

'We're also healers': Elders leading the way in Aboriginal community healing

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ABSTRACT

Background. The impact of colonisation, dispossession and marginalisation on the health of Aboriginal and/or Torres Strait Islander peoples (hereafter respectfully referred to as Aboriginal people) is well documented. Aboriginal people continue to practice traditional healing, and in recent years have initiated numerous community-based healing programs around Australia. The Closing the Gap policy has also resulted in numerous community health programs. Despite these program and policy responses, Aboriginal people continue to experience persistent health disparities. The role of Aboriginal Elders in shaping Aboriginal health has yet to be a focus of research attention. This paper reports on a study that examined the contributions of Elders to the healing of Aboriginal people in a remote Tasmanian community. **Methods.** Our co-designed participatory action research methodology was undertaken with eight community Elders. **Results.** Analysis of qualitative data derived through interviews and yarning circle discussions revealed an emerging theme of community healing; with Elders undertaking a suite of therapeutic practices, and promoting cultural values to strengthen Aboriginal identity, community cohesion and connections to Country. The Elders identified healing as an essential process in response to intergenerational trauma, racism and marginalisation. **Conclusions.** The findings inform policy stakeholders to consider the wisdom and voice of Elders in addressing Aboriginal community healing.

Keywords: Aboriginal Elders, Aboriginal health disparities, Closing the Gap, community healing, connection to Country, cultural values, health policy, participatory action research.

Introduction

Aboriginal and/or Torres Strait Islander peoples (hereafter respectfully referred to as Aboriginal people) represent the oldest continuous culture in human history, with complex social, spiritual, ecological and healing traditions developed over millennia (Dade Smith 2016). Elders are recognised as cultural custodians, and are central to the continuation of Aboriginal ways of being, knowing and doing (Butler *et al.* 2019; Gibson *et al.* 2020). Aboriginal people continue to experience significant health disparities due to the impact of colonisation, dispossession and marginalisation. However, Aboriginal people are striving to heal themselves (Healing Foundation 2019; Salmon *et al.* 2019). The literature on Aboriginal healing is broadly represented across traditional healing practices, contemporary healing programs and the responses of successive Australian governments to Closing the Gap in Aboriginal health inequalities. This literature also gives recognition to Elders as cultural custodians, but their role in community healing has yet to be adequately acknowledged.

Healing is a collective term used by Aboriginal people to represent a holistic system of therapeutic practices and processes based on Aboriginal knowledge to aid in the recovery and in the promotion of Aboriginal people's social, spiritual and cultural wellbeing (McKendrick *et al.* 2013; Dudgeon and Bray 2018). Historically, traditional Aboriginal healing practices have been described from colonisation to the present (Saggers and Gray 1991; McCoy 2008). Unique features of these practices are the complex spiritual and psychic knowledge, and therapeutic practices of healers (Elkin 1993). Traditional *ngangkari*

healers, for example, continue to practice across a broad area of Central Australia and work alongside clinical practitioners (Panzironi 2013). Both male and female *ngangkari* healers use a range of diagnostic approaches, including observations, listening and touch to address people's physical, mental, emotional and spiritual wellbeing. *Ngangkari* healing practices are based on a vast knowledge system that recognises the alignment of the human spirit is central to human wellbeing. They also draw on therapeutic techniques including massage, breath, smoking and cleansing ceremonies, counselling, and bush medicine (Panzironi 2013). Traditional healing is directed towards people's spiritual and cultural wellbeing, and their connections to community and Country. The paucity of research undertaken to evaluate the efficacy of traditional healing practices is acknowledged, and seen to reflect differing Aboriginal and Western health epistemologies (McKendrick *et al.* 2013). Dudgeon and Bray (2018, p. 102) highlight this distinction:

Transformative healing journeys initiated by traditional spiritual healing practices are significantly different from the kind of clinical psycho-pharmaceutical interventions made by the prescriptions of SSRI [anti-depressants] medications or Western cognitive behaviour therapy.

Emerging research has also examined healing programs and healing centres involving Aboriginal families, communities, students, women's groups and men's groups in Australia. Healing programs aim to increase social and emotional wellbeing, self-esteem, cultural identity, cultural knowledge, and community connectedness. Healing programs are characterised by a culturally safe framework; are developed and supported by local communities, and embed local practices with cultural and spiritual values. Their aim is to support leadership, capacity building and empowerment that translate into positive health of individuals, families and communities (McKendrick *et al.* 2013; Healing Foundation 2019).

