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ABORIGINAL FAMILIES, CULTURAL CONTEXT AND THERAPY

Abstract:

Aboriginal people will present issues that have influenced and affected the collective family group. The individual themselves may not have a direct experience with the said issues but the individual will present from a collective perspective. Therapists and Mental Health Professionals need to understand that you are assisting an individual who will speak of a collective experience, which needs to be understood as the affects of transgenerational trauma. In order to develop an understanding of this topic one needs to comprehend the complexities of Aboriginal Self which is outside of Western ideology. Australians First Nation peoples have had to endure the long-term negative affects of colonization that continues to give rise to further marginalization and exclusion. There is an ever-growing theory that suggests western societies including Australia have continued to operate in ways that feed historical injustice which reinforce and maintain minorities' low status. For example, Aboriginal mortality in Australia is more than 20 years less than mainstream population that is driven by the lack of access and equity to the standards and service that the wider population enjoys. Western medicine is symptomatology driven (e.g. substance abuse and mental health) rather than focus on causation. Mainstream system and western teachings are based on the principles of Western norms, ideology and the developmental stages of self. These western principles of self are limited as it fails to recognise, acknowledge, or include all aspects of Aboriginal self, which is outside of their cultural context.

Introduction

Aboriginal people developed an intelligent form of lifestyle, which allowed them to live in harmony with the land. Survival is depended on cooperation and coexistence with the forces of nature and one would think these included fellow humans. When Aboriginal people see the world, they focus on the qualities and relationships that are apparent, quantities are irrelevant. In addition, Aboriginal worldview provides for the unity and coherence of people, nature, land and time, thus seeing themselves as part of the natural order, rather than apart from it and having control over it. This is reflected in the understanding of themselves, the world and other people. In nature, Aboriginal society is an orderly, regular and the rhythm of life that led to a cycle of spirit-birth-initiation-marriage-death-rebirth; with their social life adapting to nature. The culture was finely tuned within a set routine to obtain the maximum results and to assist this process, everyone had a role and function within the clan.

Four Principles of Aboriginal Being

Wholeness:

Everything is connected; it is only possible to understand the Aboriginal being if we understand how all is connected. For example, to destroy the environment is to destroy

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ourselves through environmental and physical means because one cannot exist without the other.

Change:

Everything is in constant state of change; one season falls upon another, we are born, we live, and then die only to be reborn into the spirit world. With these changes comes the life experiences which create wisdom and understanding that sustains life. Therefore, we are not to fear changes but to be challenged by it, with changes come the growth process of life.

Change occurs in Cycles or Patterns:

It is not random or accidental; if we cannot see, how a particular change is connected, it usually means that our viewpoint is affecting our perception.

The Physical world is real, the Spiritual world is real:

These two aspects of Aboriginal reality are intertwined with one another, to violate the physical is to violate the spiritual and vice versa, as an Aboriginal person we must respect both realities. To pass on ill intentions (which work with the spiritual world) will manifest within the physical (world). There are separate lores (laws) that govern each; however, they affect one another. A balanced life is one that honours both. One needs to maintain balance within themselves because a person with a mean nasty spirit who is intent on hurting and depriving others will create ugliness in the physical meaning if your ugly on the inside it will manifest itself on the outside.

Land and Spirituality

Aboriginal people, when speaking of their land, will often use the term “my country.” This is a different concept from mainstream Australians, for when they make a similar statement of their land, it refers to ownership (legal title). Individuals did not own the land as in the western world sense; the land was entrusted to them to care for, as the land is the spiritual home of their ancestors, who roamed their land as told in the dreaming.

The Aboriginal belongs to the land and will refer to the land as “my mother’s country” or “my father’s country,” depending on whether the clan is patriarchal or matriarchal. The land is spoken of and seen as “Mother Earth,” from which all living things have derived and to which all will return after death. To understand this concept is to have a greater understanding of one’s connection and relationship with the land, which in turn defines one’s identity. Aboriginal people have and will continue to protect and defend their spirit land including sacred sites, rituals, totems and songs against destruction and /or misuse.

Aboriginal people are bound to their homelands, spiritually and practically as the well-being of their people, animals and plants are closely linked. Each tribe had a different totem, which was identified by an animal, or plant. Totems are sacred and therefore must be protected they are not to be damaged, injured, killed or consumed by clan members who identify themselves as belonging to a particular totem. It is believed that

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the totem is an ancestral being which is part of their dreamtime. Totems are linked to sacred sites and the Aboriginals spiritual, emotional, physical, social and environmental well-being depended on the maintenance of sacred sites. This ensured the maintenance, care and protection of Mother earth, who is the giver of all life as the land and its people are one.

The meaning of homeland in its deepest sense is based on the belief that their spirit and that of their ancestors have descended from the creation stories of that land. Aboriginal people have maintained a belief that is based on their awareness of family history through many generations of their people before them where their cultural roots are defined.

The Aboriginal culture is the oldest living culture in the world. Aboriginal people have been living in this country for more than 50,000 years and believe their creation and birth is of this country and no other. Archaeologists from around the world are finding more and more evidence to prove that the oral history, which has been held, passed on and maintained for many generations, is correct. It has been clearly demonstrated that Aboriginal people from the past to the present have a spiritual view of life, which intern has and will continue to shape their cultural beliefs and values.

Kinship Structures

Traditional Aboriginal social structures are based on non-industrialized societies as this society acknowledges the importance of lineage and maintaining a pure bloodline and in doing so developed the most complex kinship structure known to the Western world. Although this was the structure of traditional Aboriginal societies, the principles of kinship are still maintained today.

An Aboriginal family consists of immediate and extended members. Whilst some traditions have been lost due to forced colonisation, the family structure has been strongly maintained, which consist of biological kin (blood kin), affinal kin (related through marriage) and classified kin (one who has earned a particular role and stature within the family)). For example, a person who is not a blood relative can earn the role as a grandparent, parent, sibling or uncle and aunt etc, having equal stature within the family.

Interpersonal relationships whether traditional, semi-traditional or urban have been based on the kinship structure. The group's structures are derived in part from marriages, which gives rise to the family groupings and the recognition of common descent, which in turns gives rise to lineage and clan structures. Each member will define his/her social and family relationships with others in accordance of kinship structure. Kinship terminology is a guide for approved behaviour, which reflects the beliefs, values and protocols of the clan's social structure. In Aboriginal societies, one belongs to two family groups in the course of his/her lives, which are the family s/he is born into and the family they will marry.

