2004, *Social and Emotional Wellbeing Framework: A national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing 2004–2009*, Department of Prime Minister and Cabinet, Australian Government, Canberra.
- Sonn C. 2018, Mobilising decolonial approaches for community-engaged research for racial justice, *The Australian Community Psychologist*, vol. 29(1).

- Spivak, G. C. 1988, Can the Subaltern Speak?, In C. Nelson & L. Grossberg (eds), *Marxism and the Interpretation of Culture*, University of Illinois Press: Urbana 1988, S. 271–313
- Stocker L., Collard L. & Rooney A. 2016, Aboriginal world views and colonisation: Implications for coastal sustainability, *Local Environment*, vol. 21(7): 844–65, DOI: 10.1080/13549839.2015.1036414
- Stronach M. & Adair D. 2014, Dadirri: Reflections on a research methodology used to build trust between a non-Indigenous researcher and Indigenous participants, *Cosmopolitan Civil Societies Journal*, vol. 6(2): 117–34, DOI: <https://doi.org/10.5130/ccs.v6i2.3859>
- Sundararajan L., Kim U. & Park Y.-S. 2017, Indigenous psychologies. In J. S. John Stein (ed.), *Reference Module in Neuroscience and Biobehavioral Psychology* Elsevier, London, DOI: <http://dx.doi.org/10.1016/B978-0-12-809324-5.05594-2>, pp. 1–7.
- Swan P. 1988, *200 years of unfinished business*, Aboriginal Medical Service, Redfern, NSW.
- Swan P. & Raphael B. 1995, 'Ways Forward': *National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*. Commonwealth of Australia, Canberra. Available at: [http://library.bsl.org.au/jspui/bitstream/123456789/353/1/Ways%20forward\\_vol.1%20&%20%20\\_1995.pdf](http://library.bsl.org.au/jspui/bitstream/123456789/353/1/Ways%20forward_vol.1%20&%20%20_1995.pdf)
- Tharakan J. 2015, Indigenous knowledge systems – A rich appropriate technology resource, *African Journal of Science, Technology, Innovation and Development*, vol. 7:1: 52–57, DOI: <https://doi.org/10.1080/20421338.2014.987987>
- Tsey K., Wilson A., Haswell-Elkins M. Whiteside M., McCallum J., Cadet-James T. & Wenitong M. 2007, Empowering-based research methods: A 10-year approach to enhancing Indigenous social and emotional wellbeing, *Australasian Psychiatry*, vol. 15: S34–S38.
- Tuck E. & Yang K. W. 2012, Decolonization is not a metaphor, *Decolonization: Indigeneity, Education & Society*, vol. 1(1): 1–40.
- Vicary D. & Westerman T. 2004, 'That's Just the Way He Is': Some implications of Aboriginal mental health beliefs, *Australian e-journal of the Advancement of Mental Health*, vol. 3(3):103–12.
- Yanow D. 2009, Ways of knowing: Passionate humility and reflective practice in research and management, *The American Review of Public Administration*, vol. 39(6): 579–601, DOI: <https://doi.org/10.1177/0275074009340049>
- Yap M. & Yu E. 2016, *Community wellbeing from the ground up: A Yawuru example*, Bankwest Curtin Economics Centre Research Report 3/16, Curtin University, Perth.
- Wadsworth Y. 1998, *What is Participatory Action Research?*, *Action Research International*. Available at: <http://www.aral.com.au/ari/p-ywadsworth98.html>
- Walker R. 2005, *Transformative Strategies in Indigenous Education: A Study in Decolonisation and Positive Social Change*, University of Western Sydney, Sydney.
- Walker R., Schultz C. & Sonn C. 2014, Cultural Competence – Transforming Policy, Services, Programs and Practice. Chapter 12 in P. Dudgeon, H. Milroy & R. Walker (eds) 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Department of the Prime Minister and Cabinet, Australian Government, Canberra, pp 195-220.
- Wallerstein N. 2006, *What is the evidence on effectiveness of empowerment to improve health?* World Health Organisation Regional Office for Europe, Copenhagen..
- Wallerstein N. 1993, Empowerment and health the theory and practice in community change, *Community Development Journal an International Forum*, vol. 28(3): 218–27.
- Wallerstein N. 1992, Powerlessness, empowerment, and health: implementation for health promotion programs, *American Journal of Health Promotion*, vol. 6: 197–205.
- Wanganeen R. 2014, Seven Phases to Integrating Loss and Grief. Chapter 28 in P. Dudgeon, H. Milroy & R. Walker (eds) 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2<sup>nd</sup> edition, Department of the Prime Minister and Cabinet, Australian Government, Canberra, pp 475–92.

World Health Organization (WHO) 1978, *Declaration of Alma-Ata, International Conference on Primary Health Care*, Alma-Ata, USSR, 6–12 September, WHO, Geneva.

Wilson K. 2003, Therapeutic landscapes and First Nation people: An exploration of culture, health, and place, *Health & Place*, vol. 9: 83–93.