The Closing the Gap (Australian Government 2020b) policy framework represents the responses of successive Australian governments to address ongoing Aboriginal disadvantage. Despite recent reforms, including a partnership agreement with Aboriginal representatives, the policy can be seen to reflect Western neoliberal values, including overt governance, economic rationalisation and market-centric logic, as an effective means of political and economic control, while at the same time transferring welfare responsibilities to Aboriginal community stakeholders (Howard-Wagner *et al.* 2018). Although Closing the Gap seeks to facilitate into community-based programs to address Aboriginal disadvantage, the policy might also be seen to perpetuate inequality, and to hinder self-determination by seeking to control and assimilate Aboriginal people through government funding regulations, policy directives, governance requirements and comprehensive reporting requirements (Dade Smith 2016; Howard-Wagner *et al.* 2018).

The role of traditional Aboriginal healing practices in initiatives, such as Closing the Gap initiatives, is unclear. Elders are represented across numerous community health initiatives as cultural custodians and knowledge keepers, acknowledged for their leadership and for maintaining family and community cohesion and connections to Country (Gooda and Dudgeon 2018; Salmon *et al.* 2019; Busija *et al.* 2020; Gibson *et al.* 2020). However, the contribution of Elders to the healing of Aboriginal people has yet to be fully addressed, particularly from the perspective of Elders themselves. As such, the aim of this project was to examine the contributions of Elders to Aboriginal community healing. The wisdom of Elders may provide a more effective and culturally embedded approach to address the persistent health inequalities experienced by Aboriginal people.

Methods

The project was undertaken in collaboration with Elders from an Aboriginal community in a remote region of Tasmania (Australian Government 2020a). Aboriginal people represent 15.8% of the regional population of just over 8000 people (Australian Bureau of Statistics 2016). In recent decades, this Aboriginal community has developed its service provision capacity to deliver a range of essential government funded programs. This community, nevertheless, faces ongoing challenges with low education and employment, coupled with poverty, chronic diseases, substance abuse, self-harm and incarceration. These challenges are compounded by the reluctance for Aboriginal people to access local health services due to cultural safety concerns (Cox *et al.* 2019).

The project was co-designed in consultation with an advisory group. The advisory group was brought together especially for this project, and consisted of a community Elder, the first author (an Aboriginal community member) and a program manager. The program manager was managing a variety of government-funded education, health, justice and cultural programs. The advisory group decided the first author would undertake all data collection activities and supported a participatory action research methodology to uphold a shared and respectful relationship between community and research stakeholders, and to meet cultural protocols (Kendall *et al.* 2011). The rigour of participatory action research lies in its attention to community control, cultural appropriateness and pragmatic outcomes (Baum 2008). The project proceeded with approval of the Human Research Ethics Committee (Tasmania) Network. The advisory group Elder invited community Elders to meet with the first author, discuss the project and raise any concerns. All eight Elders gave their informed consent and voluntarily contributed to the project. They included two Uncles and six Aunties with a median age of 66 years. The Elders agreed to a mutually convenient time and place to undertake each interview. Data collection was undertaken from April 2019 to July 2019.

Yarning is grounded in oral traditions, and represents a culturally appropriate way for Aboriginal people to share knowledge (Barlo *et al.* 2020; Smith *et al.* 2020). In this study, yarning was used in interviews and in yarning circles. The first author piloted the interview guide with the advisory group Elder to ensure the open-ended enquiry and yarning approach was culturally supportive and safe for Elders to share their knowledge (Bessarab and Ng'andu 2010). The interviews were undertaken at the Elders' residence or a private area of the community centre, and lasted for approximately 45 min. The Elders wanted to maintain their anonymity and preferred to use pseudonyms. The recorded interviews were de-identified and transcribed verbatim. Elders were given the opportunity to review their own transcripts. They requested their education levels and prior occupations be withheld. As the interviews concluded, Elders were invited to a series of yarning circles.

All eight Elders attended six yarning circles over an agreed 3-month period. This allocated timeline aligned with the project timeline, which was for 1 year. The first author convened all yarning circles, but maintained a background position to listen, observe and take notes. This position maintained a respectful relationship for Elders to lead their own discussions, and lessened the chance of the researcher unduly influencing the yarning conversations (Bessarab and Ng'andu 2010). Field notes of the yarning circles were used to prompt further yarns at subsequent meetings. In this manner, the wisdom of Elders emerged through lively, locally relevant and culturally rich dialogue.