As a result, the belief held within Aboriginal communities is that a person's greatest asset lies not in monetary value but rather in family relationships and community connections. The importance of family relationships is intensified by the difficulty that Aboriginal

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people experience in gaining validation from mainstream society and the role that family members play in promoting one another's well-being. Sharing and exchange within the kinship structure have allowed not only families to survive but to overcome incredible odds against them.

Since extended family tend to live close by to one another, if not in the same household for periods at a time, it is not unusual for multiple adults within the kinship system to participate in the rearing of the child. Parental child and three-generational households have been particularly valuable adaptations for parents who are overloaded with too many responsibilities and too few resources. A three-generational household can be a supportive structure for all involved if there is consistency among the adults who share the responsibilities. In this situation, an older family member usually the grandmother, shares the household and typically provides the necessary childcare to enable the other family members to attend school and work.

Often but not necessarily, the eldest child will assume responsibility for assisting the parent with house-hold, financial and child-care responsibilities. This role and responsibility can serve as a source of self-esteem and facilitate personal development as long as parental responsibilities are not abdicated and if these responsibilities do not interfere with the youth's own development. Another common example of role flexibility within Aboriginal families is when are sent to live with relatives because of a crisis or in some instances when the relative can provide the child or youth with a better environment. This is not viewed negatively by the child or the family. The length of such arrangements is not always predetermined as they may end up there permanently because of the emotional ties that are developed between child and family.

Aboriginal Culture of Today

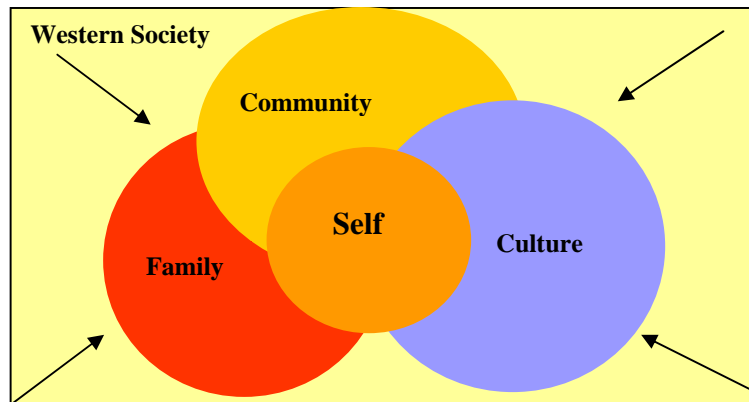
The Aboriginal culture is the combined result of traditional cultural practices, forced assimilation, acculturation to Australian mainstream with varied responses to oppression and dispossession which has produced a level of mistrust between community factions throughout Australia. This mistrust has lead to a level of competitiveness between the factions within Aboriginal communities.

This competitiveness is one of the factors that prevent communities throughout Australia from uniting and becoming one race in establishing a political force. In addition, an Aboriginal person is continually assessing others regardless of their Aboriginality and status (scrutiny is a natural repercussion of long-term oppression). In this regard, it is often difficult for an Aboriginal person to decide whom they can trust. Trust is conditional and it is not as simple as trusting one's own people.

There is a saying within the Aboriginal community that Aboriginal people vote with their feet; meaning that if they do not like something or someone, they will simply walk away from it or the person.

The Influencing Factors on the Aboriginal Communities

This diagram depicted below looks at specific realities that have impacted on and influenced the Aboriginal Communities beliefs and pattern of behaviours.



Influencing Factors

Western Society

Economy
 Police/Courts/Jails/Law
 Institutionalised Racism
 Hierarchy System
 Alcohol & Drugs
 Church & Religion
 Family & Friends
 School/ Work
 Hotels

Family

Kinship
 Belonging
 A Place
 A Role
 A Function
 Mother
 Father
 Brothers
 Sisters

Self

Physical, Social, Emotional
 and Spiritual Well-being
 Personality, Career, Sexuality,
 Self-esteem, Lived Experience
 Education

Aboriginal Community

Community Members
 Elders
 Dispossession & Oppression
 Shame & Trauma
 Family Breakdown
 Victimisation
 Western Culture
 CDEP or Unemployment

Culture

Traditional Lore & Practice
 Beliefs & Values
 Protocols, Kinship & Land
 Social Norms
 Structure in our Society
 Life Style
 Pace of Living
 History and survival
 Knowledge and Wisdom

Because of their strong spiritual beliefs and the constraints that racism has imposed on them, Aboriginal people place much more importance on ones character rather than educational or vocational achievements. For the average Aboriginal person work is highly valued because it allows independence in meeting basic needs and not because it fosters self-expression or status. Unfortunately, the self-esteem of many Aboriginal people has been lowered because of the lack of jobs within their communities and the discriminatory practices within mainstream society.

It is becoming increasingly difficult for young Aboriginal people to develop a sense of commitment towards work. Even though their aspiration may be as high as those of the mainstream counterparts their expectations for achievement are limited by the realisation that, in spite of a lifetime of hard work, many will remain stuck in poverty. Indeed, unemployment remains a serious problem within Aboriginal communities throughout Australia. Even those who are highly educated are still afforded fewer opportunities than their mainstream counterparts

Marital/Defacto Roles and Relationships

Male and female relationships are increasingly being shaped by economic factors and skewed gender ratios. There are a number of factors that contribute to the low percentage of men within the Aboriginal population, including infant mortality rate that is three to five times higher than mainstream society, higher rates of substance abuse, higher suicide rates, delays in seeking health care and incarceration. Because of limited job options and dismal odds against fulfilling the function prescribed for adult males in there communities or mainstream society, the role of Aboriginal men as fathers and husbands are particularly undermined. Those who fail to meet the required social standards face severe pressures from within their social structure.

Far too many men find themselves unable to provide for their families basic needs. Some feel forced to leave their household in order to ensure that their partners and children receive government assistance and others will attempt to seek employment outside of their communities. This institutional reinforcement of fathers' absence began during enforced colonisation when Aboriginal men were denied the privileges and responsibilities of active fatherhood. It's important to note that the absence of father/husband from the household does not necessarily mean a lack of contact between marital /defacto partners or father and child. It is typical for children to maintain contact with the paternal family even in the father's absence.