Wilson S. 2008, *Research as Ceremony*, Fernwood Publishing, Winnepeg, MB.

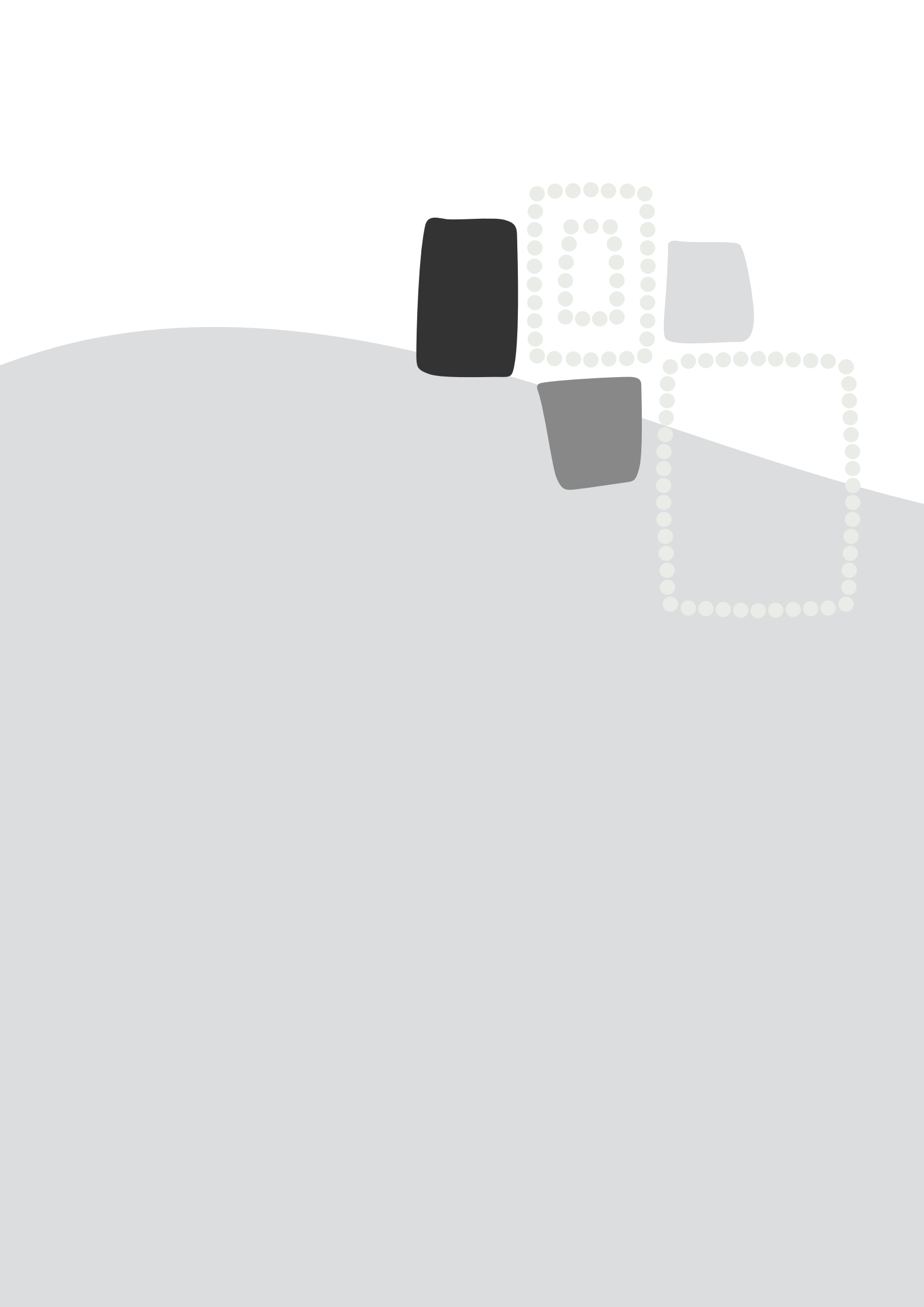
Wilson S. 2001, What is Indigenous research methodology?, *Canadian Journal of Native Education*, vol. 25(1): 175–79.

Wright M. 2011, Research as intervention: Engaging silenced voices, *Action Learning and Action Research Journal*, vol. 17(20): 25–46.

Wynaden D., Chapman R., Orb A., McGowan S., Reman Z. & Yeak S. 2005, Factors that influence Asian communities' access to mental health care. *International Journal of Mental Health Nursing*, vol. 14(2): 88–95, DOI: 10.1111/j.1440-0979.2005.00364.x

Zubrick S.R., Shepherd C.C.J., Dudgeon P., Gee G., Paradies Y., Scrine C. & Walker R. 2014, Social Determinants of Social and Emotional Wellbeing. Chapter 6 in P. Dudgeon, H. Milroy & R. Walker (eds) 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Department of the Prime Minister and Cabinet, Australian Government, Canberra, pp. 93–112.





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