Data analysis of the interviews and yarning circles involved identifying and collating *in vivo* and descriptive codes into representative themes (Joffe and Yardley 2004). The emerging themes were inductively coded by the first author to represent how Elders considered their contributions to the healing of the local Aboriginal community. The findings were developed into a draft report, and endorsed by the Elders as a valid representation of the yarning interview and yarning circle discussions (Kendall *et al.* 2011). The second author also assessed the report for conceptual validity and rigour in representing the project data.

Ethics approval

This project was granted ethical approval by the Social Science Human Ethics Committee (Tasmania) Network (Ref no: H0016319).

Results

A number of themes emerged to represent community healing practices undertaken by Elders. Healing was grounded in cultural values to strengthen Aboriginal people's sense of identity, along with their connections to community and Country. One Elder spoke of his cultural values as an obligation to promote wisdom and intergenerational knowledge:

It is up to Elders to take our full responsibility to the Aboriginal community because we are responsible for it. ... Elders are recognised by our wisdom, where we stand, what we're hanging on to and value as the important things in life ... our contribution to the community is a natural on-flow, it's just part of the deal. If we're going to be a worthy Elder, we need to be promoting what is wholesome, true and wise. We talk about culture, and we play around with things with our hands and that's alright ... but culture really is knowing each other, being connected ... rather than just our knowledge about how to physically do things. Real Aboriginal culture is seeking the depth, not only of our lifetime, but our generational values that go back a very long time. Going back into the cultural values and teaching our young people those things. They are the important things in life (Uncle Eric).

Uncle Eric further associated community connectedness to the spiritual wellbeing:

Community or spiritual health, that's another word for it ... it's a deeper connection even deeper than family ... as Aboriginal people we have that ability to be related in closer terms, it's understanding the heart of a person (Uncle Eric).

Elders saw their roles as teachers and mentors to ensure the continuation of cultural knowledge, and strengthen the cultural identity of community members:

The key role of an Elder is to teach others. It is a teaching role, but it doesn't have to be in a school role or a teaching thing, it's a show and tell, it's a living experience, and something other people can pick up on. The community need Elders to be mentors (Auntie Olive).

Elders help the younger ones understand our culture (Auntie Isla).

We need more awareness of our [Aboriginal] culture, there's a lot of culture around here that people don't know anything about ... we need more input from Elders (Uncle Bill).

They were also the cultural custodians of community knowledge, identity, kinship, heritage, language, traditional skills and ceremonies:

An Elder teaches your background and where you come from, the things that are most important for you to send on to your children and let them learn of where you come from. Elders help with culture, the ceremonies and teach us to stand proud, with putting the flag up; they teach us everything we need to know really. If we didn't have

Elders, we wouldn't know anything... you need Elders to let you know and show you knowledge, how the older generation used to get food, to cook, and knowledge of how to make shell necklaces, the words, how to talk the language because otherwise you lose it and we'll never get it back again. Those are what Elders are about; and of course, respect (Auntie Betty).

The therapeutic practices of Elders were drawn from wisdom, kinship, culture and lived experiences:

We're also healers because even though we might not be using bush medicine or bush salves or therapy, or anything natural, it's about the wisdom we can bring to change the mindset of young people. That is most important ... my best therapy is to talk with somebody who has been down that road (Auntie Deb).

Community healing practices also emerged in Elders promoting cultural identity to facilitate positive mental health pathways. Maintaining connections to traditional Country represented a maternal life-force, and is vital to Aboriginal cultural identity and spiritual healing. Lost access to Country was seen as a significant barrier to Aboriginal healing processes:

If you don't know who you are or where your roots [heritage] come from, that plays a major part of mental health. Just going back onto Country, you can feel it, you have these roots that are ground in you ... like your mother carrying you in her womb. It is important that we all know our identity and it does contribute to better mental health when you know who you are and where you come from. As a community we can't access a lot of the areas which are culturally appropriate as far as going back onto Country. We're being shut out of many different areas ... until that changes there's always going to be that gap in our cultural health because going back on Country is also part of healing from systemic abuse (Auntie May).

