

Yoga for Aboriginal and Torres Strait Islander peoples

Main Findings

Studies

1. Aboriginal and Torres Strait Islander health and wellbeing: Social emotional wellbeing and strengths-based psychology. (2018)

Link: <https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12112>

Abstract

Objective: Addressing the continued health disparities between Australia's Indigenous and non-Indigenous peoples requires a multi-sector approach in which the discipline of psychology has a central role. These disparities are partially driven by a lack of culturally appropriate methods of health delivery. This study aimed to explore urban Aboriginal and Torres Strait Islanders' perceptions of health and wellbeing through social emotional wellbeing and strengths-based frameworks. Methods: A qualitative study was conducted with 19 urban Australian Aboriginal and Torres Strait Islander people. Data was collected via individual semi-structured interviews and focus groups. Thematic analysis was conducted to identify strengths-based themes within the data. Results: Several attributes and values emerged from participants' understandings of enhancing mental health and wellbeing. These included *acceptance, respect, forgiveness and integrity, honesty, courage, empathy, mindfulness, and spirituality*. Conclusions: There are similarities between the central tenets of the strengths- and values-based frameworks and a model of social emotional wellbeing. It is important to note that these attributes and values are understood at the individual, community, and cultural level. Each of these attributes and values are intricately linked to being mentally healthy and having strong cultural identity. These similarities may provide an avenue for shared cross-cultural understandings and knowledges of mental health and wellbeing that will support culturally appropriate service delivery.

Findings

- There were several attributes and values that emerged from the participants' understandings of how to enhance mental health and wellbeing, and they included *acceptance, respect, forgiveness and integrity, honesty, courage, empathy, mindfulness, and spirituality* that were in line with social and emotional health and wellbeing (SEWB) framework, Acceptance Commitment Therapy (ACT) framework, and other strengths-based approaches.
- Respondents reported that mental health was protected by acceptance of self and life situations. Acceptance was not viewed as passive avoidance, but rather as an active reconciliation of self to difficult circumstances. Acceptance was the practice of accepting what was outside of one's control and working towards building meaning in life, and was also reported to facilitate connections with others and with culture.
- Mindfulness, or the capacity for being in the here-and-now, was also reported by respondents as a means of protecting mental health. Being mindful provided a way of letting go of painful emotions resulting from difficult interactions and circumstances. Within an ACT

framework, mindfulness practices allow an individual to be in the present moment and detach from negative experiences, and facilitates values-based action. Such a way of being is suggested to reduce psychological distress and to facilitate connections with others, thus enhancing health and wellbeing.

- Respondents reported forgiveness, integrity, honesty, courage, and empathy as individual strengths that enhanced mental health. It is important to note the interrelatedness of these individual strengths and the positive impact upon mental health and functioning within the wider community (Diener, 2009; Seligman & Csikszentmihalyi, 2000). These strengths are also related to the ACT and SEWB frameworks (Gee et al., 2014; Hayes, 2004; Hayes et al., 2012).

-Forgiveness was described by respondents as an important attribute for protecting mental health. Forgiveness of self and others was described as a way of remaining mentally healthy. Within the ACT framework, forgiveness may be a mechanism for facilitating acceptance of self and others (Hayes et al., 2012). Further, forgiveness has also been linked to "spiritual law" or providing a connection to spirit, spirituality, and ancestors within a social and emotional health and wellbeing (SEWB) framework (Gee et al., 2014).

- Integrity, or the ability to act in line with one's values and beliefs, was also reported by respondents to be an important factor for protecting mental health. Holding one's integrity during challenging circumstances provided a buffer and safe-guard to remain mentally healthy.

-Respondents perceived honesty to protect mental health as it provided a secure platform from which difficult conversations in challenging circumstances could be conducted.

-Courage was described by respondents as a value that stood them in good stead during turbulent life circumstances. Protecting mental health was perceived to be supported by an individual's capacity to stand up and speak out for their values and beliefs.

-Respondents described the positive benefits of having empathy for others as a key to protecting mental health. Empathy was not only transformative for the individual, it provided a way in which to find relationships with others. A relational approach to others offered a connection at the community and cultural level. Further, an empathic approach was also reported to be linked to one's spirituality, and as a way of facilitating links to culture and spirituality (Gee et al., 2014).