Aboriginal women have always played an active role in their families and community. Jobs have been available more often to them than to their men, especially in times of high unemployment. Consequently, the economic survival of Aboriginal families has frequently depended on Aboriginal women. Repeatedly racism is viewed as a greater oppressive force than sexism. Aboriginal women have been the doers within their community by necessity whilst being penalised for their creativity and strength by the perpetuation of the images of them as dominating matriarchs who emasculate their men. However, a husband or partner is likely to be respected and publicly as the head of home,

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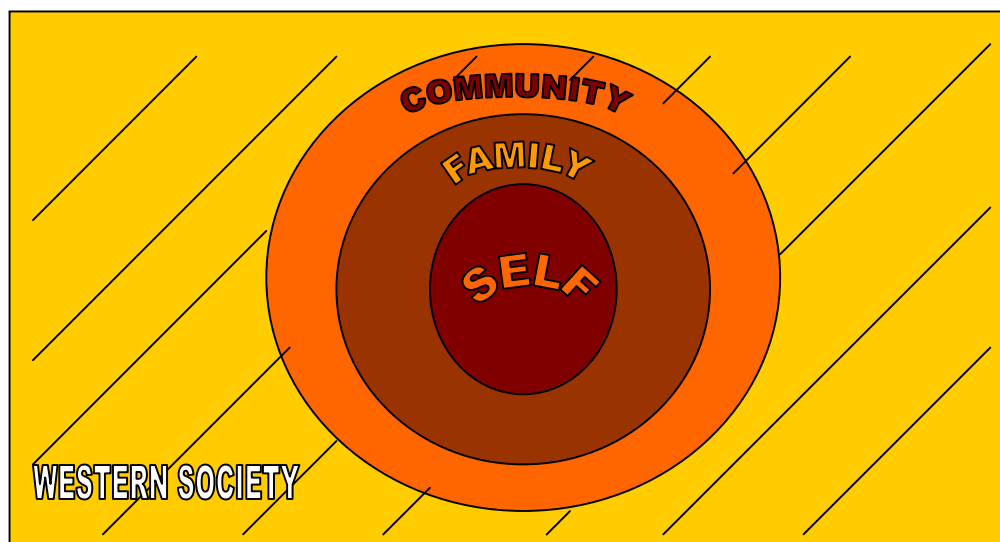
even if he is not working and even when his wife or partner does make more decision related to everyday household management.

Aboriginal women tend to place a higher value on the maternal role than that of the marital role. Aboriginal women tend to be younger at the birth of their first child and to have a shorter wait after they are married before having children. There is a greater likelihood of giving birth before outside of marriage and are likely to have larger families. Aboriginal women are choosing to have children outside of marriage which does not represent the devaluation of marriage but rather an adaptation for the shortage of marriageable mates.

Aboriginal Containmentment

Assessment of Aboriginal Self and Territorial Containmentment: As the non-Aboriginal professional continues to experience her/his self in any particular Aboriginal community, s/he will be better able to comprehend the “containment” that an Aboriginal person experiences from birth the Aboriginal “Self” is surrounded by territories of family, community and ecological system. However, all of these territories are contained by non-Indigenous society.

Aboriginal containmentment as depicted in the following diagram.



1. Aboriginal self is contained within the centre of one's family, to identify where one belongs, role, function and commitment to family and community.
2. Aboriginal self is seen as one place – belonging to self, family and community this cannot be separated or you have lost the centre of self.
3. Aboriginal self is contained within family and community which is surrounded by Western Society – one can not address one's own issues or concerns without needing to change or impact on what surrounds you (the greater society) for positive change to occur.

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4. The lines represent the boundaries or barriers that Western society has placed on Aboriginal self through institutionalized racism, etc.

For Aboriginal people in the twenty-first century, their greatest issue, and concern, which is implicit in their problems, and affecting them as a society and as individuals, stems from the loss of spirit? When we neglect or try to ignore our spirit, it doesn't just disappear but will manifest itself through symptoms of obsession, addiction and violence which in turn will lead to a loss of meaning for self and life, Moore (1992, p xi).

The current level of substance abuse, violence and sexual abuse, which is at an overwhelming proportion within Aboriginal communities throughout Australia is seen and understood by the community to be the negative affects of long term oppression. Oppression that was brought on by forced colonisation which was founded on institutional racism (White Australia Policy) that continue to implement and the enforcement of inappropriate government legislation and policies that continue to governed their lives.

As an Aboriginal person forced to grow up under a dominant society who has lived with oppression and exclusion which has lead to the ongoing destruction of Aboriginal families, communities and culture through family breakdowns, substance abuse, violence, poor health and well being. As long term oppression and exclusion has given rise to feelings of self-hatred, hopelessness, powerlessness, anger and despair that has been internalised by individuals which has lead to the continuous destruction of self, family, community and culture for many of our people.

As the majority (mainstream Australians) have shown little tolerance or recognition for the pain and sadness they have inflicted on minority groups expecting them to get over it and have no anger for being oppressed or excluded Mindell (1992, pp 109). He states that it is repressive of the majority to expect the abused minority (Aboriginal people) to remain quiet and not to subject the majority to negative statements. Because they cannot bear the noise and that the marginalised individuals suffer not only past abuse but also that they continue to suffer due to the lack of recognition and intolerance of the majority for their suffering.

A Collective Reality

The Aboriginal nation consists of Aboriginal tribes that are made up of clan groupings in which all are related and connected to each other. Each Aboriginal clan represents family groupings, which make up the collective. It is important to understand that an Aboriginal person will present from a collective reality and not that of the Western culture who define self and the world from an individualistic reality.

This means, Aboriginal people will present issues that have influenced and affected the collective family group. The individual themselves may not have a direct experience with the said issues but s/he will speak from a plural form as if they have had such an experience. A worker needs to understand that you are assisting an individual who will

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speak of a collective experience, which needs to be understood as the affects of transgenerational trauma.

Cultural Obligation

Cultural Obligation: is the acceptance and assistance of another, which is a reciprocal process, based on respect and honour. This is when one is expected to acknowledge and honour their obligated to give back (in kind) a service that has been given to them which can be an inherited or passed on to family member.

This does not mean that one should accept being abused or used by another. For example: it is not acceptable for another to come to your home and contribute nothing for one's keep. Traditionally, for one to do such a thing would bring great cultural shame and dishonour for self and family.