Community healing involved acknowledging the inter-generational trauma associated with the Stolen Generations:

I had an auntie who would never speak of being among the Stolen Generations (Auntie Betty).

There are people my age that still remember the stuff that happened back in the 1950s and 60s and 70s ... of stealing children. We've got to come to grips with "yes that happened", but we've got to create a positive future for our young people. By dealing with it in a way that says OK, this happened. We've got to forgive the people and the way we were treated, the shame that was there and get on with life and create something good for our

youth. And part of cultural healing is to sort out who we are today, not who we were (Uncle Eric).

The Elders conceded the limits of Western clinical practices, and saw the community as an effective therapeutic environment to revive the cultural identities of Aboriginal people, and to heal from the impact of trauma and racism:

No matter how professional a mental health worker or doctor is, they haven't had that Aboriginal experience of the Stolen Generations, or racism, or culturally not knowing where you belong anymore. The health workers and all these other professionals, they don't work weekends. It all comes back to community; we've just got to get the community back together and get them all working together (Auntie Olive).

Auntie Anne proposed that Elders could be more involved in community health programs to maintain culturally safe pathways, and support Aboriginal people dealing with substance abuse and mental health. She shared her experiences as an Elder supporting a community member through self-harm ideation:

We have a lot of people with problems with drugs, alcohol and mental health problems, and it would be good if they had an Elder appointed to one individual as their go-to person ... one of the Elders to go to when they're having a bad day, someone they might not know very well, just to have a talk, go for a drive or a walk ... that's helping the person and helping the case-worker ... and often they won't talk to the case worker, but might talk with Elders who are older and wiser, listen and don't judge... I know a fair bit about mental health and suicide. I talked one person out of committing suicide and helped him through it (Auntie Anne).

The practices of Elders represent a culturally embedded process of community healing. They also saw an opportunity to integrate their practices alongside health practitioners to develop more effective clinical and cultural outcomes for Aboriginal community members.

Discussion and conclusion

The aim of this project was to examine the contributions of Elders to Aboriginal community healing. The findings highlight the ways in which Elders undertake a suite of therapeutic practices, centred around cultural values to strengthen Aboriginal identity, community cohesion and connections to Country. The community healing practices involved Elders as informal teachers, mentors, crisis counsellors, social workers, mental health practitioners and therapists. They are also cultural custodians, and knowledge holders of language, kinship

and ceremonies who play a vital role in maintaining community cohesion. The findings, therefore, represent Elders as Aboriginal community healers, with complex and culturally embedded scope of therapeutic practices beyond the paradigm of Western medicine. Furthermore, the everyday healing practices of Elders entail a degree of self-determination that is not possible within the constraints of Closing the Gap as this initiative is currently formulated.

The findings align with emerging research that recognises the holistic view of Aboriginal health that incorporates cultural, social, physical and spiritual wellbeing, and enduring connections to community and Country (Butler *et al.* 2019; Salmon *et al.* 2019). The findings also indicate the need for scholarship that considers the place of Aboriginal ways of knowing and doing in the development and implementation of Aboriginal health community initiatives (Hampton and Toombs 2013; Gooda and Dudgeon 2018; Busija *et al.* 2020). This project represents a small, but important, step in recognising the wisdom of Elders and their healing practices that contribute to Aboriginal community wellbeing. The findings raise important implications for researchers, policy makers and health practitioners to consider the wisdom and practices of Elders, and to support them in developing more effective and culturally appropriate responses to improving Aboriginal wellbeing (Gibson *et al.* 2020).

The responses from a small number of Elders from one remote Aboriginal community limits the generalisability of the results. However, the findings may indeed resonate with other Elders experiencing their own community health concerns and/or tensions with Closing the Gap programs. The co-designed participatory action research methodology was beneficial in terms of undertaking meaningful, locally relevant and culturally appropriate research (Smith *et al.* 2020). However, the methodology may need to be modified to be culturally appropriate elsewhere. The project was undertaken over a 1-year period, and further research could incorporate a repeated cross-sectional approach to capture the effectiveness of Elders' community healing approaches over time. Ultimately, the findings support the wisdom and cultural expertise of Elders at the vanguard of Aboriginal community healing initiatives. The consistent message from the Elders in this project was the premise that community healing is essential to Aboriginal wellbeing. The translation of this message into Closing the Gap policy development may be a necessary step for more effective Aboriginal community health outcomes moving forward.

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