- Respondents perceived spirituality and respect to be cornerstones of enhancing health and wellbeing through maintaining cultural connections. Respondents had diverse but positive views of how spirituality enhanced wellbeing. They also reported strong views about how respect for self, elders, and community impacted health and wellbeing at the individual, community, and cultural levels.

-The most commonly reported conceptualisation of spirituality was interconnectedness and reciprocity of all things, including connection to spirit and ancestors, and to cultural knowledge. Spirituality was also described by respondents as an integration of orthodox religion and traditional spirituality. Respondents reported finding similarities between Western religion and traditional beliefs and integrating this blend into a new life view. Spirituality for some also was synonymous with orthodox religion and religious practices. One could protect mental health through engaging with religion, beliefs, and practices. This diversity of meanings for spirituality reflects the diversity of Indigenous individuals, communities and in Indigenous knowledges and practices, and these conceptualisations of spirituality are reflected in the SEWB model (Gee et al., 2014) and a strengths-based approach (Pargament & Mahoney, 2009).

-Respondents also spoke of the importance of developing and maintaining respect for oneself, elders, community, and country to enhance mental health and cultural identity.

Having a strong cultural identity meant one observed traditions and respected elders in the community for their wisdom and cultural knowledge that they possessed. Respectful and reciprocal relationships form a foundation for strong culture and cultural identity (Gee et al., 2014).

Participant Statements

- "I think the acceptance thing is a big thing a big role in people, um, feeling worth of themselves." (Aboriginal woman, Brenda)
- "I think that acceptance and embracing everything that makes you, of your culture and knowing how that impacts on the rest of, you know, or your interaction with the rest of, um, makes you strong. Um, cause I see people who try and reject their culture, um, confused and I don't reckon they are well." (Aboriginal woman, Alice)
- "And so, once I get that idea, comfortable with that, it doesn't take it away, but it, ah, from having a bit of a turn, I think, 'oh well, it'll pass because it's going to pass', it passes...So having that knowledge that the bad experience or the negative experience that you're having will actually pass even if you just do nothing about it." (Aboriginal woman, Ida)
- "I tell you what protects my mental health, I'll tell you what protects it...forgiveness is the key to protect your mental health....regardless of what happens to you, regardless of whether you've been called something very nasty, you know what protects my mental health? I cannot carry it. Forgiveness. And it's a spiritual law." (Aboriginal woman, Elizabeth)
- "maybe Indigenous people, because we're a lot more [pause], for some reason, we are a lot more prepared to forgive the mistakes of others than non-Indigenous people are, and I think again, that's part of our spirituality." (Aboriginal woman, Caroline)
- "I guess you need to stay strong in your own integrity and your beliefs...you walk in your own integrity, I tell you, the people that are out there to set those little snares for ya, they're going to fall into their own trap. That's what I believe." (Aboriginal woman, Elizabeth)
- "I'm always about protecting my children and that's how I've raised my children. I said 'be willing to tackle those uncomfortable areas that people don't want to talk about or address or turn a blind eye to'. I said 'be up front because if you allow that to go [on] and you're feeling sick within yourself, you're feeling uncomfortable...but you're allowing those people to intimidate you or you don't want to address that situation...well, address it because then you set yourself free from that uneasiness or that uncomfortableness.'" (Aboriginal woman, Grace)
- "Sometimes I feel like a wave, bobbing up and down on the sea. My emotions are just playing havoc. And how do you protect [mental health]? It can be very difficult because you have to be sometimes very strong but you have to be courageous. And in being courageous, it's not about conforming to the standards of this world. It's about being transformed through the renewing of your mind." (Aboriginal woman, Elizabeth)
- "You've gotta look beyond the agendas and you've gotta look into people's hearts and you've gotta actually get to know them and find out where they're coming from. Because what people carry may not, and speak, may not necessarily be how they really feel. When people carry a lot of hurt, you know, well, that's when a lot of bitterness would come out...So, it's looking beyond. You've got to look at it with spiritual eyes." (Aboriginal woman, Elizabeth)
- For one respondent spirituality was equated to healthy cognitions, or mental health, "I sometimes equate spirituality just with mental thinking, or the mental whatever. So, to me they're one and the same. That's the way I look at it." (Aboriginal woman, Alice)
- One woman stated "I believe in forces, I've seen forces. Um, big believer in the spiritual. And I believe that everything has a spirit, even the rock. Something as dead as a rock has a spirit.