Aboriginal Healing conflict with Mainstream Therapeutic View

It is important to avoid any attempts by mainstream Australia to oversimplify the concept of culture. Every action of an individual of a culture will represent some aspect of what life means to them in that this meaning will have historical roots as it has been shaped and evolved over many years as cited by McLeod (1998, pp 162 - 163)

The western world holds a dualistic view in relation to the nature of reality, dividing the world into two entities – mind and body. Social relationships due to the belief of dualism have lead to the increasing division between self and object or self and others. Meaning self which is identified with mind, is set against and apart from the external world of things or other people, McLeod (1998, p 164). Aboriginal people do not hold a dualist concept, but one of the worlds in wholeness, believing that all things are connected to one another.

Through the authors many years of work within the mainstream health system, she has learnt that western health's approach to healing is symptomatic. As it treats, the symptom and not the causes by providing specifically identified service delivery such as drug and alcohol and mental health, which are based on a western medical model which fails to recognise another concept of spiritual self that is outside of mainstream religions or Christianity.

Aboriginal Spiritual Practice

The strong spiritual context of Aboriginal people has promoted their survival and ability to overcome innumerable odds they have endured over time. Aboriginal people place a great value on being strong; one is expected to manage life's stressors without buckling under pressure. Pain and suffering are seen as an expected part of life which service to only strengthen you and build character or test one's faith in a higher being.

For many, the church has been the most significant body with their community due to colonisation and the missionary movement which over time has been adopted and customised to better suit the Aboriginal cultural context. Active church involvement earns one's respectability and affords one an outlet for feelings; repeated messages are

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given by the minister, pastor and/or priest that reinforce a sense of personal values and social responsibilities and hope to reinforce the belief that adversity can be overcome. There are numerous opportunities for individuals to develop and display their talents and build a social network. Significant life-cycle events such as birth, marriages and death are likely to involve church-related service even for those who are not active members.

The emphasis on honouring the dead and the lives they have lived and their afterlife accounts for the importance attributed to funerals. Throughout their colonized history in this country, Aboriginal people have had a death rate that has consistently exceeded that of mainstream Australia. Frequently, these losses occur without the benefit of anticipatory mourning. Having an honourable fair-well at death is important regardless of cost. Funerals typically take place between three to seven days following death to permit everyone who wishes to attend the opportunity to make the necessary work and travel arrangements as attendance symbolizes respect for the dead and their family. As a family member, to fail to attend is a sign of disrespect for the dead and the family. Your lack of attendance would symbolize that you have forgotten the importance of your roots and that you have failed to concur with cultural practice. Thus, much value is placed on community acknowledgement of a death; people would begin to visit the family as soon as the loss is announced to honour the deceased's memory and to provide the necessary support of food and money to assist in this time of grief as family begin to arrive, including emotional support to the family.

Eulogies emphasize the desire to be remembered one's character and their commitment to others. Generally, the cultural values and practices give rise to healthy resolution for grief but for others who have experienced repeated losses will often experience a general loss of well-being including have a sense of powerlessness and despair. In these instances, problem solving and family relationships may suffer.

The Relationship between Aboriginal Poverty and Ill-Health

Health is the product of the inter-relationship between physical, socio-economic, and environmental factors, three critical factors that need to be considered relating to Aboriginal health:

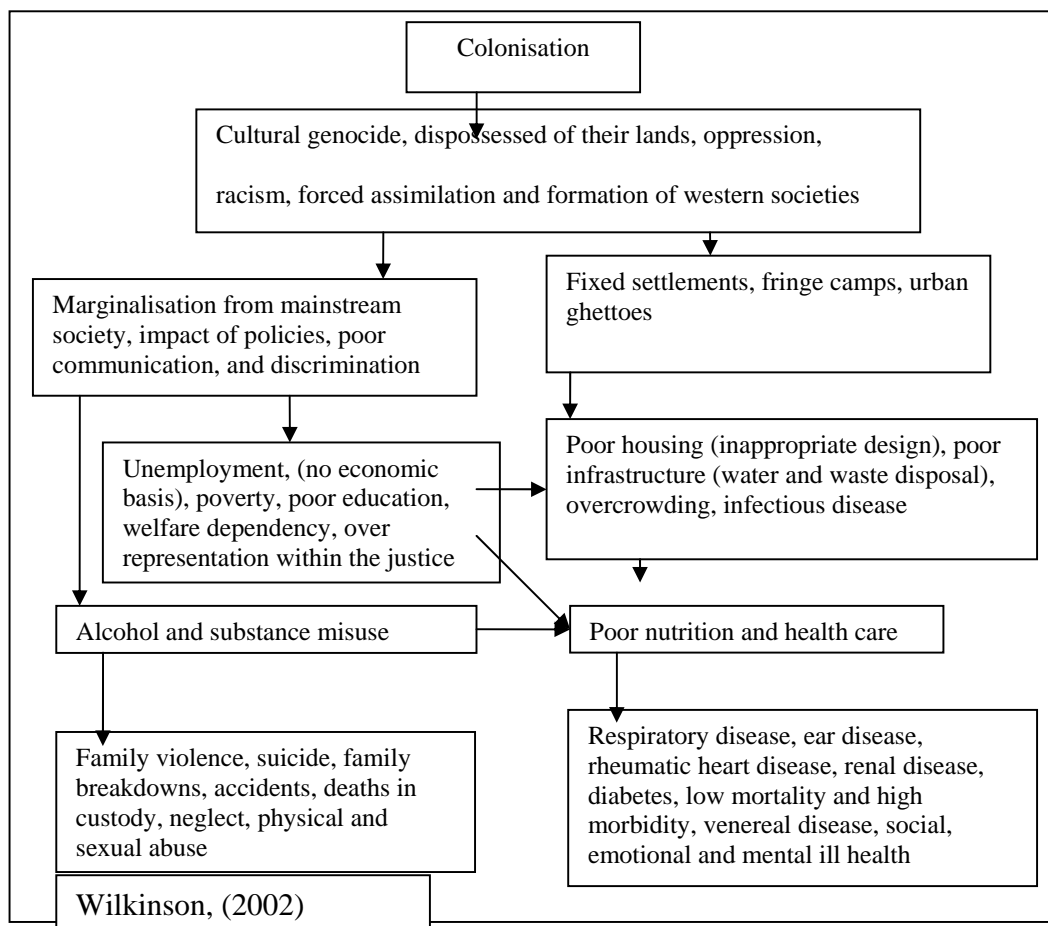
1. Poverty is the single most important determinant of health.
2. Aboriginal people residing in remote, rural, and urban settings throughout Australia are living in states of substantial poverty.
3. This poverty is directly caused by the process of colonisation.