Everything has the spirit and the metaphysical is more powerful and has, has, has an influence on what happens in the physical." (Aboriginal woman, Elizabeth)

- Another woman stated "I have a belief in, there is something that has a lot, that is more of a being than any religion. I believe it comes from the earth and that's where you get your strength from." (Aboriginal woman, Caroline). This was reiterated by another respondent. He stated that: "Maybe because we believe, or I believe not- so-much on mainstream. I believe in 'if you do this, this is going to have that effect'. Not a [mainstream religion] type of spirituality, it's more like if you do this wrong, that effect will happen. If you do this right, that effect will happen. It's that kind of spiritual thought." (Torres Strait Islander man, Ben)

- For another woman, spirituality was the connection to knowledge "so, I guess I feel sometimes I feel connected to something that gives me, you know, a little bit of insight into what's going to happen. But, if you explain those things to other people sometimes who don't understand your beliefs or that they might think that you're a bit nuts. But, I don't feel that way. I don't feel that I have a mental problem because I, you know." (Aboriginal woman, Daisy)

- One woman described a story passed down to her that highlighted how past generations made sense of the introduction of Christianity. She stated that: when those Missionaries came and they started telling them stories and of course you've got the big snake in the garden, 'oh, we've got a snake too' [laughs]. You know, and all that. But I think what, well this is how it was explained to me by an old Elder, so, I do sit around and I like to listen to what they've got to say. They said, 'well, when they came they spoke about, you know, what is it, father, son, holy ghost, and it's spirit'. She said 'well, we got holy trinity too, we got respect, reciprocity and relationships'. Respect, reciprocity, relationships. The 3 R's. So, um, I believe, don't get me wrong, them old Aboriginals, and that lifestyle, they were firm believers in that spiritual. (Aboriginal woman, Elizabeth)

- This blend of traditional and Western religion was also highlighted by another respondent who described: when you compare with the Indigenous spirituality, um, to me, there's not much difference because there also is a belief in a supreme being, that, you know, some call it Rainbow Serpent, Torres Strait have another name for it. Um, it's all about the Dreaming and how everything was created. They give credence to the supreme creator, if you like, yeah. And it's all about helping others and being a good person, doing the right thing and yeah, so, it kind of like all flows. So I don't see any difference in the, in the spirituality and the Dreamtime and stuff like that, as opposed to Christianity. (Aboriginal woman, Faith)

- One woman stated that she experienced poorer mental health when she did not perform religious practices such as "not going to worship. Not having a consistent prayer life. Not reading the word as regularly as you should. Not meeting with other Christians to be encouraged. Um, not realising when you don't meet them you can't encourage them as well. You know?" (Aboriginal woman, Faith)

Kilcullen, M., Swinbourne, A., & Cadet, J. Y. (2018). Aboriginal and Torres Strait Islander health and wellbeing: Social emotional wellbeing and strengths-based psychology. *Clinical Psychologist*, 22(1), 16–26. <https://doi.org/10.1111/cp.12112>

2. The potential of a narrative and creative arts approach to enhance transition outcomes for indigenous Australians following traumatic brain injury. (2019)

Link: <https://www.cambridge.org/core/journals/brain-impairment/article/potential-of-a-narrative-and-creative-arts-approach-to-enhance-transition-outcomes-for-indigenous-australians-following-traumatic-brain-injury/46574AD17AB1BC69450C9E5F622B4FB9>

Abstract

Background: Increasingly, narrative and creative arts approaches are being used to enhance recovery after traumatic brain injury (TBI). Narrative and arts-based approaches congruent with Indigenous storytelling may therefore provide benefit during the transition from hospital to home for some Indigenous TBI patients. This qualitative study explored the use and impact of this approach as part of a larger, longitudinal study of TBI transition with Indigenous Australians. Method: A combined narrative and arts-based approach was used with one Indigenous Australian artist to describe his transition experiences following TBI. Together with the researchers and filmmaking team, the artist was involved in aspects of the process. The artist contributed two paintings, detailing the story of his life and TBI. Based on the artworks, a film was co-created. Following the viewing of the film, impacts of the narrative and arts-based process were examined through semi-structured interviews with the artist, a service provider and a family member. Multiple sources of data were used in the final thematic analysis including transcripts of the interviews and filming, paintings (including storylines) and researcher notes. Results: Positive impacts from the process for the artist included positive challenge; healing and identity; understanding TBI and raising awareness. Discussion: This approach may enable the individual to take ownership over their transition story and to make sense of their life following TBI at a critical point in their recovery. A combined narrative and arts-based approach has potential as a culturally responsive rehabilitation tool for use with Indigenous Australians during the transition period following TBI.

Findings

- The creative arts approach used here including digital storytelling and artwork has potential as a component of a culturally responsive TBI transitional rehabilitation program for Indigenous Australians.
- The artist created two paintings independently, and one film was produced. Based on the artist's storylines, the two paintings explored birth, childhood and young adulthood; cultural pride; negative impact of alcohol; TBI due to falls and fighting; cognitive impacts of TBI; family violence; self-harm; hospitalisation; healing and rebirth; spirituality and identity; thoughts about the future; hope and courage; desire to reduce alcohol use. Both artworks placed the TBI event in the context of the artist's life story, his past, present and future, and in relation to family, place and culture.
- Interviews revealed three key themes: positive challenge; healing and identity; understanding TBI and raising awareness.
- The two paintings were the first pieces of art the artist had completed after his TBI. The process appeared to reaffirm his identity as an artist and increased his confidence in his artistic skills, as well as gave him a sense of pride. It also provided him the confidence to communicate with others about his feelings without being under the influence of alcohol

- The creation of the artwork and video provided the artist with the chance to document his life journey, to create meaning and purpose for his life, and a way to re-confirm his identity as an artist.
- The viewing of the film took place at the artist's home where he invited some of his family members and his support worker to watch the video for the first time. The viewing was an emotional experience and the artist acknowledged that his sense of accomplishment and pride was coupled with mixed emotions, particularly regret for things he had done in the past.
- The film also provided a platform for the artist to acknowledge past events and the impacts of his alcohol use on his family.
- A family member saw the film as beneficial for the artist for self-reflection purposes in the future.
- The process enabled the artist to reconnect and strengthen relationships with family members. Upon completion of the art, the artist sent photos of the art to his family members. During film production, the artist spoke with family members about what he wanted to share in the film, clarifying the sequence of key family events and asked family to share photos to include in the film. After seeing the film, the artist reported that communication with family members had improved.
- The artist developed a greater awareness of the consequences of repeated head injury during the process and became more conscious of safety. The process was also as an opportunity to educate others in the community about the impacts of brain injury

Statements

- "Why did I do this story? It's because it was a challenge really. Just to find out, can I paint a story of myself? It was a challenge and hard but it's good and it kept me going, in the sense of using the nugga, brain, you know?" (Artist)
- "He took a lot of pride in what he did because it was something that he thought he could never do, because he doesn't paint that way. So I think it gave him a lot of, oh it's hard to describe, made him feel really good about himself and showed him that he can do different stuff if he has to." (Service provider)
- "Maybe to show my children how much I care about them and how much I want to achieve something before I pass away. And the big one is my art. I want to be, you know, recognised I can paint." (Artist)
- "And I believe, you cannot talk how you feel really when you've had a few drinks. You talk gammon... I talk a lot of hatred when I drink. And that is where I feel that being, a head injury, it's sort of, I don't know... it tells me [the film] that I can talk without having a drink." (Artist)
- "And he'd only tell stories when he was drunk and stuff like that. He'd never say anything when he was sober. I think that's what was so touching to me, and I said it to my husband, having him sit there and talk to you for hours and hours and hours, that is something unreal for me, you know, that he can talk so much." (Family member)
- "And just doing that story, it really put a tear and made my throat dry and my eyes started to weep a little bit, you know? And the thing I felt was, 'Why did I do this to my children?'" (Artist)
- "For family to sit there and listen to what he says and how he feels about his life, I think that was actually a good thing for his family to hear, because they'd never heard it before, how he hates his life and hates the fact that he started drinking and hurt his family by drinking, and stuff like that." (Service provider)
- "I had a tear in me eye 'cause I felt that I'd done wrong to my children 'cause my ex she said "If you don't stop drinking, we're going to separate". And I said "Yeah, yeah, yeah, whatever". And just kept on doing what I'd done." (Artist)