The model depicted below as cited by Wilkinson (2002), which was proposed by Professor John Mathews (1998), suggests that the primary affect of colonisation is the loss of traditional lifestyle, loss of land, and loss of settlements. In truth, the impact of colonisation has had greater repercussions for Aboriginal people than what Mathew has indicated because he suggests it was lost what exactly does that mean. Ever after all these years for western society to still suggest that the Aboriginal people lost their lifestyle, their land, their culture, etc as if they (western society) played no part in this and are not responsible for forced colonisation, cultural genocide, the deaths, dispossession and

oppression of Aboriginal people who were forced from their land, etc. Aboriginal people did not just loose their traditional lifestyle, and for the many this included their language, culture and families, this was the impact of forced colonisation.

This in turn inevitably leads to marginalisation from society and, of course, displacement from traditional lands led to the formation of western society and that for Aboriginal people were and are typically very unhealthy. These settlements are typified by overcrowding, poor housing and infrastructure (water and waste disposal), and high levels of infectious diseases. Coupled with the inevitable unemployment that follows marginalisation and discrimination, poor nutrition occurs, alcohol and substance abuse becomes rampant as hope is lost, and a variety of diseases and social ills are the result. This model clearly links colonisation to poor health and increased mortality within the Aboriginal communities.

The links between colonisation and Aboriginal poor health and well-being



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These social factors and their impact on Aboriginal mental, spiritual and emotional health and well-being is not clearly understood or accepted by mainstream Australia. The belief that all Aboriginal families are poor and therefore dysfunctional is clearly a myth as there are an increasing number of Aboriginal families who are within the middle to high level income levels who also suffer with varying ranges of dysfunction because dysfunction is not income based. However, an Aboriginal family who are embedded in the context of chronic poverty and discrimination, the healthiest family may be limited in their ability to function at optimal level. Persistent stressors are likely to have adverse effects on individuals functioning and family interaction and relationships.

These families face triple the hardship being economically poor, politically bankrupt, and discrimination against their race. Low socio-economic Aboriginal families life-cycle seem to be more reduced than of those middle income families which is not clearly understood. Poor Aboriginal households are frequently headed by women and that of the extended family and their life-cycle is punctuated by frequent random events and associated stress produce. They have few actual resources available to assist them in coping with continuous stressors, even meeting their basic needs. The demand for flexibility and creativeness are endless. Their world view is shaped by over exposure to tragedy and suffering causing their anger to be directed at mainstream society or at family members or at themselves.

There are an increasing number of middle income families with the majority coming from working class or poor backgrounds but even within this large kinship structure there is diversity in education, life-style, employment and income. Although some may not have to struggle to meet their basic needs, they, too, are victims of racism which invades every aspect of their lives. Most have a few skills and abilities for addressing the obstacles they face in living and working in two worlds and even within families and the same generation, some may prefer to remain isolated while others identify exclusively with mainstream Australians while others attempt to integrate the two. But for all, much spiritual energy is required to sort out and respond to daily subtle and obvious racism which takes it toll emotionally.

For some Aboriginal individuals, the stress encountered results in a lack of connectedness in the Aboriginal or mainstream worlds but for others gain from their experience exceptional strength, flexibility and tolerance for diversity. The assets of most middle to upper income Aboriginal families are tied to their daily work as their hold on any wealth is tenuous, as they remain subjected to racial discrimination, particularly within the workplace. Similarly to mainstream women, Aboriginal women are subjected to the invisible ceiling above which they are unlikely to be promoted in their career regardless of there talent or qualifications.

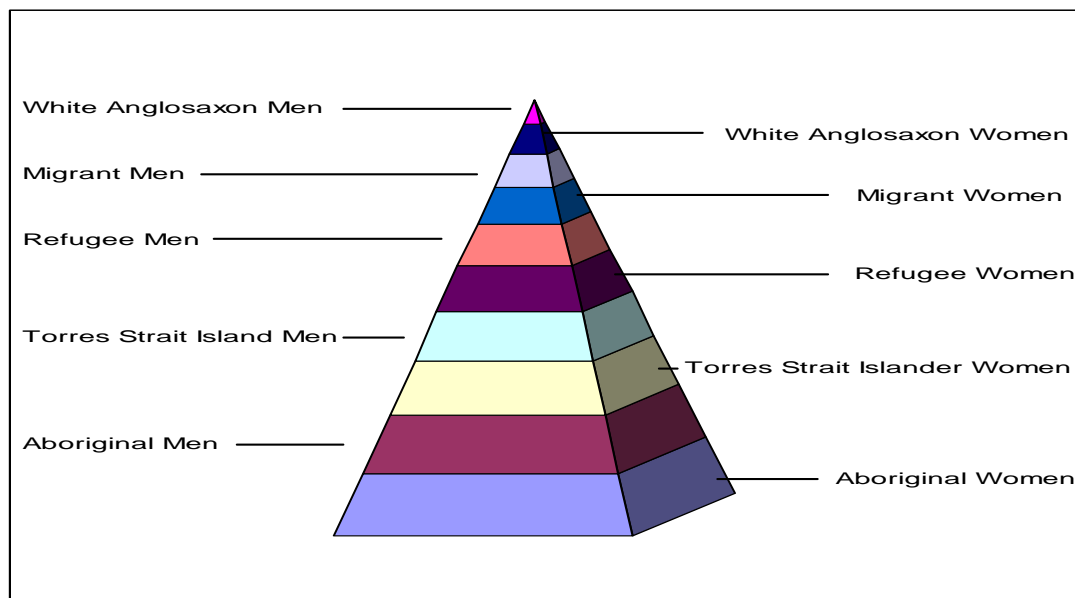
Aboriginal middle income parents experience all the benefits and pitfalls of participation of cultural obligation in the reciprocal obligation process but more often than not middle income families have to over come many obstacles. They are likely to demand high achievements from their children because in comparison to their own childhood experience, their children are seen to be living privileged lives and are the purveyors of

the message at home that to be average is not acceptable to mainstream society, one has to be twice as good and often twice as qualified than white people in order to get ahead and maintain a middle income life style. Aboriginal parents are likely to be concerned about how to reinforce in their children a sense of positive cultural values, and how to proactively teach them about racism without creating feelings of anxiety, hostility or resentment. In some instances, children and adolescents from middle income families may have difficulties relating to more disadvantaged extended family members and school peers and when these cutoffs occur the price they pay is great because they end up lacking a sense of connectedness and continuity.