- "It benefits them too because they can sit back and watch and think 'Oh my god... that's how I was?'. When he finally does decide that he's going to give up alcohol, 'Is that the way I was?'" (Family member)
- "Now they're [sisters] saying 'I love you'. It's changed a lot. They don't say 'Yeah, okay, how are you going?'. They're saying 'how are you going [name]?'. And I say 'Yeah good'. Just told them I'm losing weight. They're very happy that I'm going forward with myself." (Artist)
- "Going through this project with you guys, he's understood the impact that brain injuries can have on you. He is definitely looking out for his safety more. Like now, because his balance isn't so good with his legs and stuff, now he'll wait for me. Where before he used to just rush off and say 'I'll be right.' And I'd go 'You'll fall over'. 'I'll be alright, I'll just get up'. But now, like getting up a gutter or something I'll go and stand beside him and he puts his hand on my shoulder to steady himself while he gets up there. So he's listening to us and he's being more safety conscious so he doesn't fall and hit his head anymore." (Service provider)
- "The other day with the sore foot, he said to me 'I can't drink now until my foot gets better because I'll guarantee I'll fall over'." (Service provider)
- "That's one positive thing he's looking at, the making of the video, is that even if it helps just one other person out there understand and learn from what he's done in his life : : : If somebody can learn from what he's done and make their lives better from not going down that same track, that would make him proud." (Service provider)

Bohanna, I., Fitts, M., Bird, K., Fleming, J., Gilroy, J., Clough, A., Esterman, A., Maruff, P., & Potter, M. (2019). The potential of a narrative and creative arts approach to enhance transition outcomes for indigenous Australians following traumatic brain injury. *Brain Impairment*, 20(2), 160–170. <https://doi.org/10.1017/Brlmp.2019.25>

Other Articles

1. Indigenous psychiatry in Australia and New Zealand—An interview with prof Helen Milroy. (2019)

Link: <https://journals.sagepub.com/doi/pdf/10.1177/1039856219859483a>

Abstract

This article presents an interview with Prof Helen Milroy. It has been more than 50 years since the referendum changing the Australian constitution to extend full citizenship and the right to vote to indigenous Australians, and New Zealand was a trailblazer in extending the vote both to women and to Maori people in the 19th century. Nevertheless, every few years we face a new reminder that the indigenous people of both countries still face significant barriers in most of the areas contributing to general health and wellbeing like the Uluru Statement from the Heart, and the movement for a Voice to Parliament.

Main Points

-This article points out the lack of critical mental health research for indigenous groups and the existence of inherent biases, and emphasizes that with increased research there would be an improved influence on the framing of the discourse, policy, service development, and psychiatric practice.

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Amos, A. (2019). Indigenous psychiatry in Australia and New Zealand—An interview with prof Helen Milroy. *Australasian Psychiatry*, 27(4), 333. <https://doi.org/10.1177/1039856219859483a>

2. Indigenous healing practices in Australia. (2018)

Link: <https://www.tandfonline.com/doi/pdf/10.1080/02703149.2017.1324191>

Abstract

Indigenous Australian women are among the most disadvantaged women in the world. Over two centuries of colonization have had a damaging impact on perceptions of their gender roles and status as well as many other consequential oppressions. These experiences have affected the social and emotional wellbeing of Indigenous women of all ages, resulting in socio-economic ghettoization, higher suicide rates, psychological distress, illness, and poverty. Generations of women have experienced the forced removal of their children, resulting in complex forms of historical trauma. Despite this, Indigenous women have also maintained strong leadership roles and have kept families and communities intact. In the last few decades, the Australian Indigenous mental health movement has emerged within the context of a broader self-determination movement, restoring and strengthening women's traditional therapeutic practices. This article offers an overview of the social and emotional wellbeing of Indigenous women within neocolonial Australia and explores women's relationship to traditional therapeutic practices. Future directions and key issues for the capacity building of Indigenous women's healing are explored.