Racism and discrimination based on race and skin colour continue to be of today that significantly affects everyday lives, opportunities, hopes and aspiration regardless of economic status. Whilst some advances have been made since colonisation in incomes, education, employment and so on, but Aboriginal people continually remain at the bottom of the ladder, socially, economically and politically.

Hierarchical Scale

A Western belief is that the natural order of things is hierarchical. This diagram below depicts a Western world-view of Australia's population and where everyone sits on the Hierarchical Scale. This scale would be further broken down into Western classes of high – middle – and lower. As Aboriginals do not recognise class distinction it would remain the same.



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Aboriginal Perspective of Cross Cultural Assessments

There is an assumption held by mainstream practitioners within health and education that Western assessment tools and techniques provide everyone with equal opportunity to participate and perform effectively. This assumption is incorrect as there are a number of reasons why an assessment tool is inclusive of some individuals and exclusive for others.

Western assessment tools and/or instruments used to assess Aboriginal adults, youth and children would be termed as biased, as the content is more familiar and appropriate for one group as compared to another group, as some groups could perceive items within this assessment or instrument to be irrelevant or culturally inappropriate (Whiston, 2000: 14, p316). For example, many non-Aboriginal health professionals have expressed their concerns and frustrations in providing assessments, diagnostic, counselling and treatment services for Aboriginal clients due to language and cultural differences so when faced with clients from a different cultural backgrounds, they have complained of the 'culturally confusing' factors, which obscured the "real" problem.

However, when providing assessments, diagnoses, counselling and treatment services to clients of their own language and cultural groups, they had no problem in finding the "universal categories" because 'culture' appeared tacit and was automatically subtracted from the clinical process. Littlewood, (1990) cited such treatment models and methods are implicitly racist as they suggest Western cultural norms are the universal standards on which all clients are assessed. Furthermore, an Aboriginal person's cultural background, beliefs and values are likely to be varied as they will have different but similar lived experiences and knowledge basis to draw from which will influence the assessment, diagnostic and treatment process.

In addition, culture defines self and all aspects of an individual; therefore, problems are likely to occur when the instrument is not inclusive of a specific culture (Whiston, 2000: 14, p 313). Moreover, it is clearly understood that members within Aboriginal communities will suffer the same mental illnesses as mainstream society, though culture will influence presentation and the treatment of such illnesses. However, the mental distress that exists within Aboriginal communities falls outside of Western mental health categories and is related to 'reality' factors of Aboriginal cultural beliefs, impact of forced colonisation, enculturation, institutionalised racism, and exclusion, Swan and Raphael (1995).

This will require health issues to be approached from an Aboriginal cultural context of wellbeing, which includes social, emotional, spiritual, physical, and environmental health, and in doing so, one must consider that the social, emotional health and psychiatric disorders encompass the affects of long-term oppression, racism, stress, trauma, grief, cultural genocide, and psychological processes. Whilst there is validity in identifying Aboriginal communities as a distinct group, one needs to acknowledge that there is no single cultural reality but rather a collective reality for Aboriginal people.

With over a decade and more of working with mental health services, the author has become aware of how little is known or understood by mainstream Counsellors and

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mental professionals in regards to Aboriginal people and their culture. There are documented cases of Aboriginal people being inappropriately assessed and diagnosed with a mental illness, due to the practitioner's lack of cultural knowledge and understanding that has failed to acknowledge culture specific factors.

The following case study serves as an example:

A young Torres Strait Islander male, aged 21 years was diagnosed as being catatonic on his arrival at the Accident and Emergency Unit and was admitted to the Psychiatric Unit for treatment and further assessment. This author was required to assess this patient and on arrival at the secure unit, the author found the patient lying on his bed. After entering the room and introducing myself, I spent the next hour speaking with the patient about the events leading to his hospitalisation.

He told me that he had broken up with his girlfriend and that he was attending university and residing at the Aboriginal Hostel as he was from up north and had no family here to support him. He said that he went out after being-paid and saw his ex-girlfriend at a club with her new man. On becoming upset, he drank until intoxicated spending all his money. Consequently, he had no money to pay his rent at the hostel and therefore no place to live.

Due to his feelings of depression in regards to the situation with his ex-girlfriend and having no place to live and not currently wanting to attend university, he decided to go to the hospital but felt too ashamed to tell the staff of his situation. He said that a hospital provided him with food, a place to sleep and a medical certificate that would cover his absence from University.

This case serves as an example of how social, environmental, economic, cultural, and personal factors may affect a person's 'mental health' status. In addition, the term 'well-being' has more meaning in the Aboriginal context than mental health. As stated by the National Aboriginal Community Controlled Health Organisation (NACCHO) in a position paper on Aboriginal Mental Health (September, 1993:14) cites, for Aboriginal people, mental health must be considered in the wider (Aboriginal concept of well-being) context of health and well-being. This requires health issues to be approached from a social, emotional, spiritual, physical, and environmental context and in doing, so one must consider the social, emotional health and psychiatric disorders encompass the affects of long-term oppression, racism, stress, trauma, grief, cultured genocide, exclusion, marginalization, and psychological processes.

Therapeutic Cultural Context

What made the difference for this client in regards to the author's intervention? The author believes the difference was made by the fact that she was an Aboriginal practitioner who possessed a competent level of cultural knowledge, understanding and the ability to relate with the client from his cultural context. It is important to understand that Aboriginal and Torres Strait Islander people do not have or come from an

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individualistic world-view but instead see themselves belonging too and identifying with a collective body.

Aboriginal people are generally hesitant about involvement in therapy because talking is not seen as an answer to most problems. When help is required the client is more likely to turn to older relatives or friends for a solution to the problem, as changes dictated by crises are rapidly consolidated into everyday life. Aboriginal communities are likely to have little understanding or have vague information about what therapy involves or how it can help them. Their expectations and fears are that they will be labeled negatively and blamed for the problems they are experiencing. It is helpful to identify and verbalize a genuine appreciation and acknowledge the families strength in wanting to address the problem. Aboriginal people generally will be concerned about whether the practitioner appreciates their history and social, cultural context. Therefore, they will be more responsive to language that supports their abilities to handle their own problems rather than language that emphasizes what the practitioner can do for them.