Main Points

- This article also brings to light that research on the mental health of indigenous groups is lacking, especially for indigenous females.
- Australian Indigenous psychology recognizes that social and emotional wellbeing is a dynamic balance between the seven interconnected domains of the body, mind and emotions, family and kinship, community, culture, country, and spirituality (Gee, Dudgeon, Schultz, Hart, & Kelly, 2014).
- Impaired social and emotional wellbeing is recognized to be caused by "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).
- There is now a broad consensus within Indigenous psychology that Indigenous peoples across the world are impacted by historical trauma, or a cumulative intergenerational socio-psychological trauma caused by the all too often violent experience of colonization (Duran & Duran, 1995; Gone, 2007; Kirmayer, Simpson, & Cargo, 2014). During the mid-1990s, historical trauma was also identified as a soul wound by cross-cultural psychologists (Duran, 2006; Duran & Duran, 1995). Briefly, historical trauma is more complex than classic Western individualistic psychiatric definitions of Post-Traumatic Stress Disorder (PTSD) in terms of duration, social collectivity, and events. Historical trauma is "theorised as a countercolonial explanatory construct" that acknowledges the multiple forms of colonial violence (Gone, 2013, p. 688). Historical trauma has been described as the snowballing of collective experiences and effects of "colonial injury" through "ever-shifting historical sequences of adverse policies and practices by dominant settler societies," which have cross-generational "legacies of risk and

vulnerability" that continue compounding trauma "until 'healing' interrupts these deleterious processes" (Kirmayer, Gone, & Moses, 2014, p. 301). It is recognized within Indigenous psychology that the intergenerational impact of colonization continues to have an injurious impact on the social and emotional wellbeing of millions of people across the world.

- Traditional healing "is widely believed to be the most efficacious way to assist distressed First Nations individuals due to the inherent potency of these traditions achieved through long pre-contact histories of therapeutic refinement" (Gone, 2013, p. 697). Globally, traditional Indigenous healers are creating transformative partnerships with western practitioners, producing innovative disciplinary changes that are part of a wave of Fourth World decolonization of the psy-complex (Inciayawar, Wintrob, Bouchard, & Bartocci, 2009).
- There is a broad consensus across Indigenous psychology that traditional healers and Indigenous health workers in general are far better equipped to deal with psychological and emotional distress and should be included with non-Indigenous professionals providing services.
- Today, Indigenous women endure chronic levels of ill health typical of third world communities. At the same time, their access to adequate health care is often thwarted by the numerous barriers of institutional racism that, despite a plethora of government and non-government reconciliation programs and interventions, remain entrenched (Burns et al., 2013).
- Indigenous females in the 20–24 age group have the highest rates of completed suicide, which is more than five times higher than non-Indigenous females in the same age group. Indigenous women are being incarcerated at higher rates (Kelly et al., 2009), and more incarcerated females than males suffer from mental health conditions (73% of males compared to 83% of females) and Post-Traumatic Stress Disorder (PTSD) (12% of men compared with 32% of women) (Indig, McEntyre, Page, & Ross, 2010).
- Restoring Indigenous women's social and emotional wellbeing and re-empowering them through strength-based, culturally safe, healing practices is an urgent priority. But specific clinical data on Aboriginal women's social and emotional wellbeing and their negotiation of the mental healthcare system is scarce (Burns et al., 2013).
- Indigenous-led research that recognizes the gendered dimension of prolonged cultural oppression and the gendered impacts on social and emotional wellbeing is only beginning to emerge within mainstream academic research and is urgently needed so that evidence based mental health policies can be strategically designed to include the specific needs of Indigenous women and girls. This research would build on existing Indigenous led practices and recognize the importance of self-determination as a principle of healing for Indigenous women.
- Increasingly Indigenous psychological theory and practice is being guided by traditional epistemologies or ways of knowing. Cherokee sociologist Eva Marie Garrouette (2003) describes this as "Radical Indigenism," research that reflects the whole of community goals and capabilities of Indigenous peoples and "follows the path laid down in the models of inquiry traditional to their tribal community" (p. 144). Recovering traditional epistemologies and using them to decolonize existing neocolonial psychology through, for example, the use of spiritual healing is an emerging decolonizing practice within Australia. According to Dudgeon and Walker (2015), "Some Indigenous Australian people have their own spiritual healers, or *Ngangkari*s, who have nurtured the physical, emotional, and social wellbeing of Indigenous people across 350,000 square miles of the remote western desert of Australia for thousands of years" (p. 290). Moreover, "Ngangkari focus on both physical pain relief and mental wellbeing, putting the spirit 'in the right place' or restoring the spiritual balance of someone