In times of stress Aboriginal family members will turn to their families for help due to their cultural expectations. When a family member is undergoing a crisis or having problems, others in the family are obligated to help, especially those who are in stable positions. More often when they do come to seek therapy it is because they have exhausted all other options and where someone in their community has recommended (word of mouth) you to them, they are aware that you are Aboriginal and therefore more understanding.

However, it is important to understand that when counselling an Aboriginal person, he/she will present from a collective world-view and not an individualistic world-view. This means the client will present issues that have influenced and affected the collective; a practitioner needs to understand that you are treating an individual who will speak of a collective experience this is vital and needs to be understood by the practitioner as the affects of transgenerational trauma. Families can be helped to distinguish between external and personal transactional barriers, channeling their anger and frustration into a proactive response which is empowering rather than being a reactive response which is disempowering.

Practitioners can expect that credibility must be earned as Aboriginal clients will be more concerned about cultural sensitivity, cultural relevance's and confidentiality and relevance of practitioners lived experience than about the practitioner's qualifications. It is important that the practitioner clarifies the therapeutic process, confidentiality, what records that are kept on clients files, who has access to files and if the file is made available for clients perusal. Practitioners are wise to introduce those who do come about the goals, processes and limitations of therapy. Most importantly the practitioner must establish a clear boundary and clarify their role as it is vital to the success of therapeutic process.

Aboriginal people are very private about their personal business and will only want those that are relevant to the situation to participate in the therapy process. A practitioner may

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lose family members who are participating within the therapeutic process if there is too much pressure placed on them to gain the participation of reluctant family members, before engagement has taken place. Participants are not likely to be convinced that therapy is a worth while process to undertake. They may ask personal questions of the practitioner in order to establish a connection in an attempt to feel more comfortable and to establish trust and rapport rather than be intrusive or to avoid their own problem. A practitioner meeting an Aboriginal family for the first time (especially if the practitioner is younger) must address the adults as Mr. and Mrs., and ask permission before speaking with the children.

For low socio-economic Aboriginal families within Aboriginal communities options in many instances are limited as a result of their larger social, economic and political constraints. Practitioners can gain credibility by acknowledging this reality and assist change by helping the family members to recognise and avoid involvement with forces that obstruct attainment of their goals. One must be sensitive to the practical and emotional impact of ongoing crises within the extended family and community. It is imperative that practitioners assist families to find solution that addresses survival issues, which ultimately detract from their ability to focus on emotional needs and relationship processes. However, practitioners also must be cautious not to lose sight of the repetitive processes that render the family vulnerable and likely to become unstuck. It is useful to focus on what strengthens the family's ability to be self-sufficient and effective in problem solving and exerting a degree of control over their lives.

The practitioner's aim is to assist but not replace the role of family members in recognizing and acting on choice, regardless of how limited they maybe. Metaphors extracted from the client's language can be helpful in making a point. One cannot underestimate the value of simply slowing things down and allowing members to explore and negotiate unresolved issues.

Furthermore, a practitioner when counselling an Aboriginal client will need to allow for longer session (no less than two hours) and it will also require more counselling sessions. The purpose of this is to ensure that a practitioner allows for the necessary time required to establish connection with the client as this will allow the client to unpack the extensive history (the trauma and stressors) of the collective experience in order to an understanding of how these issues have affected them. If sufficient time is not given to an Aboriginal client, it will disrupt connection with the practitioner, thereby preventing the practitioner from gaining access to core issues, which are central to self.

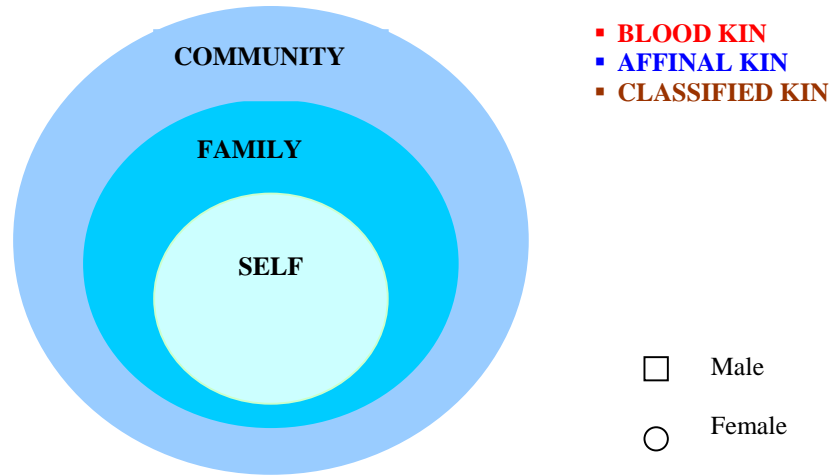
Genograms are widely used by mainstream practitioners when working with their clients and is seen as being valuable with the collection of family data. But for use within the Aboriginal community the genogram is culturally inappropriate as it does not encompass the Aboriginal kinship structure and therefore rendered useless.

Practitioners will need to be knowledgeable in the utilizing the kinship structure diagram within a therapeutic setting. The Aboriginal kinship consist of blood kin (related by blood), Affinal kin (related by marriage), classified kin (someone who has earnt the right

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to take on the role and function of sister, brother, uncle, aunt, mother, father, grandmother or grandfather). It is recommended that you use different colours to identify each of the kin (blood, Affinal, and classified). Practitioners are to work with the client in identifying where each family member is located on the chart in relation to who is closer to self, who provides support, who do they trust etc.

**KINSHIP
STRUCTURE**



Throughout the author’s twenty years plus as a counsellor, she has developed culturally specific assessment tools keeping within the cultural context that are used to assist Aboriginal clients to understand the impact of colonisation and transgenerational trauma and its impact on self. For instance, the author assists clients to map their lifeline, which allows the client to identify all stressors and traumas that have affected their life. This is done from their earliest memory to their current age but most importantly; this enables the practitioner to assist the client in understanding the different levels of trauma and stressors enabling them to identify their need for healing.

My Lifeline

This tool provides the practitioner and the client an opportunity to map out the client’s entire life in detail. Lifelines are more informative than geno-grams and take into account events that are outside of family system. Clients are asked to identify on the line, the age they experience events of punctuations - trauma incident and turning points in their life. These events may be due to trauma (for example; sexual and/or physical abuse, loss and grief, man-made or natural disasters, acute and/or chronic stress etc.