who is not well through massage, coaxing, and using special powerful sacred tools" (Dudgeon & Walker, 2015, p. 290).

- The social and emotional wellbeing framework recognizes the connection between mental health and spirituality, and spirituality is understood to be central to holistic Indigenous mental health (McEwan et al., 2009). As Grieves (2009) indicates, "Aboriginal wellbeing relies on a belief system, that philosophical basis of ontologies and epistemologies known as *Spirituality*" (p. 42). This spiritual epistemology is connected to the land: "women retain bodies of knowledge pertaining to the spiritual landscape" (Langton, 1997, p. 96) and "Indigenous women perceive the world as organic and populated by spirits which connect places and people" (Moreton-Robinson, 2000, p. 18).

- A central part of the renaissance of Indigenous spiritual healing is a reconnection to country through the stories of the Dreaming. The Dreaming is a complex generative force, or *Tjukurpa* as the Anangu people describe it, a living, sacred intelligence that flows through both humans and non-humans and is continually communicating and listening. The radical connectivity of the Dreaming as a living force means that every- thing is in communication with everything across space and time, in life and death. There is, in this sense, no fundamental ontological difference between human and country; both are part of the Dreaming and in dialogue with each other through this shared receptivity. The Dreaming is recognized through ceremony, song, and art, through cultural practices that are a celebration of a dynamic, transformative, living force, and an honoring of cultural law through narratives.

→ The Aranada call it *Altjiringa*, the Altjidja people, the *Djugar*, the Karadjeri people call the Dreaming the *Bugari*, the Ungarinyin name it the *Unggud*, the Wiradjeri call this force the *Maratal*, and the Yawuru people, the *Bugarrigarra* (Elkin, 1993, Yap & Yu, 2016).

- Like the Indigenous mental health movement as a whole, the Ngangkari are focused on a restorative, holistic decolonization of people's social and emotional wellbeing and the energizing of sustainable autonomous Indigenous designed and led healing practices for communities. Simply put, Ngangkari healers work with the spirit or *karanpa* by using a psychic medicinal tool called a *mapanpa*, which removes bad spirits or *mamu* from the body, returns a lost *karanpa* to the body, or strengthens the spirit. In effect, healing restores the vitality of the spirit. Ngangkari women healers usually focus on women's health issues, which is a practice that is aligned with traditional gendered healing practices where women healers treat women and men treat other men. Much of this healing is spiritual. By realigning a displaced spirit or *karunpa*, Ngangkari healers can cure depression and other forms of mental illness. Often, this is done by sending out the spirit of the Ngangkari healer to communicate with other spirits.

- Moreover, women healers also conduct healing ceremonies, which connect people back into communities restoring their social and emotional wellbeing (Bell, 1982; Grieves, 2009). Scholars have argued that women play a dominant role in healing ceremonies (Berndt, 1982; Reid, 1983) and also conduct conflict resolution ceremonies, which are focused on healing communities (Slattery, 1987).

Dudgeon, P., & Bray, A. (2018). Indigenous healing practices in Australia. *Women & Therapy*, 41(1–2), 97–113. <https://doi.org/10.1080/02703149.2017.1324191>