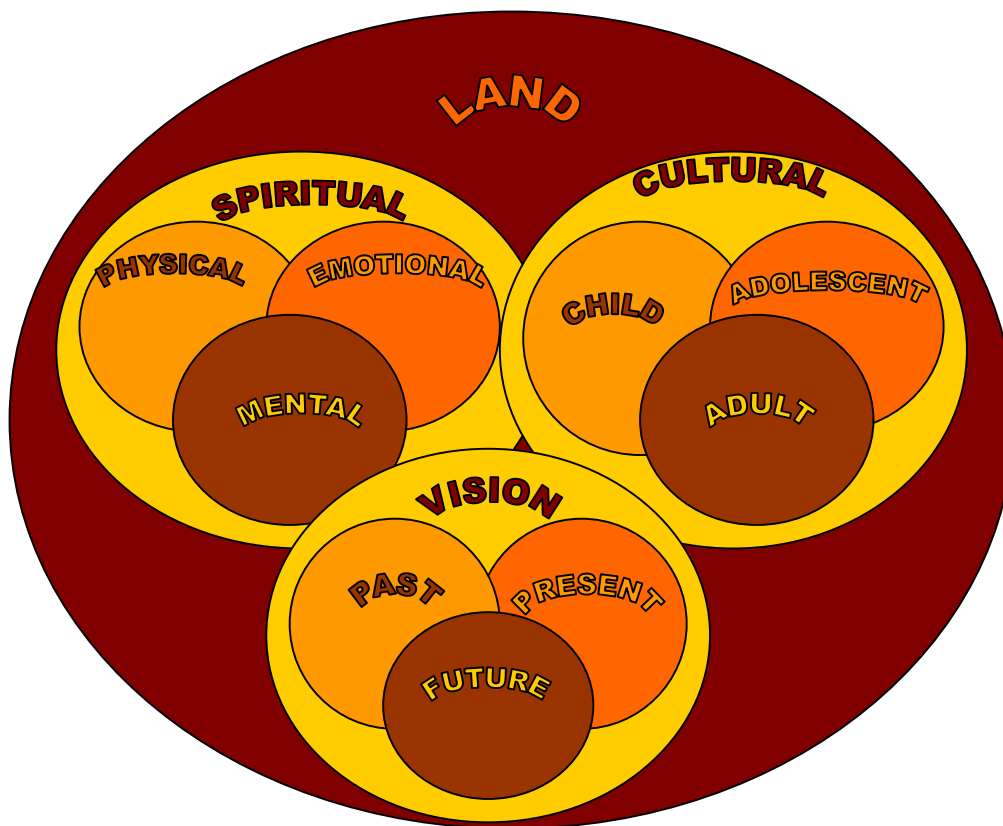


This tool provides a reference point for the client and the practitioner in identifying as to when change occurred, assisting the client to understand how this has affected them and influences their life and the choices they have made and why their life has taken the path

it has. Through the use of this tool the practitioner is able to identify affect and patterns which have shaped the clients lives and assist the client in change.

Aboriginal Self

Another tool that the author has developed is the model of “Aboriginal Self.” In order to develop an understanding of this one needs to comprehend the complexities of Aboriginal self which is outside of western ideology of self. Through the delivery of this model, the client is given the opportunity to develop a greater understanding of self and how the impact trauma and stress have affected self. The following diagram depicts a model of a healthy self, one who has healed.



1. The physical, emotional and mental components of self is encompassed within and founded on spiritual self. One cannot separate spiritual self from them emotional, mental and physical components of self as the spiritual being is the founding core of self. Any attempts to separate spiritual self form the physical, emotional and mental components of self will result in the distortion of the physical, emotional and mental components of self.

2. The child, adolescent and adult is encompassed within and founded on cultural self. Culture is the foundation on which the child, adolescent and the adult's identity of Aboriginality is derived, as this is one's own sense of knowing one's place and establishing their sense of belonging. Any attempts to separate cultural self from the child, adolescent, and adult developmental components self will result in the loss of Aboriginality creating a distortion within the developmental stages of the child, adolescent and adult components of self..
3. The past, the present and the future is encompassed within and founded on the vision (which was once called the dreaming) of self. The past represents the ancestral forbearers, lineage, kinship and historical factors that reinforce their sense of belonging from which a collective reality is derived. The past also represents the impact of colonisation which has given rise to transgenerational trauma. This is evident within communities throughout Australia in the current levels of substance abuse, violence, sexual abuse and child neglect which is at overwhelming proportion. These forms and levels of dysfunction are understood to be the negative affects of long-term oppression, dispossession and racism brought on by the enforcement of culturally inappropriate government legislation and policies that continue to govern their lives. For, without the past there is no present and without the present there is no future and without the future there is no vision for each generation.

For generations Aboriginal people and their children have been forced to grow up under a dominant society and living with the ongoing affects of oppression, dispossession and racism which has lead to the ongoing destruction of their families, communities and their culture resulting in family breakdowns, substance misuse, violence including poor health and well-being. As long-term oppression has given rise to feelings of self-hatred, hopelessness, powerlessness, anger and despair that has been internalised by the individual causing the continuous destruction of self, family, community and culture.

4. All components of self are encompassed within and founded on land as mother earth gives rise to the circle of life, spirit –birth-initiation-marriage-death- rebirth, there is no beginning and no end as it is infinite and a continuous cycle of life. It is important to note that each tribe had its own territory and this territory was not just a place for obtaining food or carrying out their daily tasks, it was regarded as their spiritual home in which their ancestors lived. Within these tribal boundaries were many sacred-sites giving the land a far greater importance and strong ties with the dreaming. Aboriginal people associated their well-being with particular animals and plant life as this represented the well-being of their ancestors. For Aboriginal people the rhythm of life, within nature and their society which once was orderly and regular with social life adapting to nature.

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Once the client has been assisted in their comprehension and understanding this model of self, the client is then asked to draw a picture that depicts their self now. This process further assists the client in understanding how their identified traumas and stressor have affected self, which in turn assists the client in identifying their need for healing. These two models are examples of culturally specific assessment tools that have been developed by the author.

Therefore, it is the opinion of this author that cultural knowledge and understanding of Aboriginal history, protocols and practices, beliefs, and values is vital in the development of effective assessment tools in relation to the therapeutic process. The current western assessment tools that have been designed, and delivered by non-Aboriginal professional, will never be culturally appropriate nor inclusive or accurate. To ensure reliability, validation and accuracy will require the skills of an Aboriginal professional who has been train in this field to design and deliver a culturally effective and accurate assessment tool to be applied to within the therapeutic process.